

STATE MS.-DESOTO CO. 55
55

AUG 3 11 13 AM '04

LONDELL W. TWITTY,

GRANTOR

TO:

478 PG 552
CLERK'S OFFICE

WARRANTY DEED

**WARREN H. CLAWSON and wife,
FAYE T. CLAWSON,**

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, **LONDELL W. TWITTY**, do hereby sell, convey and warrant unto **WARREN H. CLAWSON and wife, FAYE T. CLAWSON**, 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 99, Chateau Ridge Subdivision, situated in Section 11, Township 2 South, Range 6 West, DeSoto County, Mississippi as per plat recorded in Plat Book 14, Pages 47-49, Chancery Clerk's Office, DeSoto County, Mississippi.

The Grantor herein recites that William C. Twitty departed this life on the 13th day of November, 2001 in Shelby County, Tennessee as evidenced by certified copy of his death certificate attached hereto as Exhibit "A".

The warranty in this Deed is subject to subdivision and zoning regulations in effect in the City of Olive Branch, DeSoto County, Mississippi and further subject to all easements for public roads and public utilities of record and restrictive covenants for Chateau Ridge.

It is agreed and understood that taxes for the year 2004 shall be prorated as of the date of this instrument and shall be paid by the Grantees when and as due and possession is given upon delivery of this Deed.

WITNESS MY SIGNATURE, this the 30th day of July, 2004.


LONDELL W. TWITTY

STATE OF MISSISSIPPI

COUNTY OF DESOTO

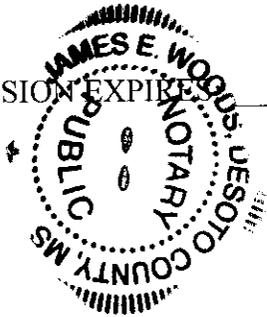
This day personally appeared before me, the undersigned authority in and for said County and State, on this 30th day of July, 2004, within my jurisdiction, the within named, LONDELL W. TWITTY, who acknowledged that she executed the above and foregoing instrument.

[Handwritten Signature]

NOTARY PUBLIC

MY COMMISSION EXPIRES

7-19-07



GRANTOR'S ADDRESS:

201 Brantley Cir
Hot Springs, AR 71913
Home Phone # 501-767-0789
Work Phone # N/A

GRANTEE'S ADDRESS:

10870 Chateau
Olive Branch, MS 38654
Home Phone # 893-6262
Work Phone # N/A

PREPARED BY AND RETURN TO:

JAMES E. WOODS
WATKINS LUDLAM WINTER & STENNIS, P.A.
P.O. BOX 1456, OLIVE BRANCH, MS 38654
(662) 895-2996

F#00931.19662



TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

BK 04 78 PG 0554

PLEASE PRINT IN PERMANENT INK FOR REPRODUCTIONS HANDBOOK

For Use by physician or institution

INSTRUCTIONS ON OTHER SIDE

PHYSICIAN OR MEDICAL EXAMINER EXECUTING THIS CERTIFICATE MUST COMPLETE AND SIGN THIS CERTIFICATE IN 48 HOURS.

CAUSE OF DEATH

DISPOSITION

INFORMANT

PARENTS

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last) William C. Twitty						2. SEX Male		3. DATE OF DEATH (Month, Day, Year) November 13, 2001					
4. SOCIAL SECURITY NUMBER (of Deceased) 421-34-3451			5a. AGE LAST BIRTHDAY (Years) 83		5b. NUMBER YEAR MOS: DAYS: HOURS: MIN:		6. DATE OF BIRTH (Month, Day, Year) OCT. 6, 1918		7. BIRTHPLACE (City and State or Foreign Country) TISHOMINGO, MS				
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No			9a. PLACE OF DEATH (Check only one) HOSPITAL: 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA OTHER: 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)			9b. FACILITY NAME (If not institution, give street and number) VA Medical Center			9c. CITY, TOWN, OR LOCATION OF DEATH Memphis, TN		9d. COUNTY OF DEATH Shelby		
10. MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify) MARRIED			11. SURVIVING SPOUSE (If wife, give maiden name) LONDELL WATSON			12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) DISABLED			12b. KIND OF BUSINESS/INDUSTRY NONE				
13a. RESIDENCE-STATE MISSISSIPPI		13b. COUNTY DESOTO		13c. CITY, TOWN OR LOCATION OLIVE BRANCH		13d. STREET AND NUMBER OR RURAL LOCATION 10870 CHATEAU DRIVE							
13e. INSIDE CITY LIMITS? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		13f. ZIP CODE 38654		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify, if yes:			15. RACE-American Indian, Black, White, etc. (Specify) WHITE		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 9 College (1-4 or 5+) College				
17. FATHER'S NAME (First, Middle, Last) WILLIAM C. TWITTY						18. MOTHER'S NAME (First, Middle, Maiden Surname) ETHEL M. KAY							
19a. INFORMANT'S NAME (Type/Print) LONDELL TWITTY				19b. RELATIONSHIP TO DECEASED SPOUSE		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10870 CHATEAU DRIVE, OLIVE BRANCH, MS 38654							
20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)			20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) FOREST HILL SOUTH MAUSOLEUM				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 Funeral Home 2545 E. Holmes Rd. Memphis, TN 38118						22b. LICENSE NUMBER OF FUNERAL HOME 920							
23. REGISTRAR'S SIGNATURE Mary Ann Bradshaw Deputy						24. DATE FILED (Month, Day, Year) DEC 21 2001							
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 <input checked="" type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN Douglas E. Jones M.D.										25b. LICENSE NUMBER MD18524		25c. DATE SIGNED (Month, Day, Year) 11/20/2001	
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 <input type="checkbox"/> 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) Douglas E. Jones M.D. VA Medical Center Memphis, TN 38104										27b. LICENSE NUMBER		27c. DATE SIGNED (Month, Day, Year)	
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. Sepsis DUE TO (OR AS A CONSEQUENCE OF): b. Neurogenic Bladder DUE TO (OR AS A CONSEQUENCE OF): c. T-3 Paralysis DUE TO (OR AS A CONSEQUENCE OF): d. Approximate interval between Onset and Death 12 hours 55 years 55 years													
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Dementia of Parkinson's Disease, Dysphagia with Aspiration								29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
30. MANNER OF DEATH 1 <input checked="" type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation 2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be Determined 3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide			31a. DATE OF INJURY (Month, Day, Year) 1946		31b. TIME OF INJURY M		31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		31d. DESCRIBE HOW INJURY OCCURRED Gunshot Wound to Spinal Cord				
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)							

EXHIBIT "A"