

11/29/06 8:59:01
BK 545 PG 218
DESOTO COUNTY, MS
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

060882

WARRANTY DEED

Dianne Parker
GRANTOR

to:

Melvin L. Gunter, A Single Person
GRANTEE

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, Dianne Parker does hereby sell, convey, and warrant unto Melvin L. Gunter, A Single Person the land lying and being situated in DeSoto County, Mississippi, being more particular described as follows, to wit:

Lot 2, Lewisburg Estates Subdivision, in Section 33, Township 2 South, Range 6 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 41, Page 22, in the office of the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation, Wayne Parker A/K/A Wayne Allen Parker departed this life on March 23, 2003 in DeSoto County, Mississippi as per the attached death certificate.

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, including, but not limited to, Deed Book 190, Page 564; Deed Book 349, Page 173; Deed Book 247, Page 590 and Deed Book 70, Page 421.

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

WITNESS the signature of the Grantors, this the 28th day of November, 2006.

Dianne Parker

Dianne Parker

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 Dianne Parker, 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 28th day of November, 2006.



Joseph M. Sparkman, Jr.

Notary Public

My Commission Expires _____

GRANTOR'S ADDRESS:
257 PALISADE
MADE TN 38111
Work Phone #: 901-324-2804
Home Phone #: 901-292-7076

GRANTEE'S ADDRESS:
~~Lot 2, Lewisburg Estates~~ 2560 BYHAMIA ROAD
Olive Branch, MS
Work Phone #: 662-895-7200
Home Phone #: 901-647-2088

Reich

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

TYPE OR PRINT
IN BLACK INK

FILING DATE APR 04 2003

CERTIFICATE OF DEATH
STATE OF MISSISSIPPI

STATE FILE NUMBER 123-

DECEASED	1. NAME Wayne Allen Parker			2. SEX Male	3a. HOUR OF DEATH 11:20A m	3b. DATE OF DEATH (Month, Day, Year) March 23, 2003
	4. RACE (Specify White, Black, American Indian, etc.) White	5a. AGE AT LAST BIRTHDAY 43 Years	5b. MOS 5c. DAYS 5d. HOURS 5e. MINS ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY		6. DATE OF BIRTH (Month, Day, Year) Jan. 14, 1960	7a. COUNTY OF DEATH Desoto
	7b. CITY OR TOWN OF DEATH Olive Branch	7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) 8560 Byhalia Rd.			7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA	8. STATE OF BIRTH TN
	9. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/High School, College (0-12) 12 (1-4, 5+)	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Dianne Mattson	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 413-25-1715	15a. USUAL OCCUPATION (Kind of work done, most of working life) Electrician	15b. KIND OF BUSINESS OR INDUSTRY Electrical			
16a. RESIDENCE-STATE MS	16b. COUNTY Desoto	16c. CITY OR TOWN Olive Branch	16d. INSIDE CITY LIMITS (Specify Yes or No) No	16e. STREET AND NUMBER OR RURAL LOCATION 8560 Byhalia Rd.		
17. FATHER-NAME Charles Ray Parker	18. MOTHER-NAME Carol Mansfield					
19a. INFORMANT-NAME (Type or print) Dianne Parker	19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 8560 Byhalia Rd., Olive Branch, MS 38654					
20a. BURIAL CREMATION, REMOVAL (Specify) Burial	20b. CEMETERY, CREMATORY-NAME Memphis Memory Gardens	20c. LOCATION (City and State) Memphis, TN	21a. EMBALMER-SIGNATURE AND NUMBER Kevin Hughes 5349			
21b. FUNERAL HOME-NAME AND MISSISSIPPI I.D. NUMBER Brantley Funeral Home 17R		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) P. O. Box 428, Olive Branch, MS 38654-0428				
22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print) Jeffery Pounders, CMEI			22b. PRONOUNCED DEAD (Month, Day, Year) March 23, 2003	22c. PRONOUNCED DEAD (Hour) (Minute) (Second) 12:10p m		
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 Rd. Nesbit, Ms. 38651			
MISSISSIPPI State Board of Health Form No. 511 Revised 1-1-99	24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE		MD	24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE		
	24b. DATE SIGNED (Month, Day, Year)	24c. STATE LICENSE NUMBER		24f. TITLE Desoto CMEI	24g. DATE SIGNED (Month, Day, Year) March 25, 2003	
USE OF DEATH Conditions, if any, which gave rise to immediate cause stating the underlying cause last	25. PART I. IMMEDIATE CAUSE (Enter one cause only) DEATH CAUSED BY: Gun Shot To Chest (.44 Mag. Revolver)					Interval between onset and death Immediate
	(a) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):					Interval between onset and death
	(b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):					Interval between onset and death
26. PART II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in PART I Depression						
Had Decedent been Pregnant within 90 Days of Death? Yes <input type="checkbox"/> No <input type="checkbox"/>	27a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify) Suicide	29b. DATE OF INJURY (Month, Day, Year) 3/23/03	29c. HOUR OF INJURY 11:20A m	29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED Selfinflected		
	29e. INJURY AT WORK (Yes or No) No	29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.) Wooded Area		29g. LOCATION (Street or route number, City or town, State) 8560 Byhalia RD. Hernando, Ms.		

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

APR -4 2003

Judy Moulder
STATE REGISTRAR

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.

