2/08/06 10:52:19
BK 520 PG 694
DESOTO COUNTY, MS
W.E. DAVIS, CH CLERK

Prepared by and return to:
O'Brien Law Firm, LLC
1630 Goodman Road East, Suite 5
Southaven, MS 38671
(662) 349-3339
File No. 20060018

CLYDE G. FULLER

Grantor

TO

WARRANTY DEED

HUEY WALKER, unmarried

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, CLYDE G. FULLER does hereby sell, convey and warrant unto HUEY WALKER the following described real property located and situated in DeSoto County, Mississippi, and more particularly described as follows, to-wit:

> Lot 821, Section B, North 1/2 DeSoto Village Subdivision, in Section 33, Township 1 South, Range 8 West, as shown on plat of record in Plat Book 8, Pages 12-15, in the office of the Chancery Clerk of DeSoto County, Mississippi, to which plat reference is hereby made for a more particular description of said lot.

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 aforedescribed real property.

Possession will be given upon delivery of this deed.

By way of explanation, this is the same property conveyed to Clyde G. Fuller and wife, Margaret C. Fuller, as tenants by the entirety with full rights of survivorship and not as tenants in common by Warranty Deed recorded 9-4-74 in Deed Book 114, Page 373. Margaret C. Fuller died December 1, 1999. Clyde G. Fuller received this property by survivorship.

Taxes for the year 2005 will not be prorated between the Grantor and Grantee due to Grantor having a special homestead credit.

WITNESS THE SIGNATURE of the Grantor this the 3rd day of February, 2006.

Clyde G. Fuller
CLYDE G. FULLER

obrien

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 3rd day of February, 2006, within my jurisdiction, the within named, CLYDE G. FULLER who acknowledged that he executed the above instrument for the purposes described therein.

Notary Public

My commission expires:

Grantor's Address
258 Whiperwill Circle
Millington, TN 38053
Home: 901-835-4452
Work: 901-835-4452

Grantee's Address
3050 Normandy
Horn Lake, MS 38637
Home: 662-429-3456
Work: 662-429-3456

STATE OF MISSISSIPPI

BK 520 PG 696

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

DPA 53092

TYPE OR PRINT WITH BLACK INK

FILING DATE: JAN 18 2000

CERTIFICATE OF DEATH

STATE OF MISSISSIPPI

STATE FILE NUMBER: 123-

DECEASED

1. NAME — First: Margaret; Middle: C.; Last: Fuller
2. SEX: Female
3a. HOUR OF DEATH: 5:45P m.
3b. DATE OF DEATH (Month, Day, Year): December 31, 1999
4. RACE (Specify White, Black, American Indian, etc.): White
5a. AGE AT LAST BIRTHDAY: 62 Years; 5b. MOS; 5c. DAYS (ONLY IF UNDER 1 YEAR); 5d. HOURS; 5e. MINS (ONLY IF UNDER 1 DAY)
6. DATE OF BIRTH (Month, Day, Year): May 29, 1937
7a. COUNTY OF DEATH: DeSoto
7b. CITY OR TOWN OF DEATH: Southaven
7c. HOSPITAL OR OTHER INSTITUTION NAME AND NUMBER (If not in either, give street address, route number or other location): Baptist Progressive Care Center
7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA: Inpatient
8. STATE OF BIRTH: Pennsylvania

If death occurred in an institution, see HANDBOOK, regarding completion of RESIDENCE items

9. DECEDENT'S EDUCATION (Specify only highest grade completed): Elem/High School (0-12): 12; College (1-4, 5+):
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Clyde G. Fuller
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: 160-28-9611
15a. USUAL OCCUPATION (Kind of work done most of working life): Waitress
15b. KIND OF BUSINESS OR INDUSTRY: Restaurant

For RESIDENCE items, enter actual location of home rather than mailing address

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 OR RURAL LOCATION: 7805 Southcrest Parkway

PARENTS

17. FATHER—NAME — First: Richard; Middle: Anthony; Last: Lightowler
18. MOTHER—NAME — First: Anne; Middle: ; Maiden: Miller

INFORMANT

19a. INFORMANT—NAME (Type or print): Clyde Gerald Fuller
19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code): 3050 Normandy Drive Horn Lake, MS 38637

DISPOSITION

20a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
20b. CEMETERY, CREMATORY—NAME: Tennessee Cremations
20c. LOCATION (City and State): Memphis, Tennessee
21a. EMBALMER—SIGNATURE AND NUMBER:
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

PRONOUNCEMENT

22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print): Judy Pollock, R.N.
22b. PRONOUNCED DEAD (Month, Day, Year): ON 12/31/1999
22c. PRONOUNCED DEAD (Hour): AT 5:45P m.

CERTIFIER

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

Mississippi State Board of Health
Form No. 511
Revised 1-1-89

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 ► MD
24b. DATE SIGNED (Month, Day, Year)
24c. STATE LICENSE NUMBER
24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)

This section to be completed by medical examiner ONLY

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 CME
24g. DATE SIGNED (Month, Day, Year): 1/10/2000

CAUSE OF DEATH

25. PART I. DEATH CAUSED BY:
(a) IMMEDIATE CAUSE (Enter one cause only): Cancer Of Colon — 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:

Conditions, if any, which gave rise to immediate cause, stating the underlying cause last

26. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I: COPD
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 ☐ No

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

JAN 18 2000

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.

FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THIS IS WATERMARKED PAPER. DO NOT ACCEPT WITHOUT FIRST HOLDING TO LIGHT TO VERIFY WATERMARK