7/24/06 1:37:27 SS
BK 534 PG 774 SS
DESOTO COUNTY, MS BC
W.E. DAVIS, CH CLERK

Prepared by and return to:

Joseph M. Sparkman, Jr.
Attorney at Law
Post Office Box 266
Southaven, MS 38671-0266
662-349-6900
06 0514

WARRANTY DEED

Robert J. Gabriesheski, A Widowed Person,
GRANTOR

to:

Richard Jason Goodwin and wife, Ashleigh Jackson Goodwin
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, Robert J. Gabriesheski, A Widowed Person, does hereby sell, convey, and warrant unto Richard Jason Goodwin and wife, Ashleigh Jackson Goodwin, 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 285, Section "B", Bridgetown Subdivision, located in Section 23, Township 2, Range 7 West, DeSoto County, Mississippi, as per plat recorded in Plat Book 14, Pages 38-44, in the Chancery Clerk's office of DeSoto County, Mississippi.

By way of explanation as per the attached death certificate, Toni M. Gabriesheski A/K/A Toni Marie Morgan Streamer Gabriesheski departed this life on August 14, 2002 in Shelby County, Tennessee.

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 21st day of July, 2006.

Robert J. Gabriesheski

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 Robert J. Gabriesheski, 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 21st day of July, 2006.

JOSEPH M. SPARKMAN, JR., DESOTO COUNTY, MS ★ NOTARY PUBLIC My Commission Expires September 29, 2009

Notary Public

My Commission Expires

GRANTOR'S ADDRESS:
4230 WINDERMERE
NESBIT MS 38651
Work Phone #: 901-362-4451
Home Phone #: 901-674-9006

GRANTEE'S ADDRESS:
4010 Bienville Road
Nesbit, MS 38651
Work Phone #: 662 893-3344
Home Phone #: 662-832-2310

Rich

2

PEPRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS HANDBOOK

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Toni Marie Morgan Streamer Gabriesheski
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): August 14, 2002
4. SOCIAL SECURITY NUMBER (of Decedent): 409-06-8197
5a. AGE-LAST BIRTHDAY (Years): 45
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): May 4, 1957
7. BIRTHPLACE (City and State or Foreign Country): Newport, AR.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] 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): St. Francis Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Memphis, TN.
9d. COUNTY OF DEATH: Shelby
10. MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Robert Gabriesheski, Jr.
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Disabled
12b. KIND OF BUSINESS/INDUSTRY: Disabled
13a. RESIDENCE-STATE: MS.
13b. COUNTY: Desoto
13c. CITY, TOWN OR LOCATION: Nesbit
13d. STREET AND NUMBER OR RURAL LOCATION: 4047 Crystal Ct., Nesbit
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 [ ] Yes 2 [X] No
13f. ZIP CODE: 38651
14. WAS DECEDENT OF HISPANIC ORIGIN? (If 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-

PARENTS

17. FATHER'S NAME (First, Middle, Last): J.T. Morgan
18. MOTHER'S NAME (First, Middle, Maiden Surname): Gracyne Stone

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Robert Gabriesheski, Jr.
19b. RELATIONSHIP TO DECEASED: Spouse
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4047 Crystal Ct., Nesbit, MS. 38651

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): Forest Hill South Cemetery
20c. LOCATION-City or Town, State: 2545 E. Holmes Rd. Memphis, TN. 38118
21a. SIGNATURE OF FUNERAL DIRECTOR: Angela Hardesty
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4956
21c. SIGNATURE OF EMBALMER: Roy Blaylock
21d. LICENSE NUMBER OF EMBALMER: 3586
22a. NAME AND ADDRESS OF FUNERAL HOME: Forest Hill South 2545 E. Holmes Rd., Memphis, TN. 38118
22b. LICENSE NUMBER OF FUNERAL HOME: 920

REGISTRAR

23. REGISTRAR'S SIGNATURE: Mary Ann Bradshaw Deputy
24. DATE FILED (Month, Day, Year): AUG 27 2002

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated. [✓] SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER: MD17469
25c. DATE SIGNED (Month, Day, Year): 8/21/02
26a. 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. [ ] 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): Lee Schwartzberg 100 N. Humphreys Blvd Memphis TN 38120

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

CAUSE OF DEATH

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Metastatic Rectal Cancer — Approximate Interval Between Onset and Death: 1 year

DUE TO (OR AS A CONSEQUENCE OF):

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.

INSTRUCTIONS ON OTHER SIDE

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