

PREPARED BY: (RETURN)
PROFESSIONAL SERVICES
POST OFFICE BOX 130
POTTS CAMP, MISSISSIPPI 38659
TELEPHONE 662-333-9009

DC
7/23/07 9:23:46
BK 564 PG 148
DESOTO COUNTY, MS
W.F. DAVIS, CH CLERK

NO CERTIFICATE OF TITLE REQUESTED

NO FUNDS DISPERSED

STATE OF MISSISSIPPI
COUNTY OF DESOTO

WARRANTY DEED

KNOW ALL MEN BY THESE PRESENTS: That **WE, JUDY BYRD**, of 6240 Autumn Oaks Dr., Olive Branch, MS 38654, home no.: 901-521-0919 work no.: same, **ANN MELTON**, of 6775 Pinehurst, Horn Lake, MS 38637, home no. 901-949-7423 work no. same, **BARBARA WALKER**, 2770 Meadow Brook, Horn Lake, MS 38637, home no. 901-870-0013, work no. same, **CHARLES WALKER**, of 707 Grenada Blvd. Ext., Greenwood, MS 38930, home no. 662-299-9532, work no. 662-451-5668, for and in consideration of the sum of Ten Dollars (\$10.00) cash and other good and valuable considerations, the receipt of which is hereby acknowledged, do hereby Grant, Bargain, Sell, Convey and Warrant unto **CAROLE WALKER**, of 4977 Hwy 78, Red Banks,, MS 38661, home no.: 901-489-5754, work no.: same, the following land and property located and situated in DeSoto County, Mississippi, described as follows, to-wit:

INDEXING: LOT 1548, SECTION C, SOUTH DESOTO VILLAGE SUBDIVISION IN SECTION 33, TOWNSHIP 1 SOUTH, RANGE 8 WEST, IN THE CITY OF HORN LAKE, DESOTO COUNTY, MISSISSIPPI; and being more particularly described as follows:

Lot 1548, Section C, South DeSoto Village Subdivision, as shown on plat recorded in Plat Book 10, Pages 3-8, in the office of the Chancery Clerk of DeSoto County, Mississippi.

TOGETHER WITH ALL BUILDINGS, HEREDITAMENTS AND APPURTENANCES THEREUNTO BELONGING.

SOURCE DEED: This is the same land and property as conveyed to CAROLYN G. WALKER by Warranty Deed dated June 19, 1985 and executed by Ben W. Smith d/b/a Sigma

Prepared by

2

Construction Co. recorded in Land Deed Book No. 179, Page 7 in the Office of the Chancery Clerk of DeSoto County, Mississippi.

BY WAY OF EXPLANATION: The grantors and grantee herein are the sole heirs at law of Carolyn G. Walker, who died on January 10, 2007.

SUBJECT TO: Rights of way and easements for public road and utilities.

SUBJECT TO: Laws, ordinances and regulations which govern the use and occupancy of this land enacted by the United States of America, the State of Mississippi and its political subdivisions, and particularly including the subdivision regulations and zoning ordinances adopted by ordinances of the Board of Supervisors of DeSoto County, Mississippi, none of which render title unmarketable.

GRANTEE WILL BE RESPONSIBLE FOR PAYING TAXES TO THE TAX COLLECTOR WHEN DUE.

(This space is intentionally left blank.)

WITNESS MY/OUR SIGNATURES, this the 18th day of July, 2007.

Barbara Walker
BARBARA WALKER

STATE OF MISSISSIPPI

COUNTY OF DESOTO

PERSONALLY appeared before me, the undersigned authority in and for said County and State, the within named **BARBARA WALKER**, who acknowledged that she signed, sealed and delivered the above and foregoing Warranty Deed on the day and year therein written as her true act and deed.

GIVEN UNDER MY HAND AND SEAL, this the 18th day of July, 2007.

Martha S. Reynolds
NOTARY PUBLIC

(SEAL)
MY COMMISSION EXPIRES: _____
MY COMMISSION EXPIRES APRIL 13, 2009



WITNESS MY/OUR SIGNATURES, this the 18 day of July, 2007.

Ann Melton
ANN MELTON

STATE OF MISSISSIPPI

COUNTY OF DESOTO

PERSONALLY appeared before me, the undersigned authority in and for said County and State, the within named ANN MELTON, who acknowledged that she signed, sealed and delivered the above and foregoing Warranty Deed on the day and year therein written as her true act and deed.

GIVEN UNDER MY HAND AND SEAL, this the 18th day of July, 2007.

Martha S. Reynolds
NOTARY PUBLIC

(SEAL)
MY COMMISSION EXPIRES: _____
MY COMMISSION EXPIRES APRIL 13, 2009



WITNESS MY/OUR SIGNATURES, this the 18 day of July, 2007.

Judy Byrd
JUDY BYRD

STATE OF MISSISSIPPI

COUNTY OF DESOTO

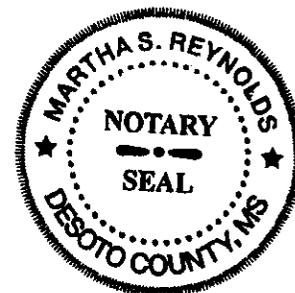
PERSONALLY appeared before me, the undersigned authority in and for said County and State, the within named **JUDY BYRD**, who acknowledged that she signed, sealed and delivered the above and foregoing Warranty Deed on the day and year therein written as her true act and deed.

GIVEN UNDER MY HAND AND SEAL, this the 18th day of July, 2007.

Martha S. Reynolds
NOTARY PUBLIC

(SEAL)

MY COMMISSION EXPIRES: MY COMMISSION EXPIRES APRIL 13, 2009



WITNESS MY/OUR SIGNATURES, this the _____ day of _____, 2007. BK 564 PG 153

Charles Walker
CHARLES WALKER

STATE OF MISSISSIPPI

COUNTY OF Leflore

PERSONALLY appeared before me, the undersigned authority in and for said County and State, the within named CHARLES WALKER, who acknowledged that he signed, sealed and delivered the above and foregoing Warranty Deed on the day and year therein written as his true act and deed.

GIVEN UNDER MY HAND AND SEAL, this the 19th day of July,



Linda R Stoker
NOTARY PUBLIC

(SEAL)
MY COMMISSION EXPIRES: MY COMMISSION EXPIRES AUGUST 1, 2009

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

BK 564 PG 154

MC

TYPE OR PRINT WITH BLACK INK		FILING DATE		CERTIFICATE OF DEATH		STATE FILE NUMBER	
DECEASED		JAN 22 2007		STATE OF MISSISSIPPI		123-07-000658	
1. NAME First Middle Last Annie Carolyn Walker				2. SEX Female		3a. HOUR OF DEATH 9:06 PM	3b. DATE OF DEATH (Month, Day, Year) January 10, 2007
4. RACE (Specify White, Black, American Indian, etc.) White		5a. AGE AT LAST BIRTHDAY 78 Years	5b. MOS	5c. DAYS	5d. HOURS	5e. MINS	6. DATE OF BIRTH (Month, Day, Year) Aug. 09- 1928
7b. CITY OR TOWN OF DEATH Southaven, Ms.		7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) Baptist Desoto Hospital 17B			7d. IF IN HOSP., OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA Emer. Rm.		8. STATE OF BIRTH Alabama
9. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/High School, College		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		11. SURVIVING SPOUSE (If wife, give maiden name) Na		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 423-50-0730		15a. USUAL OCCUPATION (Kind of work done, most of working life) Company Employee		15b. KIND OF BUSINESS OR INDUSTRY Flavorite Company	
16a. RESIDENCE-STATE Miss.		16b. COUNTY Desoto	16c. CITY OR TOWN Horn Lake,		16d. INSIDE CITY LIMITS (Specify Yes or No) Yes	16e. STREET AND NUMBER OR RURAL LOCATION 3520 Carroll	
PARENTS				17. FATHER-NAME First Middle Last Willie Osborne Gantt		18. MOTHER-NAME First Middle Maiden Julia Isabella Thompson	
INFORMANT				19a. INFORMANT-NAME (Type or print) Barbara Walker			
				19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 3520 Carroll Horn Lake, Miss. 38637			
DISPOSITION				20a. BURIAL, CREMATION, REMOVAL (Specify) Burial		20b. CEMETERY, CREMATORY-NAME New Bethlehem Cem. Horn Lake, Ms.	
				20c. LOCATION (City and State) Horn Lake, Ms.		21. EMBALMER-SIGNATURE AND NUMBER Regina Peebles FS 0789	
				21b. FUNERAL HOME-NAME AND MISSISSIPPI I.D. NUMBER Brantley-Phillips 17B		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 2470 Hwy. 51 South Hernando, Miss. 38632	
PRONOUNCEMENT				22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print) Dr Lane Hartt MD		22b. PRONOUNCED DEAD (Month, Day, Year) ON 01- 10-2007	
						22c. PRONOUNCED DEAD (Hour) AT 9:06 PM	
CERTIFIER				23a. CERTIFIER-NAME (Type or print) Jeffery Ponders		23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 4942 Ponders Rd. Nesbit, Miss. 38651	
Mississippi State Board of Health Form No. 511 Revised 1-1-89		24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE MD		24b. DATE SIGNED (Month, Day, Year)		24c. STATE LICENSE NUMBER	
		24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		24e. On the basis of examination and investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE		24f. TITLE Desoto County CMEI	
				24g. DATE SIGNED (Month, Day, Year) Jan. 17, 2007			
CAUSE OF DEATH				25. PART I: IMMEDIATE CAUSE (Enter one cause only) Hypertension			
				(a) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):			
				(b) ASCD			
				(c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):			
Conditions, if any, which gave rise to immediate cause stating the underlying cause last				Interval between onset and death			
Had Decedent been Pregnant Within 90 Days Prior to Death? <input type="checkbox"/> Yes <input type="checkbox"/> No				26. PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in PART I			
Use if death NOT due to natural causes		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		27. AUTOPSY (Yes or No) No
		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
		29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)	29g. LOCATION	Street or route number	City or town	State	28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) Yes

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

Brian W. Amy MD

Brian W. Amy, MD, MHA, MPH
STATE HEALTH OFFICER

Judy Moulder

Judy Moulder
STATE REGISTRAR

JAN 25 2007

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.

