

INDEXING INSTRUCTIONS:
SW ¼ of Section 19, T51, R5W, Desoto County, MS

Pearlie M Harbin, Betty O. Ross, Roy B. Gibson,)
Allien Taylor, Lontine H. Durham, Robert Lee)
Durham Jr., Tommy Earl Durham, Patricia Anne)
Durham, Fannie Marie Durham, Tony B. Brooks,)
Lucy A. Brooks, Ruby S. Freeman, Mildred S.)
Brooks Wright, Patricia D. Brooks, Leonard)
Brooks, Joaquin S. Brooks, Roslan M. Brooks,)
Karen A. Brooks, Marvin L. Freeman, Takila T.)
Brooks, Vivian Gatlin and Leodres Greer)

WARRANTY DEED

Grantors)
To)
Whitaker Desoto, LLC, a Mississippi limited)
liability company,)
Grantee)

THIS INDENTURE made and entered into this 6th day of September, 2007, by and between Pearlle M Harbin, Betty O. Ross, Roy B. Gibson, Allien Taylor, Lontine H. Durham, Robert Lee Durham, Jr., Tommy Earl Durham, Patricia Anne Durham, Fannie Marie Durham, Tony B. Brooks, Lucy A. Brooks, Ruby S. Freeman, Mildred S. Brooks Wright, Patricia D. Brooks, Leonard Brooks, Joaquin S. Brooks, Roslan M. Brooks, Karen A. Brooks, Marvin L. Freeman, Takila T. Brooks, Vivian Gatlin and Leodres Greer, parties of the first part, and Whitaker Desoto, LLC, a Mississippi limited liability company, party of the second part.

WITNESS: That for and in consideration of ten and no/100 Dollars (\$10.00) cash in hand paid, and other good and valuable consideration, the receipt of all of which is hereby acknowledged, said party of the first part has bargained and sold and does hereby bargain, sell, convey, and confirm unto said party of the second part the following described real estate, situated and being in the County of Desoto, State of Mississippi, to wit:

A TRACT OF LAND LYING AND BEING SITUATED IN THE SOUTHWEST QUARTER OF SECTION NINETEEN (19), TOWNSHIP ONE (1), RANGE FIVE (5) WEST, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGINNING AT AN IRON PIN, THE NORTH CORNER OF LOTS 1 AND 2 IN THE NORTH LINE OF SAID QUARTER SECTION 149.46 FEET EAST OF THE NORTHWEST CORNER; THENCE WITH SAID NORTH LINE NORTH 84 DEGREES 26 MINUTES EAST 149.46 FEET TO AN IRON PIN, THE NORTH CORNER OF LOTS 2 AND 3; THENCE WITH THE LINE OF SAID LOTS 2 AND 3 SOUTH 5 DEGREES 30 MINUTES EAST 874.5 FEET IN THE SOUTH CORNER OF SAID LOTS 2 AND 3 IN THE NORTH LINE OF LOT 6; THENCE WITH THE LINE OF LOTS 2 AND 6 SOUTH 84 DEGREES 26 MINUTES WEST 149.46 FET TO THE SOUTH CORNER OF LOTS 1 AND 2; THENCE WITH SAID LOTS 1 AND 2 NORTH 5 DEGREES 30 MINUTES WEST 874.5 FEET TO THE BEGINNING, CONTAINING 3 ACRES OF LAND, MORE OR LESS.

Being the same property conveyed to Fannie Mae Watkins Gibson, a/k/a Fannie Mae Watkins Gibson Odom and Fannie M. Watkins Gibson Odom by virtue of Warranty Deed of record in Deed Book 45, Page 201 in the Chancery Clerk's Office of Desoto County, Mississippi. Said owner died intestate on May 21, 1964 survived by the Grantors herein, as established by death certificates and Affidavits of Heirship, which affidavits are being recorded simultaneously herewith in said Clerk's Office.

Pearlie M. Harbin, Pearlie Mae Monger Harbin and Pearl Monger are one and the same person.
Betty O. Ross, Betty C. Odom and Betty Carole Odom Ross are one and the same person.
Leodres Greer and Leodres M. Greer are one and the same person.
Joaquin Brooks and Joaquin S. Brooks are one and the same person.
Takila Brooks and Takila T. Brooks are one and the same person.
Ruby Freeman and Ruby S. Freeman are one and the same person.

The undersigned Pearl Monger, when signing as attorney-in-fact executes this instrument pursuant to authority granted in the Powers of Attorney being recorded simultaneously herewith.

The undersigned Helen L. Freeman Williams executes this instrument pursuant to authority granted in the Powers of Attorney being recorded simultaneously herewith.

TO HAVE AND TO HOLD the aforesaid real estate, together with all of the appurtenances and hereditaments thereunto belonging or in any wise appertaining unto the said party of the second part, their heirs, successors, and assigns in fee simple forever.

The said party of the first part does hereby covenant with the said party of the second part that it is lawfully seized in fee of the aforescribed real estate; that it has a good right to sell and convey the same; that same is

unencumbered, except for: The lien of the following general and special taxes for the year or years specified and subsequent years: 2007 Town of Olive Branch and Desoto County taxes, being liens not yet due and payable. Taxes of the year 2007 shall be prorated between the parties and possession shall be given with deed; and that title and quiet possession thereto it will warrant and forever defend against the lawful claims of all persons.

The word "party" as used herein shall mean "parties" if it refers to more than one person or entity, and pronouns shall be construed according to their proper gender and number according to the context hereof.

WITNESS the signature of the party of the first part the day and year first above written.

Pearl M Harbin
Pearl M Harbin

Betty O. Ross
Betty O. Ross

Roy B. Gibson
Roy B. Gibson

Allien Taylor
Allien Taylor

Pearl Monger
Lontine H. Durham by Pearl Monger her Attorney-in-fact

Pearl Monger
Robert Lee Durham, Jr. by Pearl Monger his Attorney-in-fact

Pearl Monger
Tommy Earl Durham by Pearl Monger his Attorney-in-fact

Pearl Monger
Patricia Anne Durham by Pearl Monger her Attorney-in-fact

Pearl Monger
Fannie Marie Durham by Pearl Monger her Attorney-in-fact

Pearl Monger
Tony B. Brooks by Pearl Monger his Attorney-in-fact

Helen L. Freeman Williams
Lucy A. Brooks by Helen L. Freeman Williams her Attorney-in-fact

Helen L. Freeman Williams
Ruby S. Freeman by Helen L. Freeman Williams her Attorney-in-fact

Helen L. Freeman Williams
Mildred S. Brooks Wright by Helen L. Freeman Williams her Attorney-in-fact

Helen L. Freeman Williams
Patricia D. Brooks by Helen L. Freeman Williams her Attorney-in-fact

Helen L. Freeman Williams
Leonard Brooks by Helen L. Freeman Williams his Attorney-in-fact

Helen L. Freeman Williams
Jocuan S. Brooks by Helen L. Freeman Williams his Attorney-in-fact

Helen L. Freeman Williams
Roslan M. Brooks by Helen L. Freeman Williams her Attorney-in-fact

Pearl Monger
Karen A. Brooks by Pearl Monger her Attorney-in-fact

Pearl Monger
Marvin L. Freeman by Pearl Monger his Attorney-in-fact

Helen L. Freeman Williams
Takila T. Brooks by Helen L. Freeman Williams her Attorney-in-fact

Pearl Monger
Vivian Gatlin by Pearl Monger her Attorney-in-fact

Pearl Monger
Leodres Greer by Pearl Monger his Attorney-in-fact

STATE OF TENNESSEE
COUNTY OF SHELBY

Before me, the undersigned Notary Public of the State and County aforesaid, personally appeared **Pearlie M. Harbin aka Pearlie Mae Monger Harbin aka Pearl Monger** with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence to be the person(s) herein named) and executed the foregoing instrument for the purposes therein contained as their free act and deed.

WITNESS my hand and official seal at office this 6th day of September, 2007.

Notary Public



My Comm. Exp. 7-27-2010

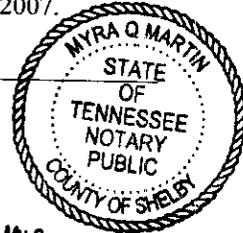
My Commission Expires: 7-27-2010

STATE OF TENNESSEE
COUNTY OF SHELBY

Before me, the undersigned Notary Public of the State and County aforesaid, personally appeared **Betty O. Ross aka Betty C. Odom aka Betty Carole Odom Ross** with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence to be the person(s) herein named) and executed the foregoing instrument for the purposes therein contained as their free act and deed.

WITNESS my hand and official seal at office this 6th day of September, 2007.

Notary Public



My Comm. Exp. 7-27-2010

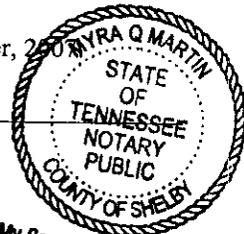
My Commission Expires: 7-27-2010

STATE OF TENNESSEE
COUNTY OF SHELBY

Before me, the undersigned Notary Public of the State and County aforesaid, personally appeared **Roy B. Gibson and Allien Taylor** with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence to be the person(s) herein named) and executed the foregoing instrument for the purposes therein contained as their free act and deed.

WITNESS my hand and official seal at office this 6th day of September, 2007.

Notary Public



My Comm. Exp. 7-27-2010

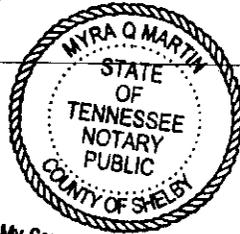
My Commission Expires: 7-27-2010

STATE OF TENNESSEE
COUNTY OF SHELBY

Personally appeared before me, the undersigned authority in and for the jurisdiction aforesaid, **Pearl Monger**, who acknowledged to me that she is attorney-in-fact of Lontine H. Durham, Robert Lee Durham, Jr., Tommy Earl Durham, Patricia Anne Durham, Fannie Marie Durham, Tony B. Brooks, Karen A. Brooks, Marvin L. Freeman, Vivian Gatlin and Leodres Greer, and that for and on behalf of said Lontine H. Durham, Robert Lee Durham, Jr., Tommy Earl Durham, Patricia Anne Durham, Fannie Marie Durham, Tony B. Brooks, Karen A. Brooks, Marvin L. Freeman, Vivian Gatlin and Leodres Greer and as his/her act and deed, she subscribed the name(s) of Lontine H. Durham, Robert Lee Durham, Jr., Tommy Earl Durham, Patricia Anne Durham, Fannie Marie Durham, Tony B. Brooks, Karen A. Brooks, Marvin L. Freeman, Vivian Gatlin and Leodres Greer to the foregoing instrument of writing as principal and her own name as attorney-in-fact, and signed and delivered the same on the day and year and in the capacity therein mentioned, having been first duly authorized so to do.

Given under my hand and official seal, this 6th day of September, 2007.

Notary Public



My Comm. Exp. 7-27-2010

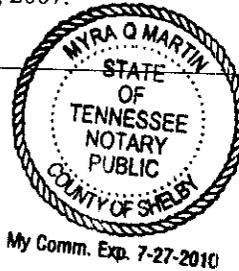
My Commission Expires: 7-27-2010

STATE OF TENNESSEE
COUNTY OF SHELBY

Personally appeared before me, the undersigned authority in and for the jurisdiction aforesaid, **Helen L. Freeman Williams**, who acknowledged to me that she is attorney-in-fact of Lucy A. Brooks, Ruby S. Freeman, Mildred S. Brooks Wright, Patricia D. Brooks, Leonard Brooks, Joaquin S. Brooks, Roslan M. Brooks and Takila T. Brooks, and that for and on behalf of said Lucy A. Brooks, Ruby S. Freeman, Mildred S. Brooks Wright, Patricia D. Brooks, Leonard Brooks, Joaquin S. Brooks, Roslan M. Brooks and Takila T. Brooks and as his/her act and deed, she subscribed the name(s) of Lucy A. Brooks, Ruby S. Freeman, Mildred S. Brooks Wright, Patricia D. Brooks, Leonard Brooks, Joaquin S. Brooks, Roslan M. Brooks and Takila T. Brooks to the foregoing instrument of writing as principal and her own name as attorney-in-fact, and signed and delivered the same on the day and year and in the capacity therein mentioned, having been first duly authorized so to do.

Given under my hand and official seal, this 6th day of September, 2007.

Notary Public



My Commission Expires: 7/27/2010

Tax Parcel No.: 1054-1900.0-00004.00

Property Address: 0 Kirk
Olive Branch, MS 38654

GRANTOR'S ADDRESS

Pearlie M Harbin
457 Shofner Avenue
Memphis, TN 38109
Home Phone #: (901) 398-9855
Work Phone #: (901) 346-1384

GRANTEE'S ADDRESS

Whitaker Desoto, LLC
c/o Whitaker Realty, LLC
850 Ridge Lake Blvd. - Ste 220
Memphis, TN 38120
Home Phone #: n/a
Work Phone #: (901) 766-1999

Allien Taylor
2538 Sherrie
Memphis, TN 38114
Home Phone: 901 743-0489
Work Phone: n/a

Betty O. Ross
3045 Beauchamp Drive
Memphis, TN 38118
Home Phone: 901 315-0641
Work Phone: n/a

Roy B. Gibson
130 N. Danny Thomas Blvd.
Memphis, TN 38103
Home Phone: _____
Work Phone: _____

Karen A. Brooks
5942 Hickory Trace Cove
Memphis, TN 38141
Home Phone: n/a
Work Phone: n/a

Ruby S. Freeman
8060 Polk Lane
Olive Branch, MS 38654
Home Phone: 901 338-9695
Work Phone: n/a

Grantors continued:

Marvin L. Freeman
 840 17th Street # 120
 San Diego, CA 92101
 Home Phone: 619 997-1545
 Work Phone: 619 269-7422

Takila T. Brooks
 8279 Polk Lane
 Olive Branch MS 38654
 Home Phone: 901 361-5432
 Work Phone: n/a

Patricia D. Brooks
 3432 Barbwood Drive
 Memphis, TN 38118
 Home Phone: 901 649-2443
 Work Phone: 662 893-7600

Joaquin S. Brooks
 8060 Polk Lane Cove
 Olive Branch MS 38654
 Home Phone: 901 351-4491
 Work Phone: n/a

Tony B. Brooks
 3930 Alexander Road
 Olive Branch, MS 38654
 Home Phone: 662 893-8346
 Work Phone: 901 853-5311

Roslan M. Brooks
 2833 Meadowlake Drive #2
 Memphis, TN 38115
 Home Phone: n/a
 Work Phone: n/a

Lucy A. Brooks
 2937 Morning View Drive
 Memphis, TN 38118
 Home Phone: n/a
 Work Phone: n/a

Leonard Brooks
 8106 Polk Lane
 Olive Branch, MS 38654
 Home Phone: n/a
 Work Phone: n/a

Mildred S. Brooks Wright
 5824 Hickory Nutt Lane
 Memphis, TN 38141
 Home Phone: 901 502-1673
 Work Phone: 901 546-5532

Leodres Greer
 1750 West Holmes Road
 Memphis, TN 38109
 Home Phone: 901 328-7226
 Work Phone: n/a

Vivian Ann Gatlin
 422 Darby Terrace
 P.O. Box 80
 Folcroft, PA 19032
 Home Phone: 856 236-5853
 Work Phone: n/a

Grantors continued:

Lontine Durham
4020 Mossville
Memphis, TN 38109
Home Phone: 901 785-4020
Work Phone: n/a

Fannie Marie Durham
915 N. Auburndale
Memphis, TN 38107
Home Phone: 901 949-8271
Work Phone: n/a

Patricia Anne Durham
1205 Latham Street
Memphis, TN 38106
Home Phone: 901 273-4842
Work Phone: n/a

Tommy Earl Durham
915 N. Auburndale
Memphis, TN 38107
Home Phone: 901 949-8271
Work Phone: n/a

Robert Lee Durham, Jr.
915 N. Auburndale
Memphis, TN 38107
Home Phone: 901 725-9556
Work Phone: n/a

This Instrument Prepared by:
Fearnley & Califf, PLLC
6389 N. Quail Hollow Road - Ste. 202
Memphis, TN 38120
901-767-6200

After Recording Return to: SO4-07-0335
Austin Law Firm, P.A.
6928 Cobblestone Drive - Ste. 100
Southaven, MS 38672
662-890-7575

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

PRINT IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
HARDENOCK

I. DECEASED'S NAME (Print Name, Middle, Last)
ANNIE BROOKS

II. SOCIAL SECURITY NUMBER
415-54-7997

III. DATE OF BIRTH (Month, Day, Year)
May 31, 1901

IV. PLACE OF BIRTH (City, State, Country)
MOLEY SPRINGS, MISSOURI

V. SEX
1 Male 2 Female

VI. FACILITY (Name of hospital, nursing home, etc.)
A M I ST. FRANCIS HOSPITAL

VII. MARITAL STATUS (at time of death)
1 Single 2 Married 3 Widowed 4 Divorced

VIII. RESIDENCE STATE
TN

IX. COUNTY
SHELBY

X. CITY
MEMPHIS

XI. STREET ADDRESS
7659 SUPREMACY STREET

XII. PATIENT'S HOME (Print Name, Middle, Last)
HENRY OSEY

XIII. METHOD OF DEATH
1 Sudden 2 Coronary 3 Non-natural
4 Suicide 5 Other (Specify)

XIV. SIGNATURE OF PHYSICIAN
EVELYN E. COOPER

XV. NAME AND ADDRESS OF FUNERAL HOME
M. J. Edwards Funeral Home
1165 Airways Boulevard, Memphis, TN 38114

XVI. SIGNATURE OF REGISTRAR
May [Signature]

XVII. SIGNATURE AND TITLE OF PHYSICIAN
A. E. NEEMS

XVIII. DATE SIGNED (Month, Day, Year)
6-6-61

XIX. NAME AND ADDRESS OF CERTIFYING PHYSICIAN (If different from XIV)
DR. ALBERT E. NEEMS, M.D., 6085 WOODLAND, MEMPHIS, TN 38119

XX. PART I: Cause of Death (Direct Cause)
Cerebral thrombosis

XXI. PART II: Cause of Death (Underlying Cause)
Hypertension

XXII. MANNER OF DEATH
1 Natural 2 Poisoning
3 Accident 4 Suicide
5 Homicide 6 Undeclared

XXIII. SIGNATURE OF PHYSICIAN

ONLY ON THE
BOARDER OF
THIS CERTIFICATE
COMPLETE AND
LEGIBLE OR IT
WILL BE
VOID



PRINT
IN
PERMANENT
INK
FOR
DUPLICATIONS
HANDBOOK



TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

BK 568 PG 72

STATE FILE
NUMBER

1. DECEDENT'S NAME (First, Middle, Last) **Robert L. Durham** 2. SEX **Male** 3. DATE OF DEATH (Month, Day, Year) **April 23, 2002**

4. SOCIAL SECURITY NUMBER (of Deceased) **409-52-7146** 5a. AGE-LAST BIRTHDAY (Years) **67** 5b. UNDER 1 YEAR NOS. **0** 5c. UNDER 1 DAY HOURS **0** 5d. UNDER 1 DAY MIN. **0** 6. DATE OF BIRTH (Month, Day, Year) **May 4, 1934** 7. BIRTHPLACE (City and State or Foreign Country) **Olive Branch, MS**

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 No 9a. PLACE OF DEATH (Check only one) **HOSPITAL** 1 Inpatient 2 ER/Outpatient 3 DCA 4 Nursing Home 5 Residence 6 Other (Specify)

9b. FACILITY NAME (if not institution, give street and number) **Methodist Healthcare South** 9c. CITY, TOWN, OR LOCATION OF DEATH **Memphis** 9d. COUNTY OF DEATH **Shelby**

10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify) **Married** 11. SURVIVING SPOUSE (If wife, give maiden name) **Lontine Hunter** 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) **Mechanic** 12b. KIND OF BUSINESS/INDUSTRY **Brimhall Foods**

13a. RESIDENCE-STATE **TN** 13b. COUNTY **Shelby** 13c. CITY, TOWN OR LOCATION **Memphis** 13d. STREET AND NUMBER OR RURAL LOCATION **4020 Mossville**

13e. INSIDE CITY LIMITS? 1 Yes 2 No 13f. ZIP CODE **38109** 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes No 15. RACE-American Indian, Black, White, etc. (Specify) **Black** 16. DECEDENT'S EDUCATION (Specify only highest grade completed) **Elementary/Secondary (9-12), College (1-4 or 5-6)**

17. FATHER'S NAME (First, Middle, Last) **Frank Durham** 18. MOTHER'S NAME (First, Middle, Maiden Surname) **Fannie Watkins**

19a. INFORMANT'S NAME (Type/Print) **Lontine Durham** 19b. RELATIONSHIP TO DECEASED **Wife** 19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **4020 Mossville, Memphis, TN 38109**

20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **New Park South** 20c. LOCATION-City or Town, State **Memphis TN**

21a. SIGNATURE OF FUNERAL DIRECTOR **Phillip Beard** 21b. LICENSE NUMBER OF FUNERAL DIRECTOR **4882** 21c. SIGNATURE OF EMBALMER **Charles Pattman** 21d. LICENSE NUMBER OF EMBALMER **4755**

22a. NAME AND ADDRESS OF FUNERAL HOME **M. J. Edwards Whitehaven Funeral Chapel
5494 Elvis Presley Blvd, Memphis, TN 38116-8238** 22b. LICENSE NUMBER OF FUNERAL HOME **802**

23. REGISTRAR'S SIGNATURE **Mary Ann Beardsley** 24. DATE FILED (Month, Day, Year) **MAY 20 2002**

25a. PHYSICIAN: On the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated. 1 SIGNATURE AND TITLE OF PHYSICIAN **Dr. Vemois Buggs M.D.** 25b. LICENSE NUMBER **MD023443** 25c. DATE SIGNED (Month, Day, Year) **04/30/02**

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. 2 SIGNATURE AND TITLE OF MEDICAL EXAMINER

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) **Dr. Vemois Buggs M.D. 3977 Rhodes Avenue, Memphis, TN 38111**

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) **Cardio Respiratory Arrest** Approximate Interval Between Onset and Death **Min**

Due to (or as a consequence of): **Pneumonia** **days**

Due to (or as a consequence of): **Bilateral lung cancer** **months**

28. 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 5 Pending investigation 2 Accident 6 Could not be determined 3 Suicide 4 Unknown

31a. DATE OF INJURY (Month, Day, Year) 31b. TIME OF INJURY **M** 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)

PRINTED BY THE TENNESSEE DEPARTMENT OF HEALTH

DISPOSITION

REGISTRAR

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING MUST AFFIX AND SIGN LOCAL CERTIFICATION IN 48 HOURS.

INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

STATE OF TENNESSEE
Office of Vital Records

BK 568 P6 73

DEPARTMENT OF PUBLIC HEALTH CERTIFICATE OF DEATH DIVISION OF VITAL STATISTICS
STATE OF TENNESSEE

BIRTH NO. 422.1 DEATH NO. 2601

NAME Fannie Gipson OdOm LAST

DATE OF DEATH 5/21/1964

COLOR OR RACE C SEX F SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) Married DATE MONTH DAY YEAR OF BIRTH 5/14/14 AGE (IN YEARS LAST BIRTHDAY) 50 IF UNDER 1 YR. MONTHS DAYS IF UNDER 24 HRS. HOURS MINUTE

PLACE OF DEATH COUNTY Shelby CIVIL DISTRICT Memphis USUAL RESIDENCE OF DECEASED (When Deceased lived, if legal, before residence before admission) A. STATE Tenn B. COUNTY Shelby C. CIVIL DISTRICT Memphis

CITY OR TOWN Memphis D. LENGTH OF STAY IN THIS PLACE 15 years E. CITY OR TOWN Memphis F. INSIDE CITY LIMITS? YES NO G. STREET ADDRESS 1540 Latham St. H. IS RESIDENCE ON A FARM? YES NO

NAME OF HOSPITAL OR INSTITUTION 1540 Latham St. I. USUAL OCCUPATION House Wife J. KIND OF BUSINESS OR INDUSTRY No. K. SOCIAL SECURITY NUMBER 413 44 9777 L. WAS DECEASED EVER IN U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES OF SERVICE

M. FATHER'S NAME Leop Watkins N. MOTHER'S MAIDEN NAME Levy Brown O. NAME OF HUSBAND OR WIFE Nathanel Odom P. INFORMANT ADDRESS 1540 Latham St.

Q. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Cardiomyopathy Disease + INTERVAL BETWEEN GREAT AND DEATH 2) Myocardial Infarction

CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (A); STATE THE UNDERLYING CAUSE LAST DUE TO (B) Cardiomyopathy Disease DUE TO (C)

R. ACCIDENT SUICIDE HOMICIDE S. DESCRIBE HOW INJURY OCCURRED (State nature of injury in Part I or Part II of Item 19)

T. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK U. PLACE OF INJURY (Be or show Home, Farm, Factory, Street, Office Building, etc.) V. PLACE OF INJURY CITY, TOWN OR RURAL, COUNTY, STATE

W. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE

X. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Y. DATE OF BURIAL, CREMATION, OR REMOVAL 5/31/1964 Z. NAME OF Cemetery or Crematory Hollidate AA. LOCATION CITY, TOWN OR COUNTY, STATE Osceola, Miss.

AB. FUNERAL DIRECTOR F.M. Montague AC. ADDRESS 1731 Kansas St. AD. REGISTRATION DIST. NO. 791 AE. DATE SIGNED BY MAY 22, 1964 AF. REGISTRAR'S SIGNATURE L.M. Graves

For Theresa Biles, 2nd Deputy

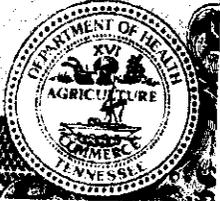
2489765

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification. Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Sharon M. Leinbach
Sharon M. Leinbach
STATE REGISTRAR

Cassandra L. Brown
Cassandra L. Brown
Local Registrar
Shelby County

AUG 27 2007
Date Issued



CERTIFICATION OF VITAL RECORD

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

TENNESSEE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last) **MARVELL BROOKS** 2. SEX **Male** 3. DATE OF DEATH (Month, Day, Year) **June 13, 1999**

4. SOCIAL SECURITY NUMBER **428-60-3036** 5a. AGE LAST BIRTHDAY (Years) **51** 5b. MONTH **06** 5c. DAY **13** 6. DAY OF BIRTH (Month, Day, Year) **June 8, 1938** 7. BIRTH PLACE (City and State or Foreign Country) **OLIVE BRANCH, MISSISSIPPI**

8. WAS DECEASED EVER IN U.S. ARMY SERVICE? **No** 9. FORM OF DEATH (Specify date and time) **1 Inpatient 2 Outpatient 3 DCA 4 Floating Home 5 Residence 6 Other (Specify)**

10. FACILITY NAME (If not institution, give street and number) **A.M.I. ST. FRANCIS HOSPITAL** 11. SURVIVING SPOUSE (If wife, give maiden name) **Annie Greer** 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) **LABORER** 12b. KIND OF BUSINESS/INDUSTRY **INTERNATIONAL AIRPORT**

13a. RESIDENCE STATE **TENNESSEE** 13b. COUNTY **SHELBY** 13c. CITY, TOWN OR LOCATION **MEMPHIS** 13d. STREET AND NUMBER OR RURAL LOCATION **2659 SUPREME**

14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) **No** 15. RACE **BLACK** 16. DECEDENT'S EDUCATION (Specify only highest grade completed) **10**

17. FATHER'S NAME (First, Middle, Last) **Leotis Brooks** 18. MOTHER'S NAME (First, Middle, Maiden Surname) **Fannie Watkins**

19a. INFORMANT'S NAME (If possible) **ANNIE BROOKS** 19b. RELATIONSHIP TO DECEASED **Wife** 19c. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) **2659 SUPREME MEMPHIS, TENNESSEE 38114**

20a. METHOD OF DISPOSITION **1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)** 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **NEW HALIBURTON CEMETERY** 20c. LOCATION-City or Town, State **OLIVE BRANCH, MS**

21a. SIGNATURE OF FUNERAL DIRECTOR **EVELYN R. COOPER** 21b. LICENSE NUMBER OF FUNERAL DIRECTOR **3568** 21c. SIGNATURE OF EMBALMER **CHARLES PATMAN** 21d. LICENSE NUMBER OF EMBALMER **4755**

22a. NAME AND ADDRESS OF FUNERAL HOME **M. J. Edwards Funeral Home, Inc. 165 AIRWAYS BLVD MEMPHIS, TENNESSEE 38114** 22b. LICENSE NUMBER OF FUNERAL HOME **946**

23. REGISTRANT'S SIGNATURE **Audrey A. Ralston Deputy** 24. DATE SIGNED **JUN 24 1999**

25a. SIGNATURE AND TITLE OF PHYSICIAN **A. Earl White** 25b. LICENSE NUMBER **MD012652** 25c. DATE SIGNED (Month, Day, Year) **6-22-99**

26a. SIGNATURE AND TITLE OF MEDICAL EXAMINER **[Blank]** 26b. LICENSE NUMBER **[Blank]** 26c. DATE SIGNED (Month, Day, Year) **[Blank]**

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (If possible) **A. EARLE WEEKS MD, 6005 PARK AVE, STE 725-B, MEMPHIS, TN 38119**

28. PART I. Enter the disease, injury, or complication that caused the death. Do not enter the mode of dying, such as cardiac arrest, stroke, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death) **Recent Severe Cell Swelling of Heart 2 years**

Sequitely list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST **Due to or as a consequence of: ... to the heart**

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

29. MANNER OF DEATH **1 Natural 2 Accident 3 Suicide 4 Homicide 5 Pending Investigation 6 Could not be Determined**

30a. DATE OF INJURY (Month, Day, Year) **[Blank]** 30b. TIME OF INJURY **[Blank]** 30c. INJURY AT WORK? **1 Yes 2 No**

30d. DESCRIBE HOW INJURY OCCURRED **[Blank]**

31a. PLACE OF INJURY (Home, farm, street, factory, office, building, etc. (Specify)) **[Blank]** 31b. LOCATION (Street and Number or Rural Route Number, City or Town, State) **[Blank]**

NAME OF DECEDENT TO BE PRINTED IN FULL

ISSUANCE OR MEDICAL EXAMINER EXISTING CERTIFICATE BY COMPLETE AND MEDICAL CENTER WITHIN 48 HRS.

SEE INSTRUCTIONS ON OTHER SIDE

HEIRSHIP AFFIDAVIT

(Heirship of **FANNIE M. WATKINS GIBSON ODOM**, Deceased)

STATE OF TENNESSEE
 COUNTY OF SHELBY

Mary Frances Durham, of lawful age, being first duly sworn, upon oath deposes and says:

That she was personally well acquainted with the above decedent, during her lifetime, having known her **26** years, and that affiant bears the following relationship to the said decedent, to wit: **Daughter-in-law**

Affiant further states that the said decedent departed this life at Memphis in Shelby County, State of Tennessee, on or about **May 21, 1964** being **50** years old at the date of her death.

Affiant further states that she was well acquainted with the family and near relatives of the said decedent, and with all those who would under the laws of the State of be her heirs, and that the following statements and the answers to the following named questions are based upon the personal knowledge of affiant and are true and correct:

QUESTION 1 - Did the decedent leave a will? ANSWER: **No**

QUESTION 2 - If so, has the will been admitted to probate - at what place, and when? ANSWER: **N/A**

QUESTION 3 - Has an administrator been appointed for the estate of said deceased? ANSWER: **No**

QUESTION 4 - If so, give the County in which the said administration proceedings are pending, and the name and address of the administrator. ANSWER: **N/A**

QUESTION 5 - Did the decedent receive the benefit of any Medicaid payments? ANSWER: **No**
 If yes, attach copy of Division of Medicaid Waiver of Recovery pursuant to Section 43-13-317.

QUESTION 6 - Give the name and address of the surviving widow or widower of decedent. ANSWER: **Nathaniel Odom**
 If not living, state date of death. **His date of death was October 22, 1983**

QUESTION 7 - If the decedent was married more than once, give the name of the former husband or wife, and state whether said former spouse is dead or divorced. ANSWER: **Clark Gibson; deceased.**

QUESTION 8 - On the blank lines below, give the names and places of residence of all surviving children of deceased, together with the other information called for: ANSWER: (Give names of surviving children only)

NAME OF CHILD	DATE OF BIRTH	NOT LIVING DATE OF DEATH	NAME OF HUSBAND OR WIFE	ADDRESS OR IF NOT LIVING DATE OF DEATH
---------------	---------------	-----------------------------	----------------------------	---

- | | | |
|----------------------|------------|--|
| 1. Allien Taylor | 04/10/1936 | 2538 Sherrie
Memphis, TN 38114 |
| 2. Pearlie M. Harbin | 11/15/1943 | 457 Shofner Avenue
Memphis, TN 38109 |
| 3. Betty O. Ross | 07/12/1950 | 3045 Beauchamp Dr.
Memphis, TN 38118 |
| 4. Roy B. Gibson | 08/13/1952 | 130 N. Danny Thomas
Memphis, TN 38103 |

QUESTION 9 – Give below the names of any deceased children of the decedent, together with the other information called for:
ANSWER:

NAME OF CHILD	DATE OF BIRTH	DATE OF DEATH	SURVIVING HUSBAND OR WIFE	IF NOT LIVING DATE OF DEATH
1. Marvell Brooks		June 13, 1999	Annie Jean Brooks	May 31, 2001
2. Robert L. Durham		April 23, 2002	Lontine H. Durham	

QUESTION 10 - Give the names of the children of any deceased son or daughter of the decedent: ANSWER:

NAME OF CHILD	DATE OF BIRTH	ADDRESS OR IF NOT LIVING; DATE OF DEATH	NAME OF FATHER AND MOTHER
1. Robert Lee Durham	01/18/1958	915 N. Auburndale Memphis, TN 38107	Robert & Mary F. Durham
2. Tommy Earl Durham	03/05/1962	915 N. Auburndale Memphis, TN 38107	"
3. Patricia Anne Durham	04/22/1960	1205 Latham Street Memphis, TN 38106	"
4. Fannie Marie Durham	04/13/1959	915 N. Auburndale Memphis, TN 38107	"
5. Tony B. Brooks	08/02/1966	3930 Alexander Road Olive Branch, MS 38654	Marvell & Earnestine Brooks
6. Lucy A. Brooks	07/28/1960	2937 Morning View Drive Memphis, TN 38118	"
7. Ruby S. Freeman	08/17/1959	8060 Polk Lane Olive Branch, MS 38654	"
8. Mildred S. Brooks Wright	07/27/1963	5824 Hickory Nutt Lane Memphis, TN 38141	"

NAME OF BROTHERS/SISTERS

DATE OF BIRTH DATE OF DEATH

SURVIVING CHILDREN

IF NOT LIVING DATE OF DEATH

Mary Frances Durham
Affiant

Subscribed and sworn to before me this 28th day of **August, 2007**.

My commission expires



Christine Turner
Notary Public

CORROBORATION AFFIDAVIT

(To be signed by another person other than the one making the foregoing affidavit.)

STATE OF TENNESSEE
COUNTY OF SHELBY

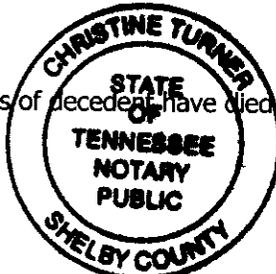
Calvin Taylor

of lawful age, being first duly sworn, upon his oath states: That the information given in the above and foregoing affidavit; made by Mary Frances Durham is true, to the personal knowledge of this affiant.

Calvin Taylor
Corroborating Affiant

Subscribed and sworn to before me this 28th day of **August, 2007**.

My commission expires:



Christine Turner
Notary Public

NOTE: If any of heirs of decedent have died since his death, secure separate proof of heirship as to each.

PREPARED BY & RETURN TO:
AUSTIN LAW FIRM, P.A.
ATTORNEYS AT LAW
6928 COBBLESTONE DRIVE, SUITE 100
SOUTHAVEN, MS. 38672
662-890-7575
S04-07-0335

HEIRSHIP AFFIDAVIT(Heirship of **FANNIE M. WATKINS GIBSON ODOM**, Deceased)STATE OF TENNESSEE
COUNTY OF SHELBY**Calvin Taylor**, of lawful age, being first duly sworn, upon oath deposes and says:That she was personally well acquainted with the above decedent, during her lifetime, having known her for **30** years, and that affiant bears the following relationship to the said decedent, to wit: **Son-in-law**Affiant further states that the said decedent departed this life at Memphis in Shelby County, State of Tennessee, on or about **May 21, 1964** being **50** years old at the date of her death.

Affiant further states that he was well acquainted with the family and near relatives of the said decedent, and with all those who would under the laws of the State of be her heirs, and that the following statements and the answers to the following named questions are based upon the personal knowledge of affiant and are true and correct:

QUESTION 1 - Did the decedent leave a will? ANSWER: **No**QUESTION 2 - If so, has the will been admitted to probate - at what place, and when? ANSWER: **N/A**QUESTION 3 - Has an administrator been appointed for the estate of said deceased? ANSWER: **No**QUESTION 4 - If so, give the County in which the said administration proceedings are pending, and the name and address of the administrator. ANSWER: **N/A**QUESTION 5 - Did the decedent receive the benefit of any Medicaid payments? ANSWER: **No**
If yes, attach copy of Division of Medicaid Waiver of Recovery pursuant to Section 43-13-317.QUESTION 6 - Give the name and address of the surviving widow or widower of decedent. ANSWER: **Nathaniel Odom**
If not living, state date of death. **His date of death was October 22, 1983**QUESTION 7 - If the decedent was married more than once, give the name of the former husband or wife, and state whether said former spouse is dead or divorced. ANSWER: **Clark Gibson; deceased.**

QUESTION 8 - On the blank lines below, give the names and places of residence of all surviving children of deceased, together with the other information called for: ANSWER: (Give names of surviving children only)

NAME OF CHILD	DATE OF BIRTH	NOT LIVING DATE OF DEATH	NAME OF HUSBAND OR WIFE	ADDRESS OR IF NOT LIVING DATE OF DEATH
---------------	---------------	-----------------------------	----------------------------	---

- | | | |
|----------------------|------------|--|
| 1. Allien Taylor | 04/10/1936 | 2538 Sherrie
Memphis, TN 38114 |
| 2. Pearlle M. Harbin | 11/15/1943 | 457 Shofner Avenue
Memphis, TN 38109 |
| 3. Betty O. Ross | 07/12/1950 | 3045 Beauchamp Dr.
Memphis, TN 38118 |
| 4. Roy B. Gibson | 08/13/1952 | 130 N. Danny Thomas
Memphis, TN 38103 |

QUESTION 9 – Give below the names of any deceased children of the decedent, together with the other information called for:
ANSWER:

NAME OF CHILD	DATE OF BIRTH	DATE OF DEATH	SURVIVING HUSBAND OR WIFE	IF NOT LIVING DATE OF DEATH
1. Marvell Brooks		June 13, 1999	Annie Jean Brooks	May 31, 2001
2. Robert L. Durham		April 23, 2002	Lontine H. Durham	

QUESTION 10 - Give the names of the children of any deceased son or daughter of the decedent: ANSWER:

NAME OF CHILD	DATE OF BIRTH	ADDRESS OR IF NOT LIVING; DATE OF DEATH	NAME OF FATHER AND MOTHER
1. Robert Lee Durham	01/18/1958	915 N. Auburndale Memphis, TN 38107	Robert & Mary F. Durham
2. Tommy Earl Durham	03/05/1962	915 N. Auburndale Memphis, TN 38107	"
3. Patricia Anne Durham	04/22/1960	1205 Latham Street Memphis, TN 38106	"
4. Fannie Marie Durham	04/13/1959	915 N. Auburndale Memphis, TN 38107	"
5. Tony B. Brooks	08/02/1966	3930 Alexander Road Olive Branch, MS 38654	Marvell & Earnestine Brooks
6. Lucy A. Brooks	07/28/1960	2937 Morning View Drive Memphis, TN 38118	"
7. Ruby S. Freeman	08/17/1959	8060 Polk Lane Olive Branch, MS 38654	"
8. Mildred S. Brooks Wright	07/27/1963	5824 Hickory Nutt Lane Memphis, TN 38141	"

9. Patricia D. Brooks	07/16/1961	3432 Barbwood Drive Memphis, TN 38118	“
10. Leonard Brooks	10/17/1964	8106 Polk Lane Olive Branch, MS 38654	“
11. Joaquin S. Brooks	11/21/1982	8060 Polk Lane Olive Branch, MS 38654	“
12. Roslan M. Brooks	02/21/1968	2833 Meadowlake Drive # 2 Memphis, TN 38115	“
13. Karen A. Brooks	11/22/1972	5942 Hickory Trace Cove Memphis, TN 38141	“
14. Marvin L. Freeman	04/26/1958	840 17 th Street # 120 San Diego, CA 92101	“
15. Takila T. Brooks	12/15/1976	8279 Polk Lane Olive Branch, MS 38654	“
16. Vivian Gatlin	01/20/1958	422 Darby Terrace, P.O. Box 80 Folcroft, PA 19032	Annie Jean Brooks
17. Leodres Greer	03/08/1956	1750 W. Holmes Road Memphis, TN 38109	“

QUESTION 11 - *Did the decedent have any adopted children, or step-children taken into his home?*

ANSWER: **No** IF SO, WRITE THEIR NAMES, AGES, AND ADDRESSES IN THE BLANK LINES BELOW:

NAME	AGE	ADDRESS
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QUESTION 12 - *Did the decedent leave any unpaid debts; and- if so, give as nearly as possible, the amount of such debts, and whether they have since been paid.* ANSWER: **No**

QUESTION 13 - *If the decedent left no children, then give below the names and addresses (together with other information called for), of his surviving father, mother, brothers and sisters:* ANSWER: **N/A**

NAME	RELATIONSHIP	AGE	ADDRESS, OR IF NOT LIVING, DATE OF DEATH
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QUESTION 14 *If the deceased left no children nor children of a deceased child, then give the names of any deceased brothers and sisters of the decedent, together with the other information called for:* ANSWER: **N/A**

NAME OF BROTHERS/SISTERS

DATE OF BIRTH DATE OF DEATH

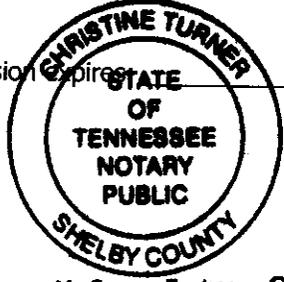
SURVIVING CHILDREN

IF NOT LIVING DATE OF DEATH

Calvin Taylor
Affiant

Subscribed and sworn to before me this 28th day of **August, 2007.**

My commission expires _____



Christine Turner
Notary Public

CORROBORATION AFFIDAVIT

My Comm. Expires March 31, 2010
(To be signed by some person other than the one making the foregoing affidavit.)

STATE OF TENNESSEE
COUNTY OF SHELBY

Hollie Funches

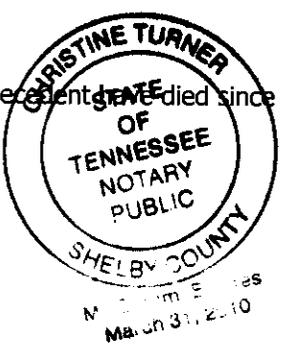
of lawful age, being first duly sworn, upon his oath states: That the information given in the above and foregoing affidavit;

made by Hollie Funches Calvin Taylor
is true, to the personal knowledge of this affiant.

Hollie Funches
Corroborating Affiant

Subscribed and sworn to before me this 28th day of **August, 2007.**

My commission expires:



Christine Turner
Notary Public

NOTE: If any of heirs of decedent ~~STATE~~ died since his death, secure separate proof of heirship as to each.

PREPARED BY & RETURN TO:
AUSTIN LAW FIRM, P.A.
ATTORNEYS AT LAW
6928 COBBLESTONE DRIVE, SUITE 100
SOUTHAVEN, MS. 38672
662-890-7575

S04-07-0335

HEIRSHIP AFFIDAVIT(Heirship of **ROBERT L. DURHAM A/K/A ROBERT L. DURHAM, SR.**, Deceased)

STATE OF TENNESSEE

COUNTY OF SHELBY

Bernice Richmond, of lawful age, being first duly sworn, upon oath deposes and says:

That she was personally well acquainted with the above decedent, during his lifetime, having known him **26** years, and that affiant bears the following relationship to the said decedent, to wit: **Family friend**

Affiant further states that the said decedent departed this life at Memphis in Shelby County, State of Tennessee, on or about **April 23, 2002** being **67** years old at the date of his death.

Affiant further states that she was well acquainted with the family and near relatives of the said decedent, and with all those who would under the laws of the State of be his heirs, and that the following statements and the answers to the following named questions are based upon the personal knowledge of affiant and are true and correct:

QUESTION 1 - Did the decedent leave a will? ANSWER: **No**QUESTION 2 - If so, has the will been admitted to probate - at what place, and when? ANSWER: **N/A**QUESTION 3 - Has an administrator been appointed for the estate of said deceased? ANSWER: **No**QUESTION 4 - If so, give the County in which the said administration proceedings are pending, .and the name and address of the administrator. ANSWER: **N/A**QUESTION 5 - Did the decedent receive the benefit of any Medicaid payments? ANSWER: **No**
If yes, attach copy of Division of Medicaid Waiver of Recovery pursuant to Section 43-13-317.QUESTION 6 - Give the name and address of the surviving widow or widower of decedent. ANSWER: **Lontine H. Durham**
If not living, state date of death.QUESTION 7 - If the decedent was married more than once, give the name of the former husband or wife, and state whether said former spouse is dead or divorced. ANSWER: **Mary Frances Durham. Divorced.**

QUESTION 8 - On the blank lines below, give the names and places of residence of all surviving children of deceased, together with the other information called for. ANSWER: (Give names of surviving children only)

NAME OF CHILD	DATE OF BIRTH	NOT LIVING DATE OF DEATH	NAME OF HUSBAND OR WIFE	ADDRESS OR IF NOT LIVING DATE OF DEATH
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CORROBORATION AFFIDAVIT

(To be signed by some person other than the one making the foregoing affidavit.)

STATE OF TENNESSEE
COUNTY OF SHELBY

Calvin Taylor

of lawful age, being first duly sworn, upon his oath states: That the information given in the above and foregoing affidavit;

made by Bernice Richmond

is true, to the personal knowledge of this affiant.

Calvin Taylor
Corroborating Affiant

Subscribed and sworn to before me this 28th day of **August, 2007.**

My commission expires:

Christine Turner
Notary Public

NOTE: If any of heirs of decedent have died since his death, secure separate proof of heirship as to each.



My Comm. Expires
March 31, 2010

PREPARED BY & RETURN TO:
AUSTIN LAW FIRM, P.A.
ATTORNEYS AT LAW
6928 COBBLESTONE DRIVE, SUITE 100
SOUTHAVEN, MS. 38672
662-890-7575

S04-07-0335

HEIRSHIP AFFIDAVIT

(Heirship of **ROBERT L. DURHAM A/K/A ROBERT L. DURHAM, SR.**, Deceased)

STATE OF TENNESSEE
COUNTY OF SHELBY

Calvin Taylor, of lawful age, being first duly sworn, upon oath deposes and says:

That he was personally well acquainted with the above decedent, during his lifetime, having known him **30** years, and that affiant bears the following relationship to the said decedent, to wit: **Brother-in-law**

Affiant further states that the said decedent departed this life at Memphis in Shelby County, State of Tennessee, on or about **April 23, 2002** being **67** years old at the date of his death.

Affiant further states that he was well acquainted with the family and near relatives of the said decedent, and with all those who would under the laws of the State of be his heirs, and that the following statements and the answers to the following named questions are based upon the personal knowledge of affiant and are true and correct:

QUESTION 1 - Did the decedent leave a will? ANSWER: **No**

QUESTION 2 - If so, has the will been admitted to probate - at what place, and when? ANSWER: **N/A**

QUESTION 3 - Has an administrator been appointed for the estate of said deceased? ANSWER: **No**

QUESTION 4 - If so, give the County in which the said administration proceedings are pending, .and the name and address of the administrator. ANSWER: **N/A**

QUESTION 5 - Did the decedent receive the benefit of any Medicaid payments? ANSWER: **No**
If yes, attach copy of Division of Medicaid Waiver of Recovery pursuant to Section 43-13-317.

QUESTION 6 - Give the name and address of the surviving widow or widower of decedent. ANSWER: **Lontine H. Durham**
If not living, state date of death.

QUESTION 7 - If the decedent was married more than once, give the name of the former husband or wife, and state whether said former spouse is dead or divorced. ANSWER: **Mary Frances Durham. Divorced.**

QUESTION 8 - On the blank lines below, give the names and places of residence of all surviving children of deceased, together with the other information called for: ANSWER: (Give names of surviving children only)

NAME OF CHILD	DATE OF BIRTH	NOT LIVING	NAME OF HUSBAND OR WIFE	ADDRESS OR IF NOT LIVING
		DATE OF DEATH		DATE OF DEATH

- 1. Robert Lee Durham 01/18/1958 915 N. Auburndale
Memphis, TN 38107
- 2. ^{Y C.A.} Tommie Earl Durham 03/05/1962 915 N. Auburndale
Memphis, TN 38107
- 3. Patricia Anne Durham 04/22/1960 1205 Latham Street
Memphis, TN 38106
- 4. Fannie Marie Durham 04/13/1959 915 N. Auburndale
Memphis, TN 38107

QUESTION 9 – Give below the names of any deceased children of the decedent, together with the other information called for:
ANSWER: **None**

NAME OF CHILD	DATE OF BIRTH	DATE OF DEATH	SURVIVING HUSBAND OR WIFE	IF NOT LIVING DATE OF DEATH
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QUESTION 10 - Give the names of the children of any deceased son or daughter of the decedent: ANSWER: **None**

NAME OF CHILD	DATE OF BIRTH	ADDRESS OR IF NOT LIVING; DATE OF DEATH	NAME OF FATHER AND MOTHER
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QUESTION 11 - *Did the decedent have any adopted children, or step-children taken into his home?*

ANSWER: **No** IF SO, WRITE THEIR NAMES, AGES, AND ADDRESSES IN THE BLANK LINES BELOW:

NAME	AGE	ADDRESS
------	-----	---------

QUESTION 12 - *Did the decedent leave any unpaid debts; and if so, give as nearly as possible, the amount of such debts, and whether they have since been paid.* ANSWER: **No**

QUESTION 13 - If the decedent left no children, then give below the names and addresses (together with other information called for), of his surviving father, mother, brothers and sisters: ANSWER: **N/A**

NAME	RELATIONSHIP	AGE	ADDRESS, OR IF NOT LIVING, DATE OF DEATH
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QUESTION 14 *If the deceased left no children nor children of a deceased child, then give the names of any deceased brothers and sisters of the decedent, together with the other information called for:* ANSWER: **N/A**

NAME OF BROTHERS/SISTERS	DATE OF BIRTH	DATE OF DEATH	SURVIVING CHILDREN	IF NOT LIVING DATE OF DEATH
-----------------------------	---------------	---------------	-----------------------	--------------------------------

Robin Taylor
Affiant

Subscribed and sworn to before me this 28th day of **August, 2007**.

My commission expires:



Christine Turner
Notary Public

CORROBORATION AFFIDAVIT

(To be signed by some person other than the one making the foregoing affidavit.)

STATE OF TENNESSEE

COUNTY OF SHELBY

Betty C. Odom

of lawful age, being first duly sworn, upon his oath states: That the information given in the above and foregoing affidavit;

made by Calvin Taylor

is true, to the personal knowledge of this affiant.

Betty C. Odom
Corroborating Affiant

Subscribed and sworn to before me this 28th day of **August, 2007.**

My commission expires:

Christine Turner
Notary Public

NOTE: If any of heirs or executors have died since his death, secure separate proof of heirship as to each.



PREPARED BY & RETURN TO:
AUSTIN LAW FIRM, P.A.
ATTORNEYS AT LAW
6928 COBBLESTONE DRIVE, SUITE 100
SOUTHAVEN, MS. 38672
662-890-7575

504-07-0335

HEIRSHIP AFFIDAVIT(Heirship of **ANNIE JEAN BROOKS**, Deceased)STATE OF TENNESSEE
COUNTY OF SHELBY**Lontine Durham**, of lawful age, being first duly sworn, upon oath deposes and says:That she was personally well acquainted with the above decedent, during her lifetime, having known her 20 years, and that affiant bears the following relationship to the said decedent, to wit: **Sister-in-law**Affiant further states that the said decedent departed this life at Memphis in Shelby County, State of Tennessee, on or about **May 31, 2001** being 65 years old at the date of her death.

Affiant further states that she was well acquainted with the family and near relatives of the said decedent, and with all those who would under the laws of the State of be her heirs, and that the following statements and the answers to the following named questions are based upon the personal knowledge of affiant and are true and correct:

QUESTION 1 - Did the decedent leave a will? ANSWER: **No**QUESTION 2 - If so, has the will been admitted to probate - at what place, and when? ANSWER: **N/A**QUESTION 3 - Has an administrator been appointed for the estate of said deceased? ANSWER: **No**QUESTION 4 - If so, give the County in which the said administration proceedings are pending, and the name and address of the administrator. ANSWER: **N/A**QUESTION 5 - Did the decedent receive the benefit of any Medicaid payments? ANSWER: **No**
If yes, attach copy of Division of Medicaid Waiver of Recovery pursuant to Section 43-13-317.QUESTION 6 - Give the name and address of the surviving widow or widower of decedent. ANSWER: **Marvell Brooks**
If not living, state date of death. **His date of death was June 13, 1999**QUESTION 7 - If the decedent was married more than once, give the name of the former husband or wife, and state whether said former spouse is dead or divorced. ANSWER: **N/A**

QUESTION 8 - On the blank lines below, give the names and places of residence of all surviving children of deceased, together with the other information called for. ANSWER: (Give names of surviving children only)

NAME OF CHILD	DATE OF BIRTH	NOT LIVING DATE OF DEATH	NAME OF HUSBAND OR WIFE	ADDRESS OR IF NOT LIVING DATE OF DEATH
---------------	---------------	-----------------------------	----------------------------	---

1. Vivian Gatlin 01/20/1958

2593 Supreme Avenue
Memphis, TN 38114

2. Leodres Greer 03/08/1956

1750 W. Holmes Road
Memphis, TN 38109

QUESTION 9 - Give below the names of any deceased children of the decedent, together with the other information called for:
ANSWER: None

NAME OF CHILD	DATE OF BIRTH	DATE OF DEATH	SURVIVING HUSBAND OR WIFE	IF NOT LIVING DATE OF DEATH
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QUESTION 10 - Give the names of the children of any deceased son or daughter of the decedent: ANSWER: None

NAME OF CHILD	DATE OF BIRTH	ADDRESS OR IF NOT LIVING; DATE OF DEATH	NAME OF FATHER AND MOTHER
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QUESTION 11 - Did the decedent have any adopted children, or step-children taken into his home?

ANSWER: No IF SO, WRITE THEIR NAMES, AGES, AND ADDRESSES IN THE BLANK LINES BELOW:
NAME AGE ADDRESS

QUESTION 12 - Did the decedent leave any unpaid debts; and if so, give as nearly as possible, the amount of such debts, and whether they have since been paid. ANSWER: No

QUESTION 13 - If the decedent left no children, then give below the names and addresses (together with other information called for), of his surviving father, mother, brothers and sisters: ANSWER: N/A

NAME	RELATIONSHIP	AGE	ADDRESS, OR IF NOT LIVING, DATE OF DEATH
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QUESTION 14 If the deceased left no children nor children of a deceased child, then give the names of any deceased brothers and sisters of the decedent, together with the other information called for: ANSWER: N/A

NAME OF BROTHERS/SISTERS	DATE OF BIRTH	DATE OF DEATH	SURVIVING CHILDREN	IF NOT LIVING DATE OF DEATH
--------------------------	---------------	---------------	--------------------	-----------------------------

Subscribed and sworn to before me this 28th day of **August, 2007**.

My commission expires:



Leodres Greer
Affiant

Christine Turner
Notary Public

CORROBORATION AFFIDAVIT

(To be signed by some person other than the one making the foregoing affidavit.)

STATE OF TENNESSEE
COUNTY OF SHELBY

Helen E. Williams

of lawful age, being first duly sworn, upon his oath states: That the information given in the above and foregoing affidavit;

made by Lontine Durham

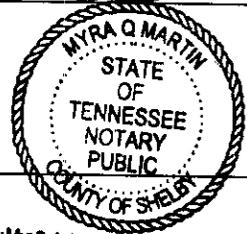
is true, to the personal knowledge of this affiant.

Helen E. Williams

Subscribed and sworn to before me this 6th day of September ~~August~~, 2007.

My commission expires: 7/27/2010

Notary Public



NOTE: If any of heirs of decedent have died since his death, secure separate proof of heirship as to each.

PREPARED BY & RETURN TO:
AUSTIN LAW FIRM, P.A.
ATTORNEYS AT LAW
6928 COBBLESTONE DRIVE, SUITE 100
SOUTHAVEN, MS. 38672
662-890-7575

S04-07-0335

HEIRSHIP AFFIDAVIT

(Heirship of **ANNIE JEAN BROOKS**, Deceased)

STATE OF TENNESSEE
COUNTY OF SHELBY

Rose Greer, of lawful age, being first duly sworn, upon oath deposes and says:

That she was personally well acquainted with the above decedent, during her lifetime, having known her **22** years, and that affiant bears the following relationship to the said decedent, to wit: **Daughter-in-law**

Affiant further states that the said decedent departed this life at Memphis in Shelby County, State of Tennessee, on or about **May 31, 2001** being **64** years old at the date of her death.

Affiant further states that she was well acquainted with the family and near relatives of the said decedent, and with all those who would under the laws of the State of be her heirs, and that the following statements and the answers to the following named questions are based upon the personal knowledge of affiant and are true and correct:

QUESTION 1 - Did the decedent leave a will? ANSWER: **No**

QUESTION 2 - If so, has the will been admitted to probate - at what place, and when? ANSWER: **N/A**

QUESTION 3 - Has an administrator been appointed for the estate of said deceased? ANSWER: **No**

QUESTION 4 - If so, give the County in which the said administration proceedings are pending, and the name and address of the administrator. ANSWER: **N/A**

QUESTION 5 - Did the decedent receive the benefit of any Medicaid payments? ANSWER: **No**
If yes, attach copy of Division of Medicaid Waiver of Recovery pursuant to Section 43-13-317.

QUESTION 6 - Give the name and address of the surviving widow or widower of decedent. ANSWER: **Marvell Brooks**
If not living, state date of death. **His date of death was June 13, 1999**

QUESTION 7 - If the decedent was married more than once, give the name of the former husband or wife, and state whether said former spouse is dead or divorced. ANSWER: **N/A**

QUESTION 8 - On the blank lines below, give the names and places of residence of all surviving children of deceased, together with the other information called for: ANSWER: (Give names of surviving children only)

NAME OF CHILD	DATE OF BIRTH	NOT LIVING DATE OF DEATH	NAME OF HUSBAND OR WIFE	ADDRESS OR IF NOT LIVING DATE OF DEATH
---------------	---------------	-----------------------------	----------------------------	---

- 1. Vivian Gattin 01/20/1956 2593 Supreme Avenue
Memphis, TN 38114
- 2. Leodres Greer 03/08/1956 1750 W. Holmes Road
Memphis, TN 38109

QUESTION 9 - Give below the names of all deceased children of the decedent, together with the other information called for:

ANSWER: None

NAME OF CHILD	DATE OF BIRTH	DATE OF DEATH	SURVIVING HUSBAND OR WIFE	IF NOT LIVING DATE OF DEATH
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QUESTION 10 - Give the names of the children of any deceased son or daughter of the decedent: ANSWER: None

NAME OF CHILD	DATE OF BIRTH	ADDRESS OR IF NOT LIVING, DATE OF DEATH	NAME OF FATHER AND MOTHER
---------------	---------------	---	---------------------------

QUESTION 11 - Did the decedent have any adopted children, or step-children taken into his home?

ANSWER: No. IF SO, WRITE THEIR NAMES, AGES, AND ADDRESSES IN THE BLANK LINE BELOW:

NAME	AGE	ADDRESS
------	-----	---------

QUESTION 12 - Did the decedent leave any unpaid debts, and if so, give as nearly as possible the amount of such debts, and whether they have since been paid. ANSWER: No

QUESTION 13 - If the decedent left no children, then give below the names and addresses (together with other information called for), of his surviving father, mother, brothers and sisters: ANSWER: N/A

NAME	RELATIONSHIP	AGE	ADDRESS, OR IF NOT LIVING, DATE OF DEATH
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QUESTION 14 If the deceased left no children nor children of a deceased child, then give the names of any deceased brothers and sisters of the decedent, together with the other information called for: ANSWER: N/A

NAME OF BROTHERS/SISTERS	DATE OF BIRTH	DATE OF DEATH	SURVIVING CHILDREN	IF NOT LIVING DATE OF DEATH
--------------------------	---------------	---------------	--------------------	-----------------------------

Rose Greer 8/28/07

 Affiant

Subscribed and sworn to before me this _____ day of August, 2007.

My commission expires: _____

SEE ATTACHMENT FOR
 OFFICIAL NOTARIZATION

CALIFORNIA JURAT WITH AFFIANT STATEMENT

State of California

County of Plumas } ss.

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-5 to be completed only by document signer[s], *not* Notary)

1 _____

2 _____

3 _____

4 _____

5 _____

Rose Green
Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

Subscribed and sworn to (~~or affirmed~~) before me on this

28 day of August, 2007, by
Date Month Year

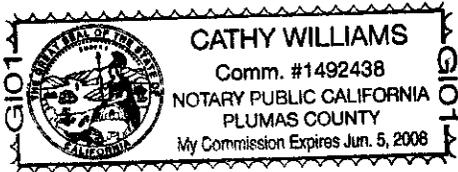
(1) ROSE GREEN
Name of Signer

- Personally known to me
- Proved to me on the basis of satisfactory evidence to be the person who appeared before me (.) (,)

(and)
(2) _____
Name of Signer

- Personally known to me
- Proved to me on the basis of satisfactory evidence to be the person who appeared before me.)

Cathy Williams
Signature of Notary Public



Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Further Description of Any Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

RIGHT THUMBPRINT OF SIGNER #1

Top of thumb here

RIGHT THUMBPRINT OF SIGNER #2

Top of thumb here

CORROBORATION AFFIDAVIT

(To be signed by some person other than the one making the foregoing affidavit.)

STATE OF TENNESSEE
COUNTY OF SHELBY

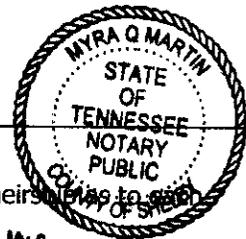
Calvin Taylor
of lawful age, being first duly sworn, upon his oath states: That the information given in the above and foregoing affidavit;
made by Rose Greer
is true, to the personal knowledge of this affiant.

Calvin Taylor
Corroborating Affiant

Subscribed and sworn to before me this 6th day of ~~September~~ August, 2007.

My commission expires:

[Signature]
Notary Public



NOTE: If any of heirs of decedent have died since his death, secure separate proof of heirs bring to court

~~PREPARED BY & RETURN TO:~~
AUSTIN LAW FIRM, P.A.
ATTORNEYS AT LAW
6928 COBBLESTONE DRIVE, SUITE 100
SOUTHAVEN, MS. 38672
662-890-7575

504-07-0335

HEIRSHIP AFFIDAVIT(Heirship of **MARVELL BROOKS**, Deceased)

STATE OF TENNESSEE

COUNTY OF SHELBY

Lontine Durham, of lawful age, being first duly sworn, upon oath deposes and says:

That she was personally well acquainted with the above decedent, during his lifetime, having known him **25** years, and that affiant bears the following relationship to the said decedent, to wit: **Sister-in-law**

Affiant further states that the said decedent departed this life at Memphis in Shelby County, State of Tennessee, on or about **June 13, 1999** being **61** years old at the date of his death.

Affiant further states that she was well acquainted with the family and near relatives of the said decedent, and with all those who would under the laws of the State of be his heirs, and that the following statements and the answers to the following named questions are based upon the personal knowledge of affiant and are true and correct:

QUESTION 1 - Did the decedent leave a will? ANSWER: **No**QUESTION 2 - If so, has the will been admitted to probate - at what place, and when? ANSWER: **N/A**QUESTION 3 - Has an administrator been appointed for the estate of said deceased? ANSWER: **No**QUESTION 4 - If so, give the County in which the said administration proceedings are pending, .and the name and address of the administrator. ANSWER: **N/A**QUESTION 5 - Did the decedent receive the benefit of any Medicaid payments? ANSWER: **No**

If yes, attach copy of Division of Medicaid Waiver of Recovery pursuant to Section 43-13-317.

QUESTION 6 - Give the name and address of the surviving widow or widower of decedent. ANSWER: **Annie Jean Brooks**
If not living, state date of death. **Her date of death was May 31, 2001**QUESTION 7 - If the decedent was married more than once, give the name of the former husband or wife, and state whether said former spouse is dead or divorced. ANSWER: **Earnestine Brooks; died Sept. 17, 1995**

QUESTION 8 - On the blank lines below, give the names and places of residence of all surviving children of deceased, together with the other information called for: ANSWER: (Give names of surviving children only)

NAME OF CHILD	DATE OF BIRTH	NOT LIVING DATE OF DEATH	NAME OF HUSBAND OR WIFE	ADDRESS OR IF NOT LIVING DATE OF DEATH
1. Tony B. Brooks	08/02/1966			3930 Alexander Road Olive Branch, MS 38654
2. Lucy A. Brooks	07/28/1960			2937 Morning View Drive Memphis, TN 38118
3. Ruby S. Freeman	08/17/1959			8060 Polk Lane Olive Branch, MS 38654
4. Mildred S. Brooks Wright	07/27/1963			5824 Hickory Nutt Lane Memphis, TN 38141
5. Patricia D. Brooks	07/16/1961			3432 Barbwood Drive Memphis, TN 38118
6. Leonard Brooks	10/17/1964			8106 Polk Lane Olive Branch, MS 38654
7. Joaquin S. Brooks	11/21/1982			8060 Polk Lane Olive Branch, MS 38654
8. Roslan M. Brooks	02/21/1968			2833 Meadowlake Drive # 2 Memphis, TN 38115
9. Karen A. Brooks	11/22/1972			5942 Hickory Trace Cove Memphis, TN 38141
10. Marvin L. Freeman	04/26/1958			840 17 th Street # 120 San Diego, CA 92101
11. Takila T. Brooks	12/15/1976			8279 Polk Lane Olive Branch, MS 38654

QUESTION 9 – Give below the names of any deceased children of the decedent, together with the other information called for:

ANSWER: **None**

NAME OF CHILD	DATE OF BIRTH	DATE OF DEATH	SURVIVING HUSBAND OR WIFE	IF NOT LIVING DATE OF DEATH
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QUESTION 10 - Give the names of the children of any deceased son or daughter of the decedent: ANSWER: **None**

NAME OF CHILD	DATE OF BIRTH	ADDRESS OR IF NOT LIVING; DATE OF DEATH	NAME OF FATHER AND MOTHER
---------------	---------------	--	------------------------------

QUESTION 11 - *Did the decedent have any adopted children, or step-children taken into his home?*

ANSWER: No IF SO, WRITE THEIR NAMES, AGES, AND ADDRESSES IN THE BLANK LINES BELOW:
NAME AGE ADDRESS

QUESTION 12 - Did the decedent leave any unpaid debts; and if so, give as nearly as possible, the amount of such debts, and whether they have since been paid. ANSWER: No

QUESTION 13 - If the decedent left no children, then give below the names and addresses (together with other information called for), of his surviving father, mother, brothers and sisters: ANSWER: N/A

NAME RELATIONSHIP AGE ADDRESS, OR IF NOT LIVING, DATE OF DEATH

QUESTION 14 If the deceased left no children nor children of a deceased child, then give the names of any deceased brothers and sisters of the decedent, together with the other information called for: ANSWER: N/A

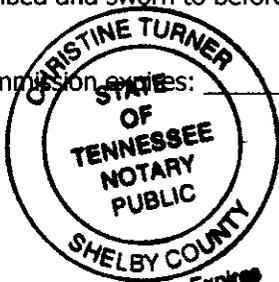
NAME OF BROTHERS/SISTERS DATE OF BIRTH DATE OF DEATH SURVIVING CHILDREN IF NOT LIVING DATE OF DEATH

Lontine Durham

Notary Public Affiant

Subscribed and sworn to before me this 20th day of **August, 2007**.

My commission expires: _____



Christine Turner

Notary Public

CORROBORATION AFFIDAVIT

(To be signed by some person other than the one making the foregoing affidavit.)

STATE OF TENNESSEE
COUNTY OF SHELBY

Betty C. Odom

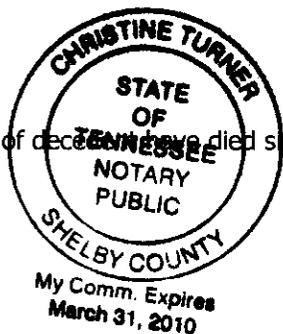
of lawful age, being first duly sworn, upon his oath states: That the information given in the above and foregoing affidavit;

made by *Lontine Durham*
is true, to the personal knowledge of this affiant.

Betty C. Odom
Corroborating Affiant

Subscribed and sworn to before me this 28th day of **August, 2007**.

My commission expires:



Christine Turner
Notary Public

NOTE: If any of heirs of decedent have died since his death, secure separate proof of heirship as to each.

NAME AGE ADDRESS

QUESTION 12 - Did the decedent leave any unpaid debts; and- if so, give as nearly as possible, the amount of such debts, and whether they have since been paid. ANSWER: No

QUESTION 13 - If the decedent left no children, then give below the names and addresses (together with other information called for), of his surviving father, mother, brothers and sisters: ANSWER: N/A

NAME RELATIONSHIP AGE ADDRESS, OR IF NOT LIVING, DATE OF DEATH

QUESTION 14 If the deceased left no children nor children of a deceased child, then give the names of any deceased brothers and sisters of the decedent, together with the other information called for: ANSWER: N/A

NAME OF BROTHERS/SISTERS DATE OF BIRTH DATE OF DEATH SURVIVING CHILDREN IF NOT LIVING DATE OF DEATH

Affiant

Subscribed and sworn to before me this _____ day of August, 2007. My commission expires:

Notary Public

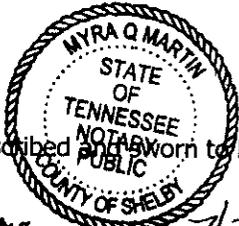
CORROBORATION AFFIDAVIT

(To be signed by some person other than the one making the foregoing affidavit.)

STATE OF TENNESSEE COUNTY OF SHELBY

Helen F. Williams of lawful age, being first duly sworn, upon his oath states: That the information given in the above and foregoing affidavit; made by Lontine Durham is true, to the personal knowledge of this affiant.

Handwritten signature of Helen F. Williams, Corroborating Affiant



Subscribed and sworn to before me this 6th day of September, 2007.

My commission expires 7/27/2010

Notary Public

NOTE: If any of heirs of decedent have died since his death, secure separate proof of heirship as to each.

PREPARED BY & RETURN TO: AUSTIN LAW FIRM, P.A. ATTORNEYS AT LAW 6928 COBBLESTONE DRIVE, SUITE 100 SOUTHAVEN, MS. 38672 662-890-7575

SA-07-0335

HEIRSHIP AFFIDAVIT(Heirship of **MARVELL BROOKS**, Deceased)

STATE OF TENNESSEE

COUNTY OF SHELBY

Rose Greer, of lawful age, being first duly sworn, upon oath deposes and says:

That she was personally well acquainted with the above decedent, during his lifetime, having known him **22** years, and that affiant bears the following relationship to the said decedent, to wit: **Daughter-in-law**

Affiant further states that the said decedent departed this life at Memphis in Shelby County, State of Tennessee, on or about **June 13, 1999** being **61** years old at the date of his death.

Affiant further states that she was well acquainted with the family and near relatives of the said decedent, and with all those who would under the laws of the State of be his heirs, and that the following statements and the answers to the following named questions are based upon the personal knowledge of affiant and are true and correct:

QUESTION 1 - Did the decedent leave a will? ANSWER: **No**QUESTION 2 - If so, has the will been admitted to probate - at what place, and when? ANSWER: **N/A**QUESTION 3 - Has an administrator been appointed for the estate of said deceased? ANSWER: **No**QUESTION 4 - If so, give the County in which the said administration proceedings are pending, and the name and address of the administrator. ANSWER: **N/A**QUESTION 5 - Did the decedent receive the benefit of any Medicaid payments? ANSWER: **No**
If yes, attach copy of Division of Medicaid Waiver of Recovery pursuant to Section 43-13-317.QUESTION 6 - Give the name and address of the surviving widow or widower of decedent. ANSWER: **Annie Jean Brooks**
If not living, state date of death. **Her date of death was May 31, 2001**QUESTION 7 - If the decedent was married more than once, give the name of the former husband or wife, and state whether said former spouse is dead or divorced. ANSWER: **Earnestine Brooks; died Sept. 17, 1995**

QUESTION 8 - On the blank lines below, give the names and places of residence of all surviving children of deceased, together with the other information called for. ANSWER: (Give names of surviving children only)

NAME OF CHILD	DATE OF BIRTH	NOT LIVING DATE OF DEATH	NAME OF HUSBAND OR WIFE	ADDRESS OR IF NOT LIVING DATE OF DEATH
1. Tony B. Brooks	08/02/1966			3930 Alexander Road Olive Branch, MS 38654
2. Lucy A. Brooks	07/28/1960			2937 Morning View Drive Memphis, TN 38118
3. Ruby S. Freeman	08/17/1959			8060 Polk Lane Olive Branch, MS 38654
4. Mildred S. Brooks Wright	07/27/1963			5824 Hickory Nutt Lane Memphis, TN 38141
5. Patricia D. Brooks	07/16/1961			3432 Barbwood Drive Memphis, TN 38118
6. Leonard Brooks	10/17/1964			8106 Polk Lane Olive Branch, MS 38654
7. Joaquin S. Brooks	11/21/1982			8060 Polk Lane Olive Branch, MS 38654
8. Roslan M. Brooks	02/21/1968			2833 Meadowlake Drive # 2 Memphis, TN 38115
9. Karen A. Brooks	11/22/1972			5942 Hickory Trace Cove Memphis, TN 38141
10. Marvin L. Freeman	04/26/1958			840 17 th Street # 120 San Diego, CA 92101
11. Takita T. Brooks	12/15/1976			8279 Polk Lane Olive Branch, MS 38654

QUESTION 9 - Give below the names of any deceased children of the decedent, together with the other information called for:

ANSWER: **None**

NAME OF CHILD	DATE OF BIRTH	DATE OF DEATH	SURVIVING HUSBAND OR WIFE	IF NOT LIVING DATE OF DEATH
---------------	---------------	---------------	------------------------------	--------------------------------

QUESTION 10 - Give the names of the children of any deceased son or daughter of the decedent: ANSWER: **None**

NAME OF CHILD	DATE OF BIRTH	ADDRESS OR IF NOT LIVING; DATE OF DEATH	NAME OF FATHER AND MOTHER
---------------	---------------	--	------------------------------

QUESTION 11 - *Did the decedent have any adopted children, or step-children taken into his home?*

ANSWER: **No** IF SO, WRITE THEIR NAMES, AGES, AND ADDRESSES IN THE BLANK LINES BELOW:

NAME AGE ADDRESS

QUESTION 12 - Did the decedent leave any unpaid debts; and if so, give as nearly as possible, the amount of such debts, and whether they have since been paid. ANSWER: No

QUESTION 13 - If the decedent left no children, then give below the names and addresses (together with other information called for), of his surviving father, mother, brothers and sisters: ANSWER: N/A

NAME RELATIONSHIP AGE ADDRESS, OR IF NOT LIVING, DATE OF DEATH

QUESTION 14 If the deceased left no children nor children of a deceased child, then give the names of any deceased brothers and sisters of the decedent, together with the other information called for: ANSWER: N/A

NAME OF BROTHERS/SISTERS DATE OF BIRTH DATE OF DEATH SURVIVING CHILDREN IF NOT LIVING DATE OF DEATH

Rose Greer 8/28/07
Affiant

Subscribed and sworn to before me this ___ day of August, 2007.
My commission expires:

SEE ATTACHMENT FOR
OFFICIAL NOTARIZATION

Notary Public

CORROBORATION AFFIDAVIT

(To be signed by some person other than the one making the foregoing affidavit.)

STATE OF TENNESSEE
COUNTY OF SHELBY

Calvin Taylor

of lawful age, being first duly sworn, upon his oath states: That the information given in the above and foregoing affidavit,
made by Rose Greer
is true, to the personal knowledge of this affiant.

Calvin Taylor
Corroborating Affiant

Subscribed and sworn to before me this 6th day of September, 2007.

My commission expires: 7/27/2010

Notary Public



NOTE: If any of heirs of decedent have died since his death, secure separate proof of heirship as to each.

CALIFORNIA JURAT WITH AFFIANT STATEMENT

State of California

County of Plumas } ss.

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-5 to be completed only by document signer[s], *not* Notary)

Rose Green

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

Subscribed and sworn to (or affirmed) before me on this

28th day of August, 2007, by

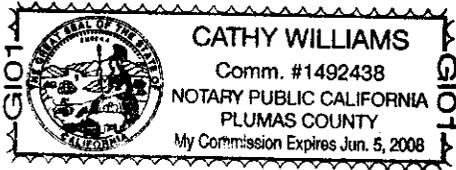
(1) ROSE GREEN
Name of Signer

- Personally known to me
- Proved to me on the basis of satisfactory evidence to be the person who appeared before me (.) (.)

(2) _____
Name of Signer

- Personally known to me
- Proved to me on the basis of satisfactory evidence to be the person who appeared before me.)

Cathy Williams
Signature of Notary Public



Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Further Description of Any Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

RIGHT THUMBPRINT OF SIGNER #1
Top of thumb here

RIGHT THUMBPRINT OF SIGNER #2
Top of thumb here

FOR RETURN TO: Austin Law Firm, P.A., 6928 Cobblestone Drive, Suite 100, Southaven, MS 38672, 662-890-7575

ATTORNEYS AT LAW
6928 COBBLESTONE DRIVE, SUITE 100
SOUTHAVEN, MS. 38672
662-890-7575

S04-07-0335