

JUN 8 4 18 PM '04 SS

RE04-0019

Dan L. Turnmire,
GRANTORS

WARRANTY

TO

BK 474 PG 66
W.E. DAVIS CH. CLK.

DEED

Glenn F. Marlatt and wife Karen E. Marlatt,
GRANTEES

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, I, Dan L. Turnmire, do hereby sell, convey, and warrant unto Glenn F. Marlatt and wife Karen E. Marlatt, as tenants by the entirety with full rights of survivorship and not as tenants in common, the land lying and being situated in DeSoto County, Mississippi, described as follows, to-wit:

Lot 86, Phase III, Whispering Pines Subdivision, located in Section 1, Township 2 South, Range 6 West, DeSoto County, Mississippi, as per plat thereof of record in Plat Book 31, Pages 27-29, in the Chancery Court Clerk's office of DeSoto County, Mississippi.

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 building lines as recorded in Plat Book 31, Pages 27-29, in the office of the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation Ingrid Turnmire, the former spouse of Dan L. Turnmire, is deceased, a copy of her death certificate being attached hereto.

I, Dan L. Turnmire, do hereby certify that no part of the above property constitutes any part of my homestead.

Taxes for the year 2004 to be paid by Grantees, and possession is given with this deed.

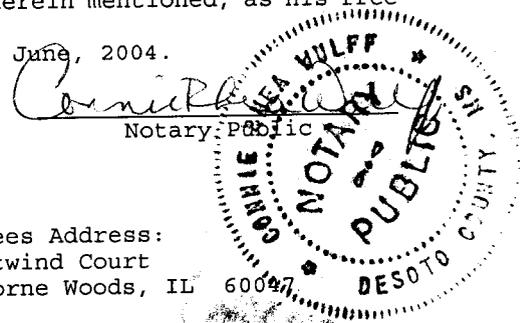
WITNESS my signature(s), this the 7th day of June, 2004.

Dan L. Turnmire
Dan L. Turnmire

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, Dan L. Turnmire who acknowledged that he signed and delivered the above and foregoing Deed on the day and year therein mentioned, as his free act and deed, and for the purposed therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the 7th day of June, 2004.



My commission expires: June 17, 2007

Grantors Address:
855 Quail Chase Lane
Collierville, TN 38017

Grantees Address:
5 Westwind Court
Hawthorne Woods, IL 60047

Phone: Res.- 901-853-7019
Bus.- 901-219-4881

Phone: Res.- 847-550-1577
Bus.- 847-849-4200

Prepared By:
Chamberlin-Nowak, P.C.
170 West Center St.
Hernando, MS 38632
662-429-7888

BK0474PG0067



TENNESSEE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS HANDBOOK

NAME OF DECEDENT For use by physician or institution

REGISTRAR

CERTIFIER

INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last) INGRID M. TURNMIRE

2. SEX FEMALE

3. DATE OF DEATH (Month, Day, Year) MARCH 3, 2002

4. SOCIAL SECURITY NUMBER (of Decedent) 413-04-6785

5a. AGE-LAST BIRTHDAY (Years) 49

5b. UNDER 1 YEAR MOS. DAYS

5c. UNDER 1 DAY HOURS MIN.

6. DATE OF BIRTH (Month, Day, Year) SEPT. 17, 1952

7. BIRTHPLACE (City and State or Foreign Country) FRANKFURT, GERMANY

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 No

9a. PLACE OF DEATH (Check only one) HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)

9b. FACILITY NAME (If not institution, give street and number) DELTA MEDICAL CENTER

9c. CITY, TOWN, OR LOCATION OF DEATH MEMPHIS

9d. COUNTY OF DEATH SHELBY

10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify) DIVORCED

11. SURVIVING SPOUSE (If wife, give maiden name) N/A

12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) SECRETARY

12b. KIND OF BUSINESS/INDUSTRY ALLIED UNIKING

13a. RESIDENCE-STATE TN

13b. COUNTY SHELBY

13c. CITY, TOWN OR LOCATION MEMPHIS

13d. STREET AND NUMBER OR RURAL LOCATION 6865 WATERVIEW CIRCLE

13e. INSIDE CITY LIMITS? 1 Yes 2 No

13f. ZIP CODE 38119

14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes No

15. RACE-American Indian, Black, White, etc. (Specify) WHITE

16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-12) UNKN OWN College (1-4 or more)

17. FATHER'S NAME (First, Middle, Last) - SEW - SCHIMPT

18. MOTHER'S NAME (First, Middle, Maiden Surname) VALDRAD LORBER

19a. INFORMANT'S NAME (Type/Print) RICK TURNMIRE

19b. RELATIONSHIP TO DECEASED SON

19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3575 SWINNEA ROAD, NESBIT, MS 38651

20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) FOREST HILL CREMATORY

20c. LOCATION-City or Town, State MEMPHIS, TN

21a. SIGNATURE OF FUNERAL DIRECTOR ANGELA HARDESTY

21b. LICENSE NUMBER OF FUNERAL DIRECTOR 4956

21c. SIGNATURE OF EMBALMER ROY BLAYLOCK

21d. LICENSE NUMBER OF EMBALMER 3586

22a. NAME AND ADDRESS OF FUNERAL HOME FOREST HILL SOUTH FUNERAL HOME 2545 E. HOLMES ROAD, MEMPHIS, TN 38118

22b. LICENSE NUMBER OF FUNERAL HOME 920

23. REGISTRAR'S SIGNATURE *Mary Ann Bradshaw Deputy*

24. DATE FILED (Month, Day, Year) MAR 25 2002

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.

1 SIGNATURE AND TITLE OF PHYSICIAN *Lee E Faulkner, MD*

25b. LICENSE NUMBER MD0000028255

25c. DATE SIGNED (Month, Day, Year) 03/16/02

26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated.

2 SIGNATURE AND TITLE OF MEDICAL EXAMINER

26b. LICENSE NUMBER

26c. DATE SIGNED (Month, Day, Year)

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) DR. LEE FAULKNER 3960 KNIGHT ARNOLD ROAD SUITE 315 MEMPHIS, TENNESSEE 38118

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Anoxic encephalopathy

b. Ventricular Fibrillation

c. Thyroid storm

d. Hypertension

Approximate Interval Between Onset and Death: 2-3 minutes, minutes, hours, years

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

29a. WAS AN AUTOPSY PERFORMED? 1 Yes 2 No

29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No

30. MANNER OF DEATH 1 Natural 2 Accident 3 Suicide 4 Homicide 5 Pending Investigation 6 Could not be Determined

31a. DATE OF INJURY (Month, Day, Year)

31b. TIME OF INJURY M

31c. INJURY AT WORK? 1 Yes 2 No

31d. DESCRIBE HOW INJURY OCCURRED

31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)

31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)