

Prepared by and return to:

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BC
BC

4/18/06 10:05:42
BK 526 PG 170
DESOTO COUNTY, MS
W.E. DAVIS, CH CLERK

WARRANTY DEED

060237

Laura Walker, A/K/A Louise W. Walker, A Widowed Person
GRANTOR

to:

Amos D. Harrison and wife, Angela R. Harrison
GRANTEES

FOR AND IN CONSIDERATION of the sum of Ten and No/100 Dollars (\$10.00), cash in hand paid, and other good and valuable considerations, the receipt of which is hereby acknowledged, Laura Walker, A/K/A Louise W. Walker, A Widowed Person does hereby sell, convey, and warrant unto Amos D. Harrison and wife, Angela R. Harrison, as tenants by the entirety with full rights of survivorship and not as tenants in common, the land lying and being situated in DeSoto County, Mississippi, being more particular described as follows, to wit:

Lot 865, Section C, Southaven Subdivision, in Section 23, Township 1 South, Range 8 West, as shown on the revised plat of said subdivision which is recorded in Plat Book 2, Pages 19, 20, 21, & 22, in the office of the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation, Otis C. Walker died on December 13, 1990 as evidenced the attached death certificate. Grantor executes this deed as the surviving tenant in common through Warranty Deed recorded in Deed Book 54, Page 298 in the office of the Chancery Clerk of DeSoto County, Mississippi and as the sole heir of the Estate of Otis C. Walker pursuant to the Order Admitting Last Will and Testament to Probate as Muniment of Title dated April 12, 2006 in Cause No. 06-04-0637 in the Chancery Court of DeSoto County, Mississippi.

The warranty in this Deed is subject to rights-of-way and easements of record for public roads and public utilities, subdivisions and zoning regulations in effect, prior reservations of oil and mineral rights, all applicable building restrictions and restrictive covenants of record, in the office of the Chancery Court Clerk of DeSoto County, Mississippi.

Taxes for the year 2006 are to be paid by Grantee and possession is to be given with deed.

WITNESS the signature of the Grantors, this the 13th day of April, 2006.

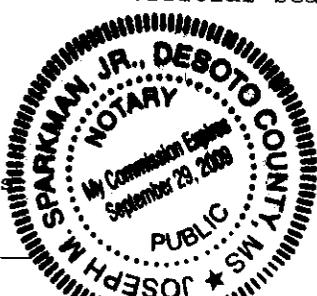
Laura Walker AKA Louise W Walker

Laura Walker

STATE OF MISSISSIPPI
COUNTY OF DESOTO

PERSONALLY appeared before me, the undersigned authority in and for the said State and County aforesaid, the within named Laura Walker, A/K/A Louise W. Walker, A Widowed Person, who acknowledge that he executed and delivered the above foregoing Warranty Deed on the day and year therein mentioned as his free and voluntary act and deed and for the purposes therein expressed.

Given under my hand and official seal of office, this the 13th day of April, 2006.



[Signature]

Notary Public

My Commission Expires _____

GRANTOR'S ADDRESS:
7408 TRINITY COVE
SOUTHAVEN MS 38671
Work Phone #: *NONE*
Home Phone #: *662 536-0477*

GRANTEE'S ADDRESS:
1767 Mississippi Valley Blvd.
Southaven, MS 38671
Work Phone #: *901 545-4016*
Home Phone #: *662-280-7707*

Rich

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
CERTIFICATE OF DEATH

BK 526 PG 171

TYPE/PRINT
 IN
 PERMANENT
 BLACK INK
 FOR
 INSTRUCTIONS
 SEE HANDBOOK

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last) OTIS CLAYTON WALKER					2. SEX M	3. DATE OF DEATH (Month, Day, Year) DECEMBER 13, 1990	
4. SOCIAL SECURITY NUMBER (of Decedent) 411-09-0800		5a. AGE - LAST BIRTHDAY (Years) 75	5b. UNDER 1 YEAR MOS. DAYS HOURS MIN.	5c. UNDER 1 DAY HOURS MIN.	6. DATE OF BIRTH (Month, Day, Year) 5-6-1915		7. BIRTHPLACE (City and State or Foreign Country) OXFORD, MS
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) HOSPITAL: 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA OTHER: 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)					
9b. FACILITY NAME (If not institution, give street and number) METHODIST CENTRAL HOSP.			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) LAURA LOUISE WALL MAINTENANCE		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) ALCO-GRAVURE PUBLISHING CO.		12b. KIND OF BUSINESS/INDUSTRY	
13a. RESIDENCE - STATE MS		13b. COUNTY DESOTO		13c. CITY, TOWN OR LOCATION SOUTHAVEN		13d. STREET AND NUMBER OR RURAL LOCATION 1767 MISSISSIPPI VA. BLVD.	
13e. INSIDE CITY LIMITS? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		13f. ZIP CODE 38671		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> No <i>Specify, if yes:</i>		15. RACE - American Indian, Black, White, etc. (Specify) WHITE	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 10 College (1-4 or 5+) 0		17. FATHER'S NAME (First, Middle, Last) JAMES WALKER					
18. MOTHER'S NAME (First, Middle, Maiden Surname) EMILY WHEELER						19a. INFORMANT'S NAME (Type/Print) LOUISE WALKER	
19b. RELATIONSHIP TO DECEASED SPOUSE			19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1767 MISS. VALLEY BLVD. MS 38671 SOUTHAVEN,				
20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)			20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) FOREST HILL CEM. MT			20c. LOCATION - City or Town, State MEMPHIS, TN	
21a. SIGNATURE OF FUNERAL DIRECTOR <i>John M. [Signature]</i>		21b. LICENSE NUMBER OF FUNERAL DIRECTOR 3899		21c. SIGNATURE OF EMBALMER <i>John M. [Signature]</i>		21d. LICENSE NUMBER OF EMBALMER 4051	
22a. NAME AND ADDRESS OF FUNERAL HOME FOREST HILL FUNERAL HOME			22b. LICENSE NUMBER OF FUNERAL HOME #466			22c. P.O. BOX 34577 MEMPHIS, TN 38184	
23. REGISTRAR'S SIGNATURE <i>[Signature]</i>					24. DATE FILED (Month, Day, Year)		
25a. PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.							
1 <input type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <i>Russell Eldridge MD</i>		25b. LICENSE NUMBER 18038		25c. DATE SIGNED (Month, Day, Year) Dec 20, 1990			
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated.							
2 <input type="checkbox"/> 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) DR. RUSSELL ELDRIDGE 1325 EASTMORELAND S-220 MEMPHIS, TN 38104							
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.							Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Lung cancer		DUE TO (OR AS A CONSEQUENCE OF):					1 year
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		b. DUE TO (OR AS A CONSEQUENCE OF):					
		c. DUE TO (OR AS A CONSEQUENCE OF):					
		d. DUE TO (OR AS A CONSEQUENCE OF):					
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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
							29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
30. MANNER OF DEATH 1 <input type="checkbox"/> Natural 5 <input type="checkbox"/> Pending investigation 2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be determined 3 <input type="checkbox"/> Suicide 8 <input type="checkbox"/> Homicide		31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY M		31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
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)			

NAME OF DECEDENT:
 For use by physician or institution

DECEDENT

PARENTS

INFORMANT

DISPOSITION

REGISTRAR

CERTIFIER

CAUSE OF DEATH

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

SEE INSTRUCTIONS ON OTHER SIDE

THIS IS NOT A CERTIFIED COPY

BIRTH NO. _____