

12/30/05 1:57:19
BK 518 PG 126
DESOTO COUNTY, MS
W.E. DAVIS, CH CLERK

Prepared by and return to:
Sparkman-Zummach, P.C.
Attorneys at Law
Post Office Box 266
Southaven, MS 38671-0266
662 349-6900

RACHEL TETTLETON,
Widowed

GRANTOR

to:

QUITCLAIM DEED
WITH RESERVATION OF LIFE ESTATE
NO TITLE WORK REQUESTED OF NOR PERFORMED
BY PREPARER OF THIS INSTRUMENT

RACHEL TETTLETON, ET AL

GRANTEE

FOR AND IN CONSIDERATION of the sum of Ten and No/100 Dollars (\$10.00), cash in hand paid and other good and valuable consideration, the receipt of all which is hereby acknowledged, Grantor, Rachel Tetteleton, widowed, does hereby convey, transfer, remise, release, relinquish and quitclaim unto Grantees, Rachel Tetteleton, for her natural life with the remainder to Diana Allen and Nancy Snyder, as joint tenants with full rights of survivorship and not as tenants in common, all of Grantor's right, title and interest in and to real property lying and being situated in DeSoto County, Mississippi, being more particularly described as follows, to wit:

Lot 520, Section B, DeSoto Village Subdivision, in Section 33 and 34, Township 1 South, Range 8 West, DeSoto County, Mississippi as per plat thereof recorded in Plat Book 8, Page 16-21 in the office of the Chancery Clerk of DeSoto County, Mississippi.

The above described property is improved property.

Source of Grantor's equitable interest is a Warranty Deed recorded in Book 224, Page 699 in the office of the Chancery Court Clerk of DeSoto County, Mississippi.

By way of explanation, Charles L. Tetteleton departed this life on August 24, 2004 as per the attached death certificate, who was the lawful spouse of Rachel Tetteleton.

IN WITNESS WHEREOF, Grantor has caused this instrument to be executed on the 15th day of December, 2005.

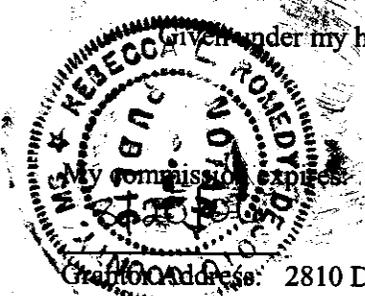
Rachel Tetteleton
Rachel Tetteleton

State of Mississippi
County of DeSoto

PERSONALLY appeared before me, the undersigned authority in and for the State and County aforesaid, the within named Rachel Tetteleton, who acknowledge that she executed and delivered the above and foregoing Quitclaim Deed on the day and year therein mentioned as her free and voluntary act and deed and for the purposes therein expressed.

Given under my hand and official seal of office, this the 15th day of December, 2005.

Rebecca L. Romyedy
Notary Public



Grantor Address: 2810 Devon Cove, Horn Lake, MS 38637
Grantor Telephone Number: Home: 662-393-3392 Work- n/a
Grantee Address: 3201 Woodland Trace, Southaven, MS 38672
Grantee Telephone Number: Home- *n/a* Work- *901-283-5908*

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STATE OF MISSISSIPPI

BK 518 p 127

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

TYPE OR PRINT WITH BLACK INK	FILING DATE SEP 07 2004	CERTIFICATE OF DEATH STATE OF MISSISSIPPI	STATE FILE NUMBER 123-04-017589
DECEASED Death occurred in institution, see INDSBOOK, regarding completion of SILENCE items RESIDENCE Items, for actual location home rather than mailing address	1. NAME First Middle Last Charles Lynn Tettleton		2. SEX Male
	3a. HOUR OF DEATH 12:35A		3b. DATE OF DEATH (Month, Day, Year) August 24, 2004
	4. RACE (Specify White, Black, American Indian, etc.) White	5a. AGE AT LAST BIRTHDAY 69 Years	
	5b. MOS		5c. DAYS
	5d. HOURS		5e. MINS
	6. DATE OF BIRTH (Month, Day, Year) November 4, 1934		7a. COUNTY OF DEATH DeSoto
	7b. CITY OR TOWN OF DEATH Horn Lake	7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) 2810 Devon Cove	
	7d. IF IN HOSP. OR INST SPECIFY INPT. OUTPT. EMER. RM. OR DOA N/A		8. STATE OF BIRTH Tennessee
	9. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/High School College 10 (0-12) (1-4, 5+)		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
	11. SURVIVING SPOUSE (If wife, give maiden name) Rachel Nell Green		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) No
13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) American		14. SOCIAL SECURITY NUMBER 412-52-4319	
15a. USUAL OCCUPATION (Kind of work done, most of working life) General Manager		15b. KIND OF BUSINESS OR INDUSTRY Uniform Rental	
16a. RESIDENCE--STATE Mississippi	16b. COUNTY DeSoto	16c. CITY OR TOWN Horn Lake	
16d. INSIDE CITY LIMITS (Specify Yes or No) Yes		16e. STREET AND NUMBER OR RURAL LOCATION 2810 Devon Cove	
17. FATHER--NAME First Middle Last John Ramsey Tettleton		18. MOTHER--NAME First Middle Maiden Lula May Hart	
19a. INFORMANT--NAME (Type or print) Rachel Nell Green Tettleton		19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 2810 Devon Cove, Horn Lake, MS 38637	
20a. BURIAL, CREMATION, REMOVAL (Specify) Burial		20b. CEMETERY, CREMATORY--NAME Autumn Woods Memorial Park	20c. LOCATION (City and State) Olive Branch, MS
21b. FUNERAL HOME--NAME AND MISSISSIPPI I.D. NUMBER Twin Oaks Funeral Home 17T		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 290 Goodman Road East, Southaven, MS 38671	
22a. PERSON WHO PRONOUNCED DEATH--NAME AND TITLE (Type or print) Cindy Fox, R.N.		22b. PRONOUNCED DEAD (Month, Day, Year) ON Aug. 24, 2004	22c. PRONOUNCED DEAD (Hour) AT 12:35A 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 Road, Nesbit, MS 38651	
This section to be completed by physician if NOT a medical examiner	24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE Jeffery Pounders		This section to be completed by medical examiner ONLY
	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 Jeffery Pounders	
		24f. TITLE DeSoto CMEI	
		24g. DATE SIGNED (Month, Day, Year) August 28, 2004	
Conditions, if any, which gave rise to immediate cause stating the underlying cause last	25. PART I: IMMEDIATE CAUSE (Enter one cause only) DEATH CAUSED BY: (a) Chronic Obstructive Pulmonary Disease		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
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
Had Decedent been Pregnant within 90 Days prior to Death? Yes <input type="checkbox"/> No	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 ON FILE IN THIS OFFICE

SEP-7 2004

Judy Moulder

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.



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