

Prepared by and return to:
O'Brien Law Firm, LLC
1630 Goodman Road East, Suite 5
Southaven, MS 38671
(662) 349-3339
File No. 20050220

PAMELA J. COOMES,

Grantors

TO

WARRANTY DEED

**ROBERT E. BRADY AND WIFE,
BARBARA M. BRADY**

Grantee

For and in consideration of Ten Dollars (\$10.00), cash in hand paid, and other good and valuable considerations, the receipt of all of which is hereby acknowledged, the undersigned, **PAMELA J. COOMES**, an unmarried person, does hereby sell, convey and warrant unto **ROBERT E. BRADY and wife, BARBARA M. BRADY**, as tenants by the entirety with full rights of survivorship and not as tenants in common, the following described real property located and situated in DeSoto County, Mississippi, and more particularly described as follows, to-wit:

Lot 944, Section "B", North 1/2, DeSoto Village Subdivision, as situated in Sections 33 & 34, Township 1 South, Range 8 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 8, Pages 12-15, in the office of the Chancery Clerk of DeSoto County, Mississippi.

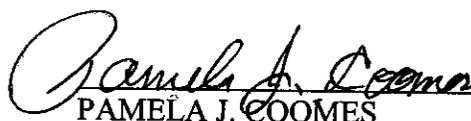
By way of explanation, William H. Coomes departed this life in testate on February 7, 2000. Pamela J. Coomes, the Grantor herein is his surviving widow. A copy of his death certificate is attached hereto as Exhibit "A".

The warranty in this deed is subject to restrictive covenants and utility easements shown on plat of said subdivision, subdivision and zoning regulations in effect in DeSoto County, Mississippi, rights of ways and easements for public roads and public utilities and all applicable building restrictions and easements of record, Health Department regulations in effect in DeSoto County, Mississippi, and any prior reservation of minerals of every kind and character, including, but not limited to, oil, gas, sand and gravel, in, on and under the aforescribed real property.

Possession will be given upon delivery of this deed.

Taxes for the year 2005 will be prorated between the Grantors and Grantee.

WITNESS THE SIGNATURE of the Grantors this the 31st day of August, 2005.


PAMELA J. COOMES

STATE OF MISSISSIPPI
COUNTY OF DE SOTO

Personally appeared before me, the undersigned authority in and for the said County and State aforesaid, on this 31st of August, 2005, within my jurisdiction, the within named, PAMELA J. COOMES, who acknowledged that he/she/they executed the above instrument for the purposes described therein.


Notary Public

My commission expires:



Grantor's Address
2775 Ashbriar Cove
Horn Lake, MS 38637
Home: 662-280-8288
Work: n/a

Grantee's Address
2765 Ashbriar Cove
Horn Lake, MS 38637
Home: 662-393-4106
Work: 901-488-9840



TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Exhibit "A" BK 509 PG 179

PE/PRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
HANDBOOK

For use by physician or institution

PARENTS

INFORMANT

DISPOSITION

REGISTRAR

DECEASED

PHYSICIAN

OR MEDICAL EXAMINER EXAMINEE COMPLETE AND MEDICAL CERTIFICATE WITHIN 48

INSTRUCTIONS OTHER SIDE

CAUSE OF DEATH

22

1. DECEDENT'S NAME (First, Middle, Last) **William H. COOMES** 2. SEX **Male** 3. DATE OF DEATH (Month, Day, Year) **February 7, 2000**

4. SOCIAL SECURITY NUMBER (of Decedent) **402-64-0227** 5a. AGE-LAST BIRTHDAY (Years) **53** 5b. UNDER 1 YEAR MO. DAYS HOURS MIN. 5c. UNDER 1 DAY 6. DATE OF BIRTH (Month, Day, Year) **Aug 19, 1946** 7. BIRTHPLACE (City and State or Foreign Country) **Owensboro KY**

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 4 Nursing Home 5 Residence 6 Other (Specify) OTHER: _____

9b. FACILITY NAME (if not institution, give street and number) **Baptist Central** 9c. CITY, TOWN, OR LOCATION OF DEATH **Memphis** 9d. COUNTY OF DEATH **Shelby**

10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify) **Married** 11. SURVIVING SPOUSE (if wife, give maiden name) **Pam Ciaramitaro** 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) **Maintenance Mechanic** 12b. KIND OF BUSINESS/INDUSTRY **Smurfit Stone Container**

13a. RESIDENCE-STATE **MS** 13b. COUNTY **DeSoto** 13c. CITY, TOWN OR LOCATION **Horn Lake** 13d. STREET AND NUMBER OR RURAL LOCATION **2775 Ashbriar**

13e. INSIDE CITY LIMITS? 1 Yes 2 No 13f. ZIP CODE **38637** 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** 18. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) **2** College (1-4 or 5+)

17. FATHER'S NAME (First, Middle, Last) **Harold Coomes** 18. MOTHER'S NAME (First, Middle, Maiden Surname) **Mayola Payne**

19a. INFORMANT'S NAME (Type/Print) **Pam Coomes** 19b. RELATIONSHIP TO DECEASED **Wife** 19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **2775 Ashbriar Horn Lake MS 38637**

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 South** 20c. LOCATION-City or Town, State **Memphis TN**

21a. SIGNATURE OF FUNERAL DIRECTOR **Corey Hague** 21b. LICENSE NUMBER OF FUNERAL DIRECTOR **5082** 21c. SIGNATURE OF EMBALMER **Charles Bone** 21d. LICENSE NUMBER OF EMBALMER **4359**

22a. NAME AND ADDRESS OF FUNERAL HOME **Memphis Funeral Home Poplar P.O. Box 17069 Memphis TN 38187-0069** 22b. LICENSE NUMBER OF FUNERAL HOME **416**

23. REGISTRAR'S SIGNATURE **David A. Stoen Deputy** 24. DATE FILED (Month, Day, Year) **FEB 15 2000**

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 **[Signature]** 25b. LICENSE NUMBER **020638** 25c. DATE SIGNED (Month, Day, Year) **2/10/2000**

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) **Steven Himmelstein, M.D. 401 Southcrest Circle Southaven MS 38671**

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. **myocardial infarction** DUE TO (OR AS A CONSEQUENCE OF):

b. **coronary artery disease** DUE TO (OR AS A CONSEQUENCE OF):

c. _____ DUE TO (OR AS A CONSEQUENCE OF):

d. _____ DUE TO (OR AS A CONSEQUENCE OF):

Approximate Interval Between Onset and Death

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 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)