

**WARRANTY DEED**

**PATSY E. LIVERS f/k/a PATSY E. LUTTRELL**

**GRANTOR**

**TO**

**PIETER J. ZEE and WIFE,  
REGINA N. ZEE**

**GRANTEES**

This Deed of Conveyance is this day made by the undersigned PATSY E. LIVERS f/k/a PATSY E. LUTTRELL, hereinafter referred to as the GRANTOR, and PIETER J. ZEE and wife, REGINA N. ZEE, hereinafter referred to as the GRANTEES, WITNESSETH THAT:

For and in consideration of the sum of Ten Dollars (\$10.00) cash in hand paid by the GRANTEE to the GRANTORS, and other good and valuable consideration, the receipt and sufficiency of all of which is hereby acknowledged by PATSY E. LIVERS f/k/a PATSY E. LUTTRELL, GRANTOR, does hereby and by these presents sell, convey, and warrant unto PIETER J. ZEE and wife, REGINA N. ZEE, the GRANTEES, as tenants by the entirety with full rights of survivorship and not as tenants in common, the hereinafter described real property located in the City of Hernando, DeSoto County, Mississippi, and being described as follows, to-wit:

0.951 Acres, more or less, being part of the northwest quarter of the northeast quarter of Section 20, Township 3 South, Range 7 West, DeSoto County, Mississippi and described as follows:

Commencing at a point where the south right of way of Holly Springs Road (40' from center of road) intersects with the west line of the northeast quarter of Section 20, Township 3 South, Range 7 West. Thence North 84 degrees 25 minutes 28 seconds East 225.0 feet along the south right of way of Holly Springs Road to a point at the northwest corner of said 0.951 acres and the point of beginning. Thence South 04 degrees 45 minutes East 259.0 feet to a point. Thence North 84 degrees 25 minutes 28 seconds East 159.9 feet to a point. Thence North 04 degrees 45 minutes West 259.0 feet to a point on the south right of way of Holly Springs Road. Thence South 84 degrees 25 minutes 28 seconds West 159.9 feet along said right of way to the point of beginning.

*Kenny*

4

The foregoing covenant of warranty is made subject to all recorded and/or unrecorded rights of ways and easements for public roads and public utilities, subdivision and zoning regulations in effect in the City of Hernando, DeSoto County, Mississippi; and to any prior reservation or conveyance of minerals of every kind and character, including, but not limited to, oil, gas, sand and gravel in, on and under the subject property; and to any unrecorded rights-of-way or easements; and any discrepancies, conflicts, encroachments, or shortages in area and boundaries which a correct survey and/or physical inspection of the property would reveal. That additionally, this conveyance is subject to that certain right of way in favor of DeSoto County, Mississippi, as found at Deed Book 41 Page 534 and these certain Right of Way instruments in favor of Mississippi Power & Light Company as found at Deed Book 25 Page 491, Deed Book 46 Page 434 and Deed Book 110 Page 195, all as found in the office of the Chancery Clerk of DeSoto County, Mississippi.

That by way of explanation and for chain of title purposes Mary Alice Evans departed this life on June 23, 1998. That attached hereto is a copy of her Certificate of Death.

Taxes and assessments against said property for the year 2007 shall be prorated as of the date of this deed and taxes and assessments for the year 2008 shall be the responsibility of the GRANTEES, and/or their successor's in interest, and all subsequent years are hereby excepted from the foregoing covenant of warranty.

The Grantor herein warrants that the property being conveyed is no part or parcel of her homestead.

Possession is given on delivery of this deed.

WITNESS MY SIGNATURE on this the 21<sup>st</sup> day of May, 2007.

Patsy E Livers  
PATSY E. LIVERS

Patsy E Luttrell  
PATSY E. LUTTRELL

STATE OF MISSISSIPPI  
COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and for the said county and state on this the 21st day of May, 2007, within my jurisdiction, the within named PATSY E. LIVERS being one and the same person f/k/a PATSY E. LUTTRELL, who acknowledged that she executed the above and foregoing instrument.

[Signature]  
NOTARY PUBLIC

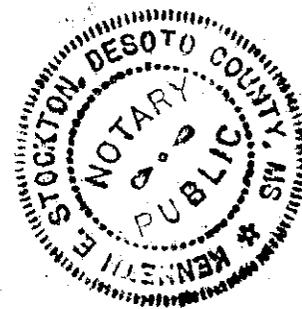
My Commission Expires  
MISSISSIPPI STATEWIDE NOTARY PUBLIC  
MY COMMISSION EXPIRES FEB. 20, 2011  
BONDED THRU STEGALL NOTARY SERVICE

(SEAL)

GRANTOR'S ADDRESS:  
1555 Holly Springs Rd.  
Hernando, MS 38632  
RES. TEL.: 901-691-2593  
BUS. TEL.: N/A

GRANTEES' ADDRESS:  
1550 Robertson Rd. S.  
Hernando, MS 38632  
RES. TEL.: 662-449-0880  
BUS. TEL.: N/A

Prepared by:  
KENNETH E. STOCKTON  
ATTORNEY AT LAW  
5 WEST COMMERCE STREET  
HERNANDO, MS 38632  
662-429-3469



TENNESSEE DEPARTMENT OF HEALTH  
**CERTIFICATE OF DEATH**

BK 559 PG 12

E/PRINT  
 IN  
 PERMANENT  
 INK INK  
 FOR  
 INSTRUCTIONS  
 AND BOOK

1. DECEDENT'S NAME (First, Middle, Last) <b>Mary Alice Evans</b>					2. SEX <b>Female</b>	3. DATE OF DEATH (Month, Day, Year) <b>June 23, 1998</b>	
4. SOCIAL SECURITY NUMBER (of Decedent) <b>410-24-1652</b>		5a. AGE LAST BIRTHDAY (years) <b>76</b>	5b. UNDER 1 YEAR MOS. _____ DAYS _____	5c. UNDER 1 DAY HOURS _____ MIN. _____	6. DATE OF BIRTH (Month, Day, Year) <b>June 26, 1921</b>		7. BIRTHPLACE (City and State or Foreign Country) <b>Hernando, MS</b>
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 type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA 4 <input checked="" 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) <b>Graceland Nursing Home</b>			9c. CITY, TOWN, OR LOCATION OF DEATH <b>Memphis, TN</b>		9d. COUNTY OF DEATH <b>Shelby</b>		
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Widowed</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>N/A</b>		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Telephone Operator</b>		12b. KIND OF BUSINESS/INDUSTRY <b>South Central Bell</b>	
13a. RESIDENCE-STATE <b>TN</b>		13b. COUNTY <b>Shelby</b>		13c. CITY, TOWN OR LOCATION <b>Memphis</b>		13d. STREET AND NUMBER OR RURAL LOCATION <b>1250 Farrow Rd</b>	
13e. INSIDE CITY LIMITS? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		13f. ZIP CODE <b>38116</b>		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"/>		15. RACE - American Indian, Black, White, etc. (Specify) <b>White</b>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5+) <b>2</b>		17. FATHER'S NAME (First, Middle, Last) <b>Rev. Walter Thomas Glenn</b>					
18. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Ann Eliza Gaines</b>		19a. INFORMANT'S NAME (Type/Print) <b>Patsy Luttrell</b>					
19b. RELATIONSHIP TO DECEASED <b>Daughter</b>		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>1555 Holly Springs Rd Hernando, MS 38632</b>					
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) <b>Bakers Chapel Cemetery</b>			20c. LOCATION - City or Town, State <b>Hernando, MS</b>	
21a. SIGNATURE OF FUNERAL DIRECTOR <i>Harry Jones</i>			21b. LICENSE NUMBER OF FUNERAL DIRECTOR <b>FS 153</b>		21c. SIGNATURE OF EMBALMER <i>Egon A. Brown</i>		
21d. LICENSE NUMBER OF EMBALMER <b>FS 794</b>			22a. NAME AND ADDRESS OF FUNERAL HOME <b>Hernando Funeral Home, 315 Losher St, Hernando, MS 38632</b>				
22b. LICENSE NUMBER OF FUNERAL HOME <b>FE 47</b>			23. REGISTRAR'S SIGNATURE <i>Mary Ann Bradshaw</i> Deputy				
24. DATE FILED (Month, Day, Year) <b>JUL 27 1998</b>			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>Sobanlechar us</i>				
25b. LICENSE NUMBER <b>10326</b>			25c. DATE SIGNED (Month, Day, Year) <b>7-17-98</b>				
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 <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) <b>Dr. Sofia Khandekar, 1264 Wesley DR Suite 405, Memphis, TN 38116</b>				
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) → <b>Pancreatic Cancer</b>			Approximate interval between Onset and Death				
Sequitally list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.			a. DUE TO (OR AS A CONSEQUENCE OF):				
			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. <b>Arterio Sclerotic Heart Disease</b> <b>Multi Stroke Dementia</b>					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 2 <input type="checkbox"/> Accident 3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide 5 <input type="checkbox"/> Pending Investigation 6 <input type="checkbox"/> Could not be Determined		31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY <b>M 2</b>		31c. INJURY AT WORK? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		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)				BIRTH NO. _____	