

BK 0468 PG 0116

STATE MS. - DESOTO

S04-0295

RUTH C. MCDERMOTT,  
GRANTOR

MAR 26 10 47 AM '04

WARRANTY

TO

BK 468 PG 116  
K.E. DAVIS CH. CLK.

DEED

NANCY W. HATCHER,  
GRANTEE

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00) cash in hand paid, and other good and valuable considerations, the receipt of all of which is hereby acknowledged, Ruth C. McDermott, do hereby sell, convey, and warrant unto Nancy W. Hatcher, the land lying and being situated in DeSoto County, Mississippi, described as follows, to-wit:

Lot 22, Section "A", Alden Station Subdivision, located in Section 11, Township 2 South, Range 8 West, DeSoto County, Mississippi, as recorded in Plat Book 41, Page 43 in the office of the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation William L. McDermott died on 8/17/03 leaving as his heir the Grantee herein.

The warranty in this deed is subject to rights of ways and easements for public roads and public utilities, to building, zoning, subdivision and health department regulations in effect in DeSoto County, Mississippi.

Subject to subdivision restrictive covenants, easements and setback lines as recorded in Book 41, Page 43, in the office of the Chancery Clerk of DeSoto County, Mississippi.

Taxes for 2004 have been prorated, and possession is given with this deed.

WITNESS my signature(s), this the 23rd day of March, 2004.

*Ruth C. McDermott*  
Ruth C. McDermott

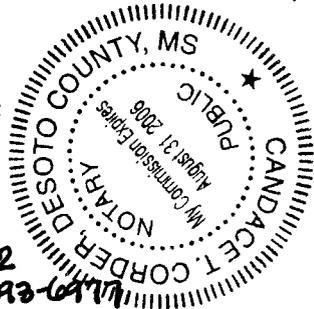
STATE OF MISSISSIPPI:  
COUNTY OF DESOTO:

PERSONALLY APPEARED before me, the undersigned authority at law, in and for the State and County aforesaid, the within named RUTH C. MCDERMOTT, who acknowledged that she signed and delivered the above and foregoing Deed on the day and year therein mentioned, as her free act and deed, and for the purposed therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the 23rd day of March, 2004.

*Carole Hard*  
Notary Public

My commission expires:



Grantors Address:  
1599 Tara Dr.  
Hernando, MS 38832  
Home Phone Number: 393-6977  
Business Number: N/A

Grantees Address:  
4936 Alden Cove  
Horn Lake, MS 38637  
Home Phone Number: 280-2578  
Business Number: N/A

Prepared By:

Austin Law Firm, P.A.  
6928 Cobblestone Drive  
Suite 100  
Southaven, Mississippi 38672  
(662) 890-7575

# STATE OF MISSISSIPPI

## MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

BK0468PG0117

TYPE OR PRINT WITH BLACK INK

FILING DATE **SEP 02 2003**

### CERTIFICATE OF DEATH STATE OF MISSISSIPPI

STATE FILE NUMBER **12303-017354**

DECEASED  If death occurred in an institution, see HANDBOOK, regarding completion of RESIDENCE items  For RESIDENCE items, enter actual location of home rather than mailing address	1. NAME First Middle Last <b>WILLIAM Lawrence MCDERMOTT, Jr.</b>		2. SEX <b>MALE</b>		3a. HOUR OF DEATH <b>10:22P m.</b>		3b. DATE OF DEATH (Month, Day, Year) <b>AUGUST 17, 2003</b>		
	4. RACE (Specify White, Black, American Indian, etc.) <b>White</b>		5a. AGE AT LAST BIRTHDAY <b>78</b> Years		5b. MOS <b>12</b>		5c. DAYS <b>1</b>		
	7b. CITY OR TOWN OF DEATH <b>SOUTHAVEN</b>		7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) <b>BAPTIST HOSPITAL-DESOTO 17B</b>		6. DATE OF BIRTH (Month, Day, Year) <b>10-23-1924</b>		7a. COUNTY OF DEATH <b>DESOTO</b>		
	9. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>College</b>		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>Ruth Childs</b>		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) <b>Yes</b>		
13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) <b>American</b>		14. SOCIAL SECURITY NUMBER <b>411-28-0531</b>		15a. USUAL OCCUPATION (Kind of work done, most of working life) <b>Electrician</b>		15b. KIND OF BUSINESS OR INDUSTRY <b>Electrical Industry</b>			
16a. RESIDENCE-STATE <b>MS</b>		16b. COUNTY <b>DeSoto</b>		16c. CITY OR TOWN <b>Horn Lake</b>		16d. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16e. STREET AND NUMBER OR RURAL LOCATION <b>4936 Alden Cove</b>	
17. FATHER-NAME First Middle Last <b>William Lawrence McDermott, Sr.</b>				18. MOTHER-NAME First Middle Maiden <b>Bertha Florence Heben</b>					
19a. INFORMANT-NAME (Type or print) <b>James Harry McDermott</b>				19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>285 Foxwood Circle E. Hernando, MS 38632</b>					
20a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		20b. CEMETERY, CREMATORY-NAME <b>Hernando Memorial Park</b>		20c. LOCATION (City and State) <b>Hernando, MS</b>		21a. EMBALMER-SIGNATURE AND NUMBER <b>Evan A. Brownlee ES794</b>			
21b. FUNERAL HOME-NAME AND MISSISSIPPI I.D. NUMBER <b>Hernando Funeral Home 17S</b>		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>140 W. Commerce St. Hernando, MS 38632</b>							
22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print) <b>JOLEE RUTHERFORD, MD</b>				22b. PRONOUNCED DEAD (Month, Day, Year) <b>ON AUGUST 17, 2003</b>		22c. PRONOUNCED DEAD (Hour) <b>AT 10:22P m.</b>			
23a. CERTIFIER-NAME (Type or print) <b>WILLIAM RICHARDS, MD</b>				23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>401 SOUTHCREST CIR, # 212, SOUTHAVEN, MS38671</b>					
This section to be completed by physician if NOT a medical examiner		24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated: <b>SIGNATURE</b> <i>[Signature]</i>		This section to be completed by medical examiner ONLY		24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated: <b>SIGNATURE</b> <i>[Signature]</i>			
		24b. DATE SIGNED (Month, Day, Year) <b>8/12/03</b>				24c. STATE LICENSE NUMBER <b>15231</b>		24f. TITLE	
Had Decedent been Pregnant Within 90 Days Prior to Death? <input type="checkbox"/> Yes <input type="checkbox"/> No		25. PART I: IMMEDIATE CAUSE (Enter one cause only): (a) <b>Resp failure</b>		Interval between onset and death					
		DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (b) <b>persistent sinus</b> (c) <b>stroke COPD</b>		Interval between onset and death					
		26. PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in PART I		27. AUTOPSY (Yes or No)		28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)			
Use if death NOT due to natural causes		29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)		29b. DATE OF INJURY (Month, Day, Year)		29c. HOUR OF INJURY m.			
		29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED		29e. INJURY AT WORK (Yes or No)		29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)			
		29g. LOCATION		Street or route number		City or town State			

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

SEP -3 2003

Judy Moulder  
STATE REGISTRAR

**WARNING:**

A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

