

Affidavit  
&  
Certificate of Death

3/10/06 10:05:52  
BK 523 PG 9  
DESOTO COUNTY, MS  
W.E. DAVIS, CH CLERK

Affidavit to prove death of joint tenant with right of survivorship and to establish title in surviving joint tenant.

STATE OF MISSISSIPPI  
COUNTY OF DESOTO

This day personally appeared before me, a notary public in and for this jurisdiction, **Jack A. Wiley**, who, having been duly sworn, states as follows:

1. I am Jack A. Wiley, one of the grantees in a Warranty Deed dated January 26, 1979, executed by Hubert C. Thompson and Dorothy M. Thompson and recorded on January 29, 1979 in Book 138, Page 717 of records of Warranty Deeds in the Chancery Clerk's Office of Desoto County, Mississippi.

2. The Warranty Deed conveyed real property to me and to my former wife, Evelyn A. Wiley, as joint tenants with right of survivorship.

3. The property conveyed by the Warranty Deed is described as follows:

See Exhibit "A" hereto.

4. My former wife, **Evelyn A. Wiley**, joint tenant with me in the ownership of the real property described above, died on February 12, 2003, leaving title to said property vested in me alone.

A certified copy of his death certificate is enclosed as Exhibit "B" to this affidavit.

5. I am also one of the grantees in a Warranty Deed dated November 3, 1978, executed by Ernest McAfee and Ila Mae R.

*me*

McAfee and recorded on November 15, 11978 in Book 137, Page 566 of records of Warranty Deeds in the Chancery Clerk's Office of Desoto County, Mississippi.

6. The Warranty Deed conveyed real property to me and to my former wife, Evelyn A. Wiley, as tenants in common.

7. The property conveyed by the Warranty Deed is described as follows:

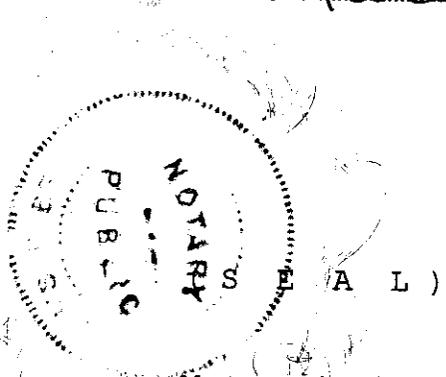
See Exhibit "C" hereto.

8. My wife, Evelyn A. Wiley, left a will which was admitted to probate in the Chancery Court of Desoto County, Mississippi in Civil Action No. 03--3-0471(L). In said will she devised and bequeathed to me all of her right title and interest in the property that is described in Exhibit "C" hereto. The estate was closed.

Jack A. Wiley  
JACK A. WILELY

Sworn to and subscribed before me this the <sup>14th</sup> day of March, 2006.

Bucky Johnson  
NOTARY PUBLIC



My commission expires:  
MISSISSIPPI STATEWIDE NOTARY PUBLIC  
MY COMMISSION EXPIRES MARCH 13, 2009

**Address of Affiant:**

Jack A. Wiley  
2182 Horn Lake Road  
Nesbit, MS 38651  
Home Tel: 662-429-9769  
Office Tel: n/a

**Prepared by, and return to after recording:**  
Goeldner & Walsh Professional Association  
Attorneys at Law  
P.O. Box 1468  
Southaven, MS 38671-1468  
Tel. (662) 342-7700  
Fax (662) 342-7707

A part of the Southeast Quarter of Section 20, Township 2 South, Range 8 West, DeSoto County, Mississippi, described as:

Beginning at the intersection of the east right of way of Horn Lake Road (80 feet wide) and the north line of the Southeast Quarter of the Southeast Quarter of Section 20, Township 2 South, Range 8 West; thence south 24 degrees 22 minutes west 300 feet along the east right of way of Horn Lake Road to a point; thence north 86 degrees 13 minutes east 580 feet to a point; thence north 24 degrees 22 minutes east 300 feet to a point in the said north line of the southeast quarter of the southeast quarter of Section 20; thence south 86 degrees 13 minutes west 580 feet along the said north line to the point of beginning and containing 3.52 acres, more or less; All bearings are magnetic.

LESS AND EXCEPT:

Two (2) acres, situated in the Southeast Quarter of Section Twenty (20), Township Two (2), Range Eight (8) West, and more particularly described as follows, to-wit:

Beginning on the North line of the Southeast Quarter of the Southeast Quarter of said Section 20 where said North line intersects the East line of Horn Lake Road; thence East a distance of  $435 \frac{1}{3}$  feet to a point; thence in a southerly direction and parallel with said Horn Lake Road a distance of 200 feet to a point; thence West a distance of  $435 \frac{1}{3}$  feet to the East boundary line of said Horn Lake Road; thence in a Northerly direction along the East line of said Horn Lake Road a distance of 200 feet to the point of beginning. Said property having been conveyed to Grantees herein by warranty executed by Ernest McAfee and wife, Ila Mae R. McAfee, dated November 3, 1978, and of record in Book 137, Page 566, in the office of the Chancery Clerk of DeSoto County, Mississippi.



TENNESSEE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

STATE FILE NUMBER

BK 523 PD 13

001352

PRINT IN PERMANENT INK OR JET INKS AND BOOK.

297

nr

PARENTS

INFORMANT

DISPOSITION

REGISTRAR

DATE OF DEATH

AN OR MEDICAL EXAMINING STATE MUST BE AND SIGN L. CERTIFICATION 48 HOURS.

INSTRUCTIONS OTHER SIDE

CAUSE OF DEATH

30

1. DECEDENT'S NAME (First, Middle, Last) **Evelyn Aline Wiley**

2. SEX **Female**

3. DATE OF DEATH (Month, Day, Year) **Feb. 12, 2003**

4. SOCIAL SECURITY NUMBER (of Decedent) **415-24-3573**

5. AGE (Last Birthday) **78**

6. DATE OF BIRTH (Month, Day, Year) **11-18-1924**

7. BIRTHPLACE (City and State or Foreign Country) **Horn Lake, Miss.**

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? **1 [ ] Yes 2 [X] No**

9. PLACE OF DEATH (Check only one)  
 HOSPITAL: **1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DCA 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)**

10. FACILITY NAME (If not institution, give street and number) **Baptist East**

11. CITY, TOWN, OR LOCATION OF DEATH **Memphis, Tenn.**

12. COUNTY OF DEATH **Shelby**

13. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)) **Married**

14. SURVIVING SPOUSE (If wife, give maiden name) **Jack Wiley**

15. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) **Home Maker**

16. KIND OF BUSINESS/INDUSTRY **House Wife**

17. RESIDENCE-STATE **Miss.**

18. COUNTY **Desoto**

19. CITY, TOWN OR LOCATION **Nesbit,**

20. STREET AND NUMBER OR RURAL LOCATION **2182 N. Horn Lake Rd.**

21. INSIDE CITY LIMITS? **1 [ ] Yes 2 [X] No**

22. ZIP CODE **38651**

23. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) **1 [ ] Yes 2 [X] No**

24. RACE (American Indian, Black, White, etc. (Specify)) **White**

25. DECEDENT'S EDUCATION (Specify only highest grade completed)  
 Elementary/Secondary (0-12) **9** College (1-4 or 5+) **0**

26. FATHER'S NAME (First, Middle, Last) **Enosh Leoney**

27. MOTHER'S NAME (First, Middle, Maiden Surname) **Bula Maple Powers**

28. INFORMANT'S NAME (Type/Print) **Jack Wiley**

29. RELATIONSHIP TO DECEASED **Husband**

30. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **2182 N. Horn Lake Rd. Nesbit, Miss. 39651**

31. METHOD OF DISPOSITION  
**1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)**

32. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **New Bethlehem Cemetery**

33. LOCATION (City or Town, State) **Horn Lake, Miss.**

34. SIGNATURE OF FUNERAL DIRECTOR **John E. Phillips**

35. LICENSE NUMBER OF FUNERAL DIRECTOR **Miss. PD 331**

36. SIGNATURE OF EMBALMER **Chris Wells**

37. LICENSE NUMBER OF EMBALMER **Miss. FS 0743**

38. NAME AND ADDRESS OF FUNERAL HOME **Brantley-Phillips Funeral Home 2470 Hwy. 51 South Hernando, Miss. 38632**

39. LICENSE NUMBER OF FUNERAL HOME **Mississippi FE 105**

40. REGISTRAR'S SIGNATURE **[Signature]** Deputy

41. DATE FILED (Month, Day, Year) **FEB 25 2003**

42. 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**

43. 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 [X] SIGNATURE AND TITLE OF MEDICAL EXAMINER** **Dr. Todd Edwards MD**

44. LICENSE NUMBER **024417**

45. DATE SIGNED (Month, Day, Year) **FEBRUARY 20, 2003**

46. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) **Dr Todd Edwards MD 80 Humphreys Center Suite 200 Memphis, Tenn. 38120**

47. 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) **MULTISYSTEM ORGKN FAILURE**  
 DUE TO (OR AS A CONSEQUENCE OF): **INFLAMMATORY PNEUMONIA**

48. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

49. MANNER OF DEATH  
**1 [ ] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined**

50. DATE OF INJURY (Month, Day, Year)

51. TIME OF INJURY

52. INJURY AT WORK? **1 [ ] Yes 2 [ ] No**

53. PLACE OF INJURY (At home, farm, street, factory, office building, etc. (Specify))

54. LOCATION (Street and Number or Rural Route Number, City or Town, State)

55. WAS AN AUTOPSY PERFORMED? **1 [ ] Yes 2 [ ] No**

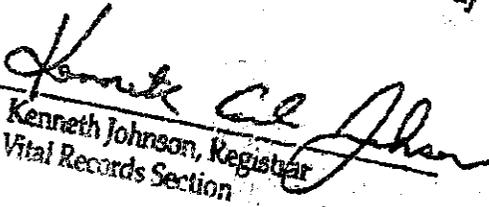
56. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? **1 [ ] Yes 2 [ ] No**



MEMPHIS & SHELBY COUNTY HEALTH DEPARTMENT-814 JEFFERSON AVE.  
MEMPHIS, TENNESSEE. THIS IS TO CERTIFY that this is a true and correct copy of  
the record filed with the Tennessee Vital Records by the Memphis and Shelby County  
Health Department.

SEAL

Date Issued APR 30 2003

by   
Kenneth Johnson, Registrar  
Vital Records Section

State of Mississippi, to-wit: Two (2) acres, situated in the Southeast Quarter of Section Twenty (20), Township Two (2), Range Eight (8) West, and more particularly described as follows, to wit:  
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