

BK 0483 PG 0274

BK 0473 PG 0560

FILE #04-094

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

STATE MS.-DESOTO CO. SS
FILE SS

JUN 3 11 27 AM '04 ps

MARGARET ANN FRAZIER,
GRANTOR

TO

AMY GALLIMORE,
GRANTEE

BK 473 PG 560 WARRANTY
W.E. DAVIS CH. CLK. DEED

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, MARGARET ANN FRAZIER, does hereby sell, convey, and warrant unto AMY GALLIMORE, a married 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:

Lot 3098, Section O, Southaven West Subdivision, in Section ²⁶~~28~~, Township 1 South, Range 8 West, as shown Plat Book 5, Page 12, 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: Charles Frazier, Jr. departed this life leaving said property to Margaret Ann Frazier by full rights of survivorship.

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

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

Margaret Ann Frazier
MARGARET ANN FRAZIER

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 MARGARET ANN FRAZIER, 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.

Rita Lunamand
NOTARY PUBLIC

My Commission Expires:
Notary Public State of Mississippi At Large
My Commission Expires: March 24, 2006
Bonded Through Helden, Branks & Rorhead, Inc.



GRANTOR'S ADDRESS

GRANTEE'S ADDRESS

P.O. Box 1862
Southaven MS 38671

1630 Custer Drive
Southaven, MS 38671

662 393 9263 Home
HM PHONE WK PHONE

662-280-2200 901-496-9674
HM PHONE WK PHONE (Cell)

STATE MS.-DESOTO CO. SS
SS

SEP 29 12 22 PM '04

BK 483 PG 274
W.E. DAVIS CH. CLK.

STATE OF MISSISSIPPI

BK0473PG0275

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

BK0473PG0561

TYPE OF PRINT WITH BLACK INK

FLING DATE **DEC 06 1999**

CERTIFICATE OF DEATH

STATE FILE NUMBER **123-**

DECEASED	1. NAME First Middle Last Charles Frazier Jr.			2. SEX Male		3a. HOUR OF DEATH 9:30p m.		3b. DATE OF DEATH (Month, Day, Year) Nov. 14, 1999			
	4. RACE (Specify White, Black, American Indian, etc.) White		5a. AGE AT LAST BIRTHDAY 56 Years		5b. MOS 12		5c. DAYS 14		5d. HOURS 5+		
	7b. CITY OR TOWN OF DEATH Southaven		7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (if not in city, give street address, route number or other location) 1630 Custer Dr.				8. DATE OF BIRTH (Month, Day, Year) Aug. 4, 1943		7a. COUNTY OF DEATH Desoto		
	9. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/High School, College 12		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		11. SURVIVING SPOUSE (if wife, give maiden name) Margaret Jones		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) No		8. STATE OF BIRTH Ms.		
13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) American			14. SOCIAL SECURITY NUMBER 425-90-1480		15a. USUAL OCCUPATION (Kind of work done, most of working life) Fireman		15b. KIND OF BUSINESS OR INDUSTRY Memphis Fire Dept.				
16a. RESIDENCE--STATE Mississippi		16b. COUNTY Desoto		16c. CITY OR TOWN Southaven		16d. INSIDE CITY LIMITS (Specify Yes or No) Yes		16e. STREET AND NUMBER OF RURAL LOCATION 1630 Custer Dr.			
PARENTS				17. FATHER--NAME First Middle Last Charles Frazier			18. MOTHER--NAME First Middle Maiden Avanelle Strickland				
INFORMANT				19a. INFORMANT--NAME (Type or print) Margaret Ann Frazier			19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 1630 Custer Dr. Southaven, Ms. 38671				
DISPOSITION				20a. BURIAL, CREMATION, REMOVAL (Specify) Burial		20b. CEMETERY, CREMATORY--NAME Forest Hill South Memphis, Tn.		20c. LOCATION (City and State) Memphis, Tn.		21a. EMBALMER SIGNATURE AND NUMBER 3835	
				21b. FUNERAL HOME--NAME AND MISSISSIPPI I.D. NUMBER Forest Hill South				21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 2545 E. Holmes Rd. Memphis, Tn. 38118			
PRONOUNCEMENT				22a. PERSON WHO PRONOUNCED DEATH--NAME AND TITLE (Type or print) Kathy Cox, R.N.				22b. PRONOUNCED DEAD (Month, Day, Year) ON 11/14/1999		22c. PRONOUNCED DEAD (Hour) AT 9:30p m.	
CERTIFIER				23a. CERTIFIER--NAME (Type or print) JEFFERY POUNDERS, CORONER			23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 4942 POUNDERS RD., NESBIT, MS. 38651				
Mississippi State Board of Health Form No. 511 Revised 1-1-89				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. DATE SIGNED (Month, Day, Year)		24g. TITLE		24h. DATE SIGNED (Month, Day, Year)	
								24i. TITLE DESOTO CMEI		24j. DATE SIGNED (Month, Day, Year) 11/21/1999	
CAUSE OF DEATH				25. PART I: IMMEDIATE CAUSE (Enter one cause only): Cancer Of Brain				Interval between onset and death			
Conditions, if any, which gave rise to immediate cause stating the underlying cause last				(a) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):				Interval between onset and death			
				(b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):				Interval between onset and death			
				(c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):				Interval between onset and death			
Had Decedent been Pregnant Within 90 Days Prior to Death? <input type="checkbox"/> Yes <input type="checkbox"/> No				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 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

F. E. Thompson Jr. MD
F. E. Thompson, Jr., M.D., M.P.H.
STATE HEALTH OFFICER

Nita Cox Gunter
Nita Cox Gunter
STATE REGISTRAR

DEC -6 99

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