6/30/06 3:17:30
BK 533 PG 15
DESOTO COUNTY, MS
W.E. DAVIS, CH CLERK

Prepared by and
Return To: Cleo Joyce L. Adams
4615 Dogwood Meadows
Horn Lake,MS 38637
(662) 393-8697

Cleo Joyce L. Adams,

Grantors

To

Cleo Joyce L. Adams,

Grantees

WARRANTY DEED

For and in consideration of the sum of Ten Dollars ($10.00) cash in hand paid, and other good and valuable consideration, the receipt and sufficiency of all of which is hereby acknowledged, I, Cleo Joyce L. Adams, do hereby grant, bargain, sell, convey, and warrant to Cleo Joyce L. Adams and son, Barry L Adams as tenants in common with full rights of survivorship* that certain real property lying and being situated in DeSoto County, Mississippi, and being more particularly described as follows:

Lot 4 in Ladd Subdivision in Section 32, Township 2, Range 8, as shown by the plat recorded Plat Book 1, Page 35, in the office of the Chancery Clerk of said County.

The above described real property is conveyed subject to road rights of way, public utility easements, and zoning, subdivision, and health department regulations of DeSoto County, Mississippi; subject to any reservation or conveyance of oil, gas, or mineral rights of any kind or character whatsoever; current survey; subject to covenants, limitations, and restrictions of said subdivision as shown on plat of said subdivision of record in Plat Book 1, Page 35, of the records of DeSoto County, Mississippi.

Possession of said real property shall be given to Grantees on or before four (4) Weeks from the date of this Deed.

*with Reservation of a life Estate to Cleo Joyce L. Adams, a single person, the above decribed property situated in the County of DeSoto, State of Mississippi."

Prepared By:

03

Witness our signatures, this the 29 th day of June 2006.

Cleo Joyce L Adams
Cleo Joyce L Adams

Barry L. Adams
Barry L. Adams

Cleo Joyce L. Adams
4615 Dogwood Meadows
Horn Lake, MS. 38637
N/A
N/A

Barry L. Adams
4371 Shadow Ridge Drive
Horn Lake, MS. 38637
N/A
N/A

STATE OF MISSISSIPPI
COUNTY OF DESOTO

This day personally appeared before me, the undersigned authority in and for said County and State, the within named Cleo Joyce L. Adams, and son Barry L. Adams who Each acknowledged that they signed and delivered the above and forgoing WARRANTY DEED As their free and voluntary act and deed on the day and date mentioned therein and for the Purposes therein expressed.

Given under my hand and official seal of office, this the 29 th day of June, 2006

Paula J. Aldridge
NOTARY PUBLIC
PAULA J. ALDRIDGE

MY COMMISSION EXPIRES:
December 17, 2008

Death Certificate of one:
Arthur M. Adams
and copy of
Quitclaim Deed to said property.
and copy of
Revocable Living Trust Agreement

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

# TENNESSEE DEPARTMENT OF HEALTH
# CERTIFICATE OF DEATH

STATE FILE NUMBER

**DECEDENT**

1. DECEDENT'S NAME (First, Middle, Last): ARTHUR MERLON ADAMS
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): June 18, 2004
4. SOCIAL SECURITY NUMBER (of Deceased): 
5a. AGE - LAST BIRTHDAY (Years): 67
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Nov 27, 1936
7. BIRTHPLACE (City and State or Foreign Country): BOONEVILLE, Mississippi
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Methodist 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): JOYCE LIVINGSTON
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): TRUCK DRIVER
12b. KIND OF BUSINESS/INDUSTRY: FIRESTONE
13a. RESIDENCE-STATE: Mississippi
13b. COUNTY: De Soto
13c. CITY, TOWN OR LOCATION: Horn Lake
13d. STREET AND NUMBER OR RURAL LOCATION: 4615 DOGWOOD MEADOW
13e. CENSUS TRACT: NR
13f. INSIDE CITY LIMITS? 1 [X] 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 0 [X] No — Specify, if yes:
15. RACE—American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

For use by physician or institution

**PARENTS**

17. FATHER'S NAME (First, Middle, Last): WILLIE ARTHUR ADAMS
18. MOTHER'S NAME (First, Middle, Maiden Surname): LAVELLE SPENCER

**INFORMANT**

19a. INFORMANT'S NAME (Type/Print): JOYCE ADAMS
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4615 DOGWOOD MEADOW Horn Lake, Mississippi 38637

**DISPOSITION**

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from state 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): SUNSET MEMORIAL PARK
20c. LOCATION—City or Town, State: WEST HELENA, Arkansas
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ [signature]
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: #3119
21c. SIGNATURE OF EMBALMER: ▶ [signature]
21d. LICENSE NUMBER OF EMBALMER: #2122
22a. NAME AND ADDRESS OF FUNERAL HOME: ROLLER-CITIZENS FUNERAL HOME-W. Helena, 508 PLAZA, WEST HELENA, Arkansas 72390
22b. LICENSE NUMBER OF FUNERAL HOME: 56

**REGISTRAR**

23. REGISTRAR'S SIGNATURE: ▶ Mary Ann Broadhead Deputy
24. DATE FILED (Month, Day, Year): JUL 14 2004

**CERTIFIER**

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 [ ] SIGNATURE AND TITLE OF PHYSICIAN: ▶ N. Mansour
25b. LICENSE NUMBER: 26012
25c. DATE SIGNED (Month, Day, Year): 6/30/04

26a. MEDICAL EXAMINER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, 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):

PHYSICIAN OR MEDICAL EXAMINER FILING CERTIFICATE MUST COMPLETE AND SIGN CERTIFICATE WITHIN 48 HRS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): DR. NAMAR E. MANSOUR, 176 S. BELLEVUE BLVD. #606, MEMPHIS, TN 38104

INSTRUCTIONS OTHER SIDE

**CAUSE OF DEATH**

28. PART I. Enter the disease, 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. Cardiopulmonary arrest probably due to Acute MI
DUE TO (OR AS A CONSEQUENCE OF):
b. Cardiomyopathy
DUE TO (OR AS A CONSEQUENCE OF):
c. ESRD
DUE TO (OR AS A CONSEQUENCE OF):
d. Volume overload

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

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 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [X] 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):

659 (REV. 6/99)

BIRTH NO.

RDA 1389