

BK 04 73 PG 0558

FILE #04-04-096
PREPARED BY & RETURN TO:
MCFALL LAW FIRM
7105 SWINNEA RD SUITE 1
SOUTHAVEN, MS 38671
(662) 349-7780

STATE MS.-DESOTO CO. *SS*

JUN 3 11 26 AM '04

SHIRLEY ANN COOK AND
ELZIE RONALD RAINES,
GRANTORS

BK 473 PG 558
W.F. DAVIS CH. CLK. **WARRANTY**

TO

DEED

KIMBERLY A. MURPHY,
GRANTEE

FOR AND IN CONSIDERATION of Ten Dollars (\$10.00), cash in hand paid, and for other good and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged, **SHIRLEY ANN COOK AND ELZIE RONALD RAINES**, does hereby sell, convey, and warrant unto **KIMBERLY A. MURPHY**, a **single person**, the following described property situated in the County of DeSoto, State of Mississippi, together with all improvements and appurtenances thereon more particularly described as follows:

The West Half of Lot 31, Section B, Allen Subdivision, in the Northwest Quarter of Section 32, Township 1 South, Range 8 West, as shown Plat Book 1, Page 41, in the office of the Chancery Clerk of DeSoto County, Mississippi.

The warranty in this deed is subject to right of ways of easements for public roads and public utilities, subdivision and zoning regulations in effect in DeSoto County, Mississippi, and to the covenants, limitations and restrictions set forth within the recorded plat of said subdivisions well as any amendments thereto.

BY WAY OF FURTHER EXPLANATION: Sophie E. Raines departed this life on the 9th day of August, 2003.

Taxes for the year 2004 have been pro-rated between Grantors and Grantee and are to be paid on due date by Grantees.

WITNESS OUR SIGNATURE, this the 28th day of May, 2004.

Shirley Ann Cook

SHIRLEY ANN COOK

Elzie Ronald Raines

ELZIE RONALD RAINES

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 SHIRLEY ANN COOK and ELZIE RONALD RAINES, who acknowledged that they signed and delivered the above and foregoing Deed on the day and year therein mentioned, as their free act and deed, and for the purposes therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, THIS THE 28TH DAY OF MAY, 2004.

Rosa Lunamand

NOTARY PUBLIC

My Commission Expires:

Notary Public State of Mississippi At Large
My Commission Expires: March 24, 2006
Succeeded Thru Helden, Brooks & Gerland, Inc.

GRANTOR'S ADDRESS

GRANTEE'S ADDRESS

Rt#1 Box 122
Eupora, MS 39744

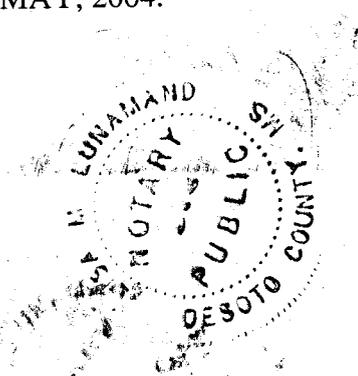
4845 Sherry Dr.
Horn Lake, MS 38637

662-258-4226

HM PHONE WK PHONE

662-342-7142 *901-327-0711*

HM PHONE WK PHONE



**MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS**

BK0473PG0559

TYPE OR PRINT WITH BLACK INK

FILING DATE **AUG 29 2003**

**CERTIFICATE OF DEATH
STATE OF MISSISSIPPI**

STATE FILE NUMBER **123-03-017257**

DECEASED	1. NAME First Middle Last Sophie Elizabeth Raines			2. SEX Female		3a. HOUR OF DEATH 8:30A^m		3b. DATE OF DEATH (Month, Day, Year) August 9, 2003			
	4. RACE (Specify White, Black, American Indian, etc.) White		5a. AGE AT LAST BIRTHDAY 93 Years		5b. MOS 8 (1-4, 5+)		6. DATE OF BIRTH (Month, Day, Year) May 16, 1910		7a. COUNTY OF DEATH Desoto		
	7b. CITY OR TOWN OF DEATH Hornlake			7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) 4845 Sherry Drive			7d. IF IN HOSP. OR INST SPECIFY INPT., OUTPT., EMER. RM. OR DOA NA		8. STATE OF BIRTH TN		
	9. DECEDENT'S EDUCATION (Specify highest grade completed) 8 (10-12)		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		11. SURVIVING SPOUSE (If wife, give maiden name) NA		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) No				
13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) White			14. SOCIAL SECURITY NUMBER 413-92-8768		15a. USUAL OCCUPATION (Kind of work done, most of working life) Homemaker		15b. KIND OF BUSINESS OR INDUSTRY Domestic				
16a. RESIDENCE—STATE MS		16b. COUNTY Desoto		16c. CITY OR TOWN Hornlake		16d. INSIDE CITY LIMITS (Specify Yes or No) Yes		16e. STREET AND NUMBER OR RURAL LOCATION 4845 Sherry Drive			
17. FATHER—NAME First Middle Last Frank Sumers				18. MOTHER—NAME First Middle Maiden Johanna - NA -							
19a. INFORMANT—NAME (Type or print) Shirley Ann Cook				19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 1600 Westridge Dr., Plano, TX 75075							
20a. BURIAL, CREMATION, REMOVAL (Specify) Burial		20b. CEMETERY, CREMATORY—NAME Calvary Cemetery		20c. LOCATION (City and State) Memphis, TN		21a. EMBALMER—SIGNATURE AND NUMBER Buck Bailey 5544					
21b. FUNERAL HOME—NAME AND MISSISSIPPI ID NUMBER Memphis Funeral Home - Poplar Chapel 416				21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) P.O. Box 17069 Memphis, TN 38187-0069							
22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) Mary Mask, R.N.				22b. PRONOUNCED DEAD (Month, Day, Year) ON August 9, 2003		22c. PRONOUNCED DEAD (Hour) AT 9:15A^m					
23a. CERTIFIER—NAME (Type or print) Jeffery Pounders				23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 4942 Pounders Rd. Nesbit, Ms. 38651							
24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated SIGNATURE		24b. DATE SIGNED (Month, Day, Year)		24c. STATE LICENSE NUMBER		24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated SIGNATURE			
								24f. TITLE Desoto CMEI			
								24g. DATE SIGNED (Month, Day, Year) August 15, 2003			
25. PART I. DEATH CAUSED BY:		IMMEDIATE CAUSE (Enter one cause only) (a) Failure To Thrive						Interval between onset and death			
		DUE TO OR AS A CONSEQUENCE OF (Enter one cause only): (b)						Interval between onset and death			
		DUE TO OR AS A CONSEQUENCE OF (Enter one cause only): (c)						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) No		28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) Yes							
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		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. FILE IN THIS OFFICE



8-2-2003

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.