

BU
A

Vada G. Guthrie, an unmarried person
GRANTOR

WARRANTY

TO

DEED

David T. Guthrie, an unmarried person
GRANTEE

For and in consideration of the sum of Ten Dollars (\$10.00), cash in hand paid, and other good and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged, Vada G. Guthrie, an unmarried person, does hereby sell, convey, and warrant unto David T. Guthrie, an unmarried person, the following described property situated in the County of DeSoto, State of Mississippi, together with all improvements and appurtenances thereon more particularly described as follows:

Lot 1683, Section F, Southaven West Subdivision, in Section 22, Township 1 South, Range 8 West, DeSoto County, Mississippi, as per Plat thereof recorded in Plat Book 3, Page 29, in the Office of the Chancery Clerk of DeSoto County, Mississippi.

By way of explantation Robert Thurman Guthrie passed away on July 10, 2004.

The warranty in this deed is subject to subdivision and zoning regulations in effect in DeSoto County, rights of ways and easements for public roads and public utilities and restrictive covenants and easements of record.

It is understood and agreed that the taxes for the year 2007 have been prorated as of this date on an estimated basis and when said taxes are actually determined, if the proration is incorrect then Grantor(s) agree to pay Grantee(s) or their assigns any deficiency and likewise Grantee(s) agree to pay Grantor(s) or their assigns any amount overpaid.

Possession is to be given with delivery of this Deed.

WITNESS OUR SIGNATURE, this the 15th day of June, 2007

Vada M. Guthrie
Vada M. Guthrie

STATE OF Mississippi
COUNTY OF DeSoto

Personally appeared before me, the undersigned authority in and for the said county and state, on this the 15th day of June, 2007, within my jurisdiction, the within named Vada G. Guthrie, who acknowledged that she executed the above and foregoing instrument.

Sarah Bryant
Notary Public
Sarah Bryant



My Commission Expires:

June 21, 2007

GRANTOR'S ADDRESS:
1323 Lot #2, County Road 18
Myrtle, Mississippi 38650
Work Phone #: N/A
Home Phone #: N/A

GRANTEE'S ADDRESS:
8455 Cedarbrush Drive
Southaven, Mississippi 38671
Work Phone #: N/A
Home Phone #: 901-428-4602

THIS INSTRUMENT PREPARED BY:

* Eric L. Sappenfield, PLLC
6858 Swinnea Road
#5 Rutland Place
Southaven, Mississippi 38671
(662) 349-3436

FILE NUMBER: 12221

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

EK 561 PG 570

04-014174

CERTIFICATE OF DEATH

STATE FILE NUMBER 123-

TYPE OR PRINT IN BLACK INK

FILING DATE JUL 19 2004

DECEASED	1. NAME First: Robert Middle: Thurman Last: Guthrie		2. SEX Male		3a. HOUR OF DEATH 3:54 p.m.		3b. DATE OF DEATH (Month, Day, Year) July 10, 2004			
	4. RACE (Specify White, Black, American Indian, etc.) WHITE		5a. AGE AT LAST BIRTHDAY 74 Years		5b. MOS 74		5c. DAYS 5d. HOURS 5e. MINS			
Death occurred in institution, see HANDBOOK, regarding collection of EVIDENCE items	7b. CITY OR TOWN OF DEATH Tupelo		7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number, or other location) North Mississippi Medical Center 41T			7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA Inpatient		7e. COUNTY OF DEATH Lee		
	8. DECEDENT'S EDUCATION (Specify only highest grade completed) 8th		9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		10. SURVIVING SPOUSE (If wife, give maiden name) Vada Goolsby		11. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) yes		12. STATE OF BIRTH MS	
RESIDENCE Items, by actual location name rather than mailing address	13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) American		14. SOCIAL SECURITY NUMBER 427-54-3020		15a. USUAL OCCUPATION (Kind of work done, most of working life) mechanic		15b. KIND OF BUSINESS OR INDUSTRY diesel		15c. TYPE OF BUSINESS OR INDUSTRY	
	16a. RESIDENCE-STATE MS		16b. COUNTY Union		16c. CITY OR TOWN Myrtle		16d. INSIDE CITY LIMITS (Specify Yes or No) no		16e. STREET AND NUMBER OR RURAL LOCATION 1323 CR 18 Lot 2	
17. FATHER-NAME First: Robert Frank Middle: Guthrie Last: Guthrie		18. MOTHER-NAME First: Gladdis Middle: Brownlee Maiden: Lee		19a. INFORMANT-NAME (Type or print) Vada Guthrie		19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 1323 CR 18 Lot 2 Myrtle, MS 38650				
20a. BURIAL, CREMATION, REMOVAL (Specify) burial		20b. CEMETERY, CREMATORY-NAME Cornersville Cemetery		20c. LOCATION (City and State) Potts Camp MS		21a. EMBALMER-SIGNATURE AND NUMBER Larry R. Reedy 78118				
		21b. FUNERAL HOME-NAME AND MISSISSIPPI I.D. NUMBER United Funeral Service 73-U		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) P O Box 810 New Albany, MS 38652						
22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print) David Talton, M. D.		22b. PRONOUNCED DEAD (Month, Day, Year) ON July 10, 2004		22c. PRONOUNCED DEAD (Hour) (Specify Yes or No) AT 3:54 p.m.		23. CERTIFIER-NAME (Type or print) Pat Ewing, M. D.				
23a. CERTIFIER-NAME (Type or print) Pat Ewing, M. D.		23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) Post Office Box 7062, Tupelo, Mississippi 38801		24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE: <i>[Signature]</i> MD		24b. DATE SIGNED (Month, Day, Year) 07411		24c. STATE LICENSE NUMBER 07411		
24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE: <i>[Signature]</i> MD		24b. DATE SIGNED (Month, Day, Year) 07411		24c. STATE LICENSE NUMBER 07411		24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE: <i>[Signature]</i>		
24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE: <i>[Signature]</i>		24f. TITLE		24g. DATE SIGNED (Month, Day, Year)				
25. PART I: IMMEDIATE CAUSE (Enter one cause only) (a) VENTRICULAR FIBRILLATION		25. PART I: IMMEDIATE CAUSE (Enter one cause only) (b) ARTEROSCLEROTIC CORONARY ARTERY DISEASE		25. PART I: IMMEDIATE CAUSE (Enter one cause only) (c)		Interval between onset and death		Interval between onset and death		
25. PART I: IMMEDIATE CAUSE (Enter one cause only) (a) VENTRICULAR FIBRILLATION		25. PART I: IMMEDIATE CAUSE (Enter one cause only) (b) ARTEROSCLEROTIC CORONARY ARTERY DISEASE		25. PART I: IMMEDIATE CAUSE (Enter one cause only) (c)		Interval between onset and death		Interval between onset and death		
25. PART I: IMMEDIATE CAUSE (Enter one cause only) (a) VENTRICULAR FIBRILLATION		25. PART I: IMMEDIATE CAUSE (Enter one cause only) (b) ARTEROSCLEROTIC CORONARY ARTERY DISEASE		25. PART I: IMMEDIATE CAUSE (Enter one cause only) (c)		Interval between onset and death		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 RESPIRATORY FAILURE, RENAL FAILURE, CONGESTIVE HEART FAILURE		27. AUTOPSY (Yes or No) No		28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) No		29. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)				
29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)		29b. DATE OF INJURY (Month, Day, Year)		29c. HOUR OF INJURY		29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED				
29e. INJURY AT WORK (Yes or No)		29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)		29g. LOCATION		Street or route number		City or town State		

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

JUL 19 2004

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.

