

PREPARED BY:
Realty Title
2396 East Parkway
Hernando, MS 38632
662-429-2680
File No. 07060114

RETURN TO:
Austin Law Firm, P.A.
6928 Cobblestone Dr., Ste. 100
Southaven, MS 38672
662-890-7575
S04070336

WARRANTY DEED

**WILLIE MACK BROWN, JOYCE ANN BROWN STEWART,
DONALD RAY BROWN, CLIFTON BROWN,
JULIUS J. CRUTCHER, DELOIS CRUTCHER,
GREGORY CRUTCHER, RICKY CRUTCHER,
CARLOTTA CRUTCHER DEBOSE, TERRY BERNARD CRUTCHER,
BELINDA FAY CRUTCHER DAVIS AND TAMMY ROBINSON GRANTORS**

9/10/07 9:10:51
BK 568 PG 104
DESOTO COUNTY, MS
W-E. DAVIS, CH CLERK

WHITAKER DESOTO, LLC GRANTEE

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00) cash in hand paid and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Willie Mack Brown, Joyce Ann Brown Stewart, Donald Ray Brown, Clifton Brown, Julius J. Crutcher, Delois Crutcher, Gregory Crutcher, Ricky Crutcher, Carlotta Crutcher Debose, Terry Bernard Crutcher, Belinda Fay Crutcher Davis and Tammy Robinson do hereby sell convey and warrant unto Whitaker Desoto, LLC all right, title and interest in certain land lying and being situated in DeSoto County, Mississippi being more particularly described as follows:

See "Exhibit 1"

The hereinabove described land is conveyed subject to road rights-of-way, public utility easements, zoning and subdivision regulations, and health department regulations in effect in DeSoto County, Mississippi.

By way of explanation, Belinda Davis is also known as Belinda Fay Crutcher Davis and Terry Crutcher is also known as Terry Bernard Crutcher Davis.

This being the same property conveyed to Lois Watkins Brown by Warranty Deed of record in Book 48, Page 249 in the Chancery Clerk's Office of DeSoto County, Mississippi. The Grantors herein are the lawful heirs of Lois Watkins Brown, who died intestate on or about June 2, 2004, pursuant to the attached death certificates and heirship affidavits.

WITNESS our signatures this 6th day of September, 2007.

Willie Mack Brown
Willie Mack Brown

Willie Mack Brown as atty in fact
Joyce Ann Brown Stewart,
By Willie Mack Brown, her Attorney in Fact

Willie Mack Brown as atty in fact
Donald Ray Brown
By Willie Mack Brown, his Attorney in Fact

Willie Mack Brown as atty in fact
Clifton Brown
By Willie Mack Brown, his Attorney in Fact

Willie Mack Brown as atty in fact
Julius J. Crutcher
By Willie Mack Brown, his Attorney in Fact

Willie Mack Brown as atty in fact
Delois Crutcher
By Willie Mack Brown, her Attorney in Fact

Willie Mack Brown as atty in fact
Gregory Crutcher
By Willie Mack Brown, his Attorney in Fact

Willie Mack Brown as atty in fact
Ricky Crutcher
By Willie Mack Brown, his Attorney in Fact

Carlotta Crutcher DeBose
Carlotta Crutcher Debose

Carlotta Crutcher DeBose as atty in fact
Terry Crutcher
By Carlotta DeBose, his Attorney in Fact

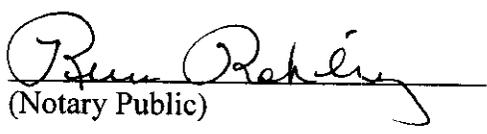
Willie Mack Brown as atty in fact
Belinda Davis
By Willie Mack Brown, her Attorney in Fact

Willie Mack Brown as atty in fact
Tammy Robinson
By Willie Mack Brown, her Attorney in Fact

STATE OF MISSISSIPPI
COUNTY OF DeSOTO

Personally appeared before me, the undersigned authority in and for the said county and state, on this 6th day of September, 2007, within my jurisdiction, the within named Willie Mack Brown, individually and also acknowledged to me as Attorney in Fact for Joyce Ann Brown Stewart, Donald Ray Brown, Clifton Brown, Julius J. Crutcher, Delois Crutcher, Gregory Crutcher, Ricky Crutcher, Belinda Davis and Tammy Robinson, and for and on behalf of himself and said individuals as their acts and deeds he subscribed the names of himself and said individuals to the foregoing instrument and signed and delivered the same on the day and year and in the capacity therein mentioned, after having been first authorized to do so.

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


(Notary Public)

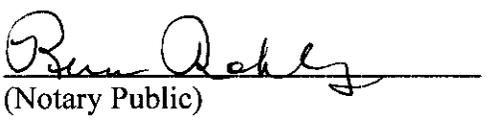
My commission expires:



STATE OF MISSISSIPPI
COUNTY OF DeSOTO

Personally appeared before me, the undersigned authority in and for the said county and state, on this 6th day of September, 2007, within my jurisdiction, the within named Carlotta Crutcher DeBose, individually and also acknowledged to me as Attorney in Fact for Terry Crutcher, and for and on behalf of herself and said individual as their acts and deeds she subscribed the names of herself and said individual to the foregoing instrument and signed and delivered the same on the day and year and in the capacity therein mentioned, after having been first authorized to do so.

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


(Notary Public)

My commission expires:



Grantors' Address:

379 Stoneham Rd.
Memphis, TN 38109
(H) 901-785-6555
(W) 901-513-2386

Grantees' Address:

Whitaker Desoto, LLC
850 Ridgelake Blvd., Ste 220
Memphis, TN 38120
(H) NA
(W) 901-766-1999

EXHIBIT 1

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 2 and 3 in the north line of said quarter section 298.92 feet east of the northwest corner; thence with the north line of said quarter section north 84 degrees 26 minutes east 281.94 feet to the corner of Lots 3 and 4; thence with the line of said Lots 3 and 4 south 5 degrees 30 minutes east 874.50 feet to the south corner of said Lots 3 and 4 in the north line of Lot 6; thence with the lines of Lots 3 and 6 south 84 degrees 26 minutes west 281.94 feet to the south corner of Lots 2 and 3; thence with the line of said Lots 2 and 3 north 5 degrees 30 minutes west 874.5 feet to the beginning, containing 5.66 acres of land, more or less and being the same land conveyed by Beverly Watkins, etux, to Giesetta Watkins Sanders by Warranty Deed dated October 23, 1958, recorded in Book 45, Page 202 of the deed records of DeSoto County, Mississippi.

The above described land is known as Lot 3 of the Beverly Watkins land as shown by plat of survey made by Cooper & Cannon, Civil Engineers of Date, July 1958. Said plat is attached and recorded with deed of record in Book 45, Page 202 of the deed records of DeSoto County, Mississippi.

HEIRSHIP AFFIDAVIT

(Heirship of LOIS WATKINS * Deceased)

STATE OF MISSISSIPPI *AKA LOIS WATKINS BROWN
COUNTY OF DESOTO
CHARLENE ISABELL

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

That he was personally well acquainted with the above decedent, during his lifetime, having known him for 49 years, and that affiant bears the following relationship to the said decedent, to-wit: NOT RELATED - FRIEND -

Affiant further states that the said decedent departed this life at _____, in SHELBY County, State of TENNESSEE, on or about JUNE 2, 2004, being 86 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 MISSISSIPPI, 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: NOT APPLICABLE
- QUESTION 5 - Did the decedent receive the benefit of any Medicaid payments? ANSWER: Yes _____ 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: NONE
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: LEE CARROLL / DIVORCED AND DEAD WILLIAM HORTON BROWN / MARCH 30, 1970 (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	IF NOT LIVING DATE OF DEATH	NAME OF HUSBAND OR WIFE	ADDRESS OR IF NOT LIVING DATE OF DEATH
1.	<u>WILLIE MACK BROWN</u>	<u>10/9/54</u>		<u>DOROTHY BROWN</u>	<u>379 STONEHAM RD, MEMPHIS, TN</u>
2.	<u>JOYCE ANN STEWART</u>	<u>9/7/55</u>		<u>GEORGE STEWART (D)</u>	<u>COX, MEMPHIS, TN</u>
3.	<u>DONALD RAY BROWN</u>	<u>9/13/57</u>		<u>GEORGE STEWART (D)</u>	<u>COX, MEMPHIS, TN</u>
4.	<u>CLIFTON BROWN</u>	<u>9/12/59</u>		<u>BEVERLY BROWN</u>	

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.	<u>EMMA LEE CRUTCHER</u>	<u>7/29/36</u>	<u>4/14/91</u>		
2.	<u>LEE CARROLL JR</u>	<u>10/31/46</u>	<u>10/24/77</u>		
3.					
4.					

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.	LEON CRUTCHER	8/7/52	4/22/2000	EMMA LEE & LEROY CRUTCHER
2.	BRENDA FAY ROBINSON	9/18/53	9/5/1999	" " " "
3.				
4.				

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

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

	NAME	AGE	ADDRESS
1.			
2.			
3.			
4.			
5.			

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: NONE - IF ANY, THEY WERE PAID

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:

	NAME	RELATIONSHIP	AGE	ADDRESS, OR IF NOT LIVING, DATE OF DEATH
1.				
2.				
3.				
4.				
5.				

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

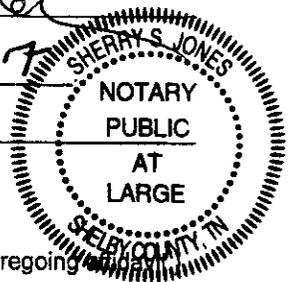
	NAME OF BROTHERS/SISTERS	DATE OF BIRTH	DATE OF DEATH	SURVIVING CHILDREN	IF NOT LIVING DATE OF DEATH
1.					
2.					
3.					
4.					

Charlene Isabel
Affiant

Subscribed and sworn to before me this 12th day of July, 2007

My commission expires: August 1, 2007

Notary Public



CORROBORATION AFFIDAVIT

STATE OF TN COUNTY OF Shelby (To be signed by some person other than the one making the foregoing affidavit)

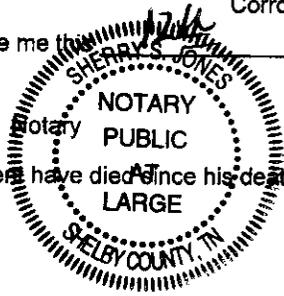
of lawful age, being first duly sworn, upon his oath states: That the information given in the above and foregoing affidavit, made by Charlene Isabel is true, to the personal knowledge of this affiant.

Dwight K. Montgomery
Corroborating Affiant

Subscribed and sworn to before me this 12th day of July, 2007

My commission expires: August 1, 2007

Public



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

HEIRSHIP AFFIDAVIT

(Heirship of LOIS WATKINS* Deceased

*AKA Lois Watkins Brown

STATE OF MISSISSIPPI
COUNTY OF DESOTO

PASTOR DWIGHT RAY MONTGOMERY

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

That he was personally well acquainted with the above decedent, during his lifetime, having known him for 29 years, and that affiant bears the following relationship to the said decedent, towit: NOT RELATED - FRIEND - AND PASTOR

Affiant further states that the said decedent departed this life at _____, in SHELBY County, State of TENNESSEE, on or about JUNE 2, 2004, being 86 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 MISSISSIPPI, 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: NOT APPLICABLE

QUESTION 5 - Did the decedent receive the benefit of any Medicaid payments? ANSWER: Yes _____ 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: NONE
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: LEE CARROLL / DIVORCED AND DEAD
WILLIAM HORTON BROWN / DIED MARCH 30, 1970

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	IF NOT LIVING DATE OF DEATH	NAME OF HUSBAND OR WIFE	ADDRESS OR IF NOT LIVING DATE OF DEATH
1.	<u>WILLIE MACK BROWN</u>	<u>10/9/54</u>		<u>DOROTHY BROWN</u>	<u>379 STONEHAM RD, MEMPHIS, TN</u>
2.	<u>JOYCE ANN STEWART</u>	<u>7/7/55</u>		<u>GEORGE STEWART (D)</u>	<u>COX, MEMPHIS, TN</u>
3.	<u>DONALD RAY BROWN</u>	<u>9/3/57</u>		<u>GEORGE STEWART (D)</u>	<u>COX, MEMPHIS, TN</u>
4.	<u>CLIFTON BROWN</u>	<u>9/12/59</u>		<u>BEVERLY BROWN</u>	

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.	<u>EMMA LEE CRUTCHER</u>	<u>7-29-36</u>	<u>4/14/91</u>		
2.	<u>LEE CARROLL JR</u>	<u>10/3/46</u>	<u>10/24/77</u>		
3.					
4.					

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.	LEON CRUTCHER	8/7/52	4/22/2000	EMMA LEE & LEROY CRUTCHER
2.	BRENDA FAY ROBINSON	9/18/53	4/17/99	" "
3.				
4.				

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

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

	NAME	AGE	ADDRESS
1.			
2.			
3.			
4.			
5.			

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: NONE - IF ANY, THEY WERE PAID

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:

	NAME	RELATIONSHIP	AGE	ADDRESS, OR IF NOT LIVING, DATE OF DEATH
1.				
2.				
3.				
4.				
5.				

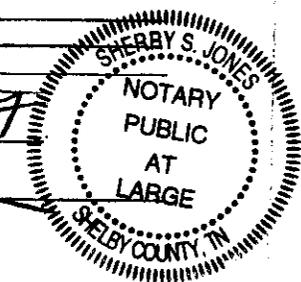
QUESTION 14 - If the deceased left no children nor children of a deceased child, then give below the names of any deceased brothers and sisters of the decedent, together with the other information called for: ANSWER:

	NAME OF BROTHERS/SISTERS	DATE OF BIRTH	DATE OF DEATH	SURVIVING CHILDREN	IF NOT LIVING DATE OF DEATH
1.					
2.					
3.					
4.					

Subscribed and sworn to before me this 12th day of July 2007

Charlene Isabel
Affiant

[Signature]
Notary Public



My commission expires:

MY COMMISSION EXPIRES: August 1, 2007

CORROBORATION AFFIDAVIT

STATE OF TN (To be signed by some person other than the one making the foregoing affidavit.)
COUNTY OF Shelby

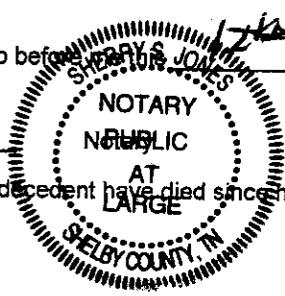
of lawful age, being first duly sworn, upon his oath states: That the information given in the above and foregoing affidavit, made by *Charlene Isabel* is true, to the personal knowledge of this affiant.

Dwight K. Montgomery
Corroborating Affiant

Subscribed and sworn to before me this 12th day of July 2007

My commission expires:

MY COMMISSION EXPIRES: August 1, 2007



[Signature]
Public

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

STATE OF TENNESSEE
Office of Vital Records

BK 568 PG 111
005609

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

PRINT NAME IN FULL ON FRONT OR REVERSE

1. DECEDENT'S NAME (Last, Middle, First) LOIS WATKINS BROWN		2. SEX Female		3. DATE OF DEATH (Month, Day, Year) June 1, 2004	
4. SOCIAL SECURITY NUMBER 414-56-4467		5. AGE (Date of Birth) 85	6. DATE OF BIRTH (Month, Day, Year) Sept 10, 1918	7. BIRTHPLACE (City and State or Foreign Country) OLIVE BRANCH,	
8. WAS DECEASED OVER 100 MILES FROM PLACE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> EPO/patient <input type="checkbox"/> DCA <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
10. FACILITY NAME (If not institution, give street and number) METHODIST UNIVERSITY HEALTHCARE		11. CITY, TOWN, OR LOCATION OF DEATH MEMPHIS		12. COUNTY OF DEATH SHELBY	
13. MARITAL STATUS (Married, Widowed, Divorced, Separated) Widowed		14. SURVIVING SPOUSE (Name, give maiden name) N/A		15. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) HOUSEWIFE	
16. RESIDENCE-STATE Tennessee		17. COUNTY Shelby		18. CITY, TOWN, OR LOCATION Memphis	
19. STREET AND NUMBER OR RURAL LOCATION 1075 S. COX		20. RACE (American Indian, Black, White, etc.) Black			
21. DECEASED'S EDUCATION (Specify level. Highest grade completed) Elementary (6-12) (K-12)		22. MOTHER'S NAME (Last, Middle, Maiden Surname) LUCY BROWN			
23. FATHER'S NAME (Last, Middle, Maiden Surname) BEVERLY WATKINS		24. INFORMANT'S NAME (Print name) JOYCE STEWART		25. RELATIONSHIP TO DECEASED Daughter	
26. MARRIAGE ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1075 S. COX Memphis, Tennessee 38104		27. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Burial from home <input type="checkbox"/> Other (Specify)			
28. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) NEW HALIBURTON CEMETERY		29. LOCATION (City or Town, State) CENTER HILL, Mississippi		30. LICENSE NUMBER OF FUNERAL DIRECTOR EVELYN R. COOPER 3568	
31. SIGNATURE OF FUNERAL DIRECTOR EVELYN R. COOPER		32. SIGNATURE OF EMBALMER WENDELL J. NAYLOR		33. LICENSE NUMBER OF EMBALMER 4794	
34. NAME AND ADDRESS OF FUNERAL HOME M. J. Edwards Funeral Home 1165 Airways Boulevard, Memphis, Tennessee 38114		35. LICENSE NUMBER OF FUNERAL HOME 946			
36. REGISTRAR'S SIGNATURE <i>Barbara U. Davis</i>		37. DATE FILED (Month, Day, Year) August 27, 2004			
38. MEDICAL EXAMINER'S SIGNATURE <i>Veronica Burgos M.D.</i>		39. LICENSE NUMBER 115023443		40. DATE SIGNED (Month, Day, Year) 08/26/04	
41. NAME AND ADDRESS OF CERTIFIER (If not medical examiner) DR. Veronica Burgos, M.D. 3960 Knight Arnold Road Ste 101, Memphis, TN 38118		42. LICENSE NUMBER 115023443		43. DATE SIGNED (Month, Day, Year) 08/26/04	
44. PART I - Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, stroke, or other failure. (See code on reverse of form.) Acute Respiratory Arrest		45. ACTION TO BE TAKEN (If any) See			
46. PART II - Enter the immediate cause of death. Do not enter the mode of dying, such as cardiac or respiratory arrest, stroke, or other failure. (See code on reverse of form.) Hypotension		47. ACTION TO BE TAKEN (If any) See			
48. PART III - Enter the underlying cause of death. Do not enter the mode of dying, such as cardiac or respiratory arrest, stroke, or other failure. (See code on reverse of form.) Diabetic Mellitus		49. ACTION TO BE TAKEN (If any) See			
49. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be determined		50. DATE OF INJURY (Month, Day, Year)		51. TIME OF INJURY	
52. PLACE OF INJURY (At home, farm, street, factory, office, building, etc. (Specify))		53. LOCATION (Street and Number or Rural Route Number, City or Town, State)		54. DESCRIBE HOW INJURY OCCURRED	

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. Lainbach
STATE REGISTRAR

Kenneth E. Johnson
Kenneth E. Johnson
Local Registrar

JUL 31 2006
Date Issued



CERTIFICATION OF VITAL RECORD

HEIRSHIP AFFIDAVIT

(Heirship of EMMA LEE CRUTCHER Deceased)

STATE OF MISSISSIPPI
 COUNTY OF DESOTO
CHARLENE ISABELL

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

That he was personally well acquainted with the above decedent, during his lifetime, having known him for 36 years, and that affiant bears the following relationship to the said decedent, to-wit: NOT RELATED FRIEND

Affiant further states that the said decedent departed this life at MEMPHIS, in SHELBY County, State of TENNESSEE, on or about APR. 14, 1991, being 54 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 MISSISSIPPI, 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: NONE
- 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: Yes No XX
 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: LEROY CRUTCHER (DECEASED) If not living, state date of death SEPT. 3, 1985
- 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:

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)

5. CARLOTTA CRUTCHER DEBOIS 5/17/65 ADDRESS: Gary DeBois Jr

NAME OF CHILD	DATE OF BIRTH	IF NOT LIVING DATE OF DEATH	NAME OF HUSBAND OR WIFE	ADDRESS OR IF NOT LIVING DATE OF DEATH
1. <u>JULIUS CRUTCHER</u>	<u>9/24/54</u>	<u> </u>	<u> </u>	<u> </u>
2. <u>BELOIS CRUTCHER</u>	<u>13/28/59</u>	<u> </u>	<u> </u>	<u> </u>
3. <u>GERGORY CRUTCHER</u>	<u>3/29/57</u>	<u> </u>	<u> </u>	<u> </u>
4. <u>RICKY CRUTCHER</u>	<u>5/25/58</u>	<u> </u>	<u> </u>	<u> </u>

NASHVILLE, TN

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. <u>LEON CRUTCHER</u>	<u>8/7/52</u>	<u>4/22/2000</u>	<u> </u>	<u> </u>
2. <u>BRENDA F. CRUTCHER</u>	<u>9/18/53</u>	<u>9/5/1999</u>	<u> </u>	<u> </u>
3. <u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
4. <u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

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.	TERRY BERNARD CRUTCHER	10/28/71		LEON CRUTCHER (FATHER)
2.	BELINDA FAY CRUTCHER	8/23/72		BRENDA FAY CRUTCHER (MOTHER)
3.	TAMMY ROBINSON	11/27/75		BRENDA FAY CRUTCHER (MOTHER)
4.				

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

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

	NAME	AGE	ADDRESS
1.			
2.			
3.			
4.			
5.			

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:

	NAME	RELATIONSHIP	AGE	ADDRESS, OR IF NOT LIVING, DATE OF DEATH
1.				
2.				
3.				
4.				
5.				

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

ANSWER:

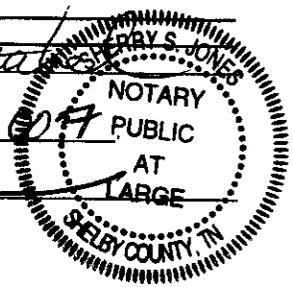
	NAME OF BROTHERS/SISTERS	DATE OF BIRTH	DATE OF DEATH	SURVIVING CHILDREN	IF NOT LIVING DATE OF DEATH
1.					
2.					
3.					
4.					

Subscribed and sworn to before me this 12th day of July, 2007

My commission expires: MY COMMISSION EXPIRES August 1, 2007

Affiant

Notary Public



CORROBORATION AFFIDAVIT

STATE OF TN (To be signed by some person other than the one making the foregoing affidavit.)
COUNTY OF Shelby

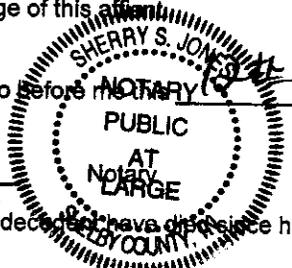
of lawful age, being first duly sworn, upon his oath states: That the information given in the above and foregoing affidavit, made by Charline Isabel is true, to the personal knowledge of this affiant.

Subscribed and sworn to before me this 12th day of July, 2007

My commission expires: MY COMMISSION EXPIRES August 1, 2007

Corroborating Affiant

Public



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

HEIRSHIP AFFIDAVIT

(Heirship of EMMA LEE CRUTCHER Deceased)

STATE OF MISSISSIPPI
COUNTY OF DESOTO

PASTOR DWIGHT RAY MONTGOMERY

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

That he was personally well acquainted with the above decedent, during his lifetime, having known him for 14 years, and that affiant bears the following relationship to the said decedent, to wit: NOT RELATED
FRIEND AND PASTOR

Affiant further states that the said decedent departed this life at MEMPHIS, in SHELBY County, State of TENNESSEE, on or about APR. 14, 1991, being 54 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 MISSISSIPPI, 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: NONE

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: Yes No XX
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: LERoy CRUTCHER (DECEASED) If not living, state date of death SEPT. 3, 1985

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:

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)

5. CARLOTTA CRUTCHER DEBOIS	5/17/65	ADDRESS: <u>Gary DeBose Sr.</u>	ADDRESS OR IF NOT LIVING DATE OF DEATH
1. NAME OF CHILD	DATE OF BIRTH	IF NOT LIVING DATE OF DEATH	NAME OF HUSBAND OR WIFE
1. <u>JULIUS CRUTCHER</u>	<u>9/24/54</u>		
2. <u>DELOIS CRUTCHER</u>	<u>12/20/57</u>		
3. <u>GERGORY CRUTCHER</u>	<u>3/29/57</u>		
4. <u>RICKY CRUTCHER</u>	<u>5/25/58</u>		

NASHVILLE, TN

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

1. NAME OF CHILD	DATE OF BIRTH	DATE OF DEATH	SURVIVING HUSBAND OR WIFE	IF NOT LIVING DATE OF DEATH
1. <u>LEON CRUTCHER</u>	<u>8/7/52</u>	<u>4/22/2000</u>		
2. <u>BRENDA F. CRUTCHER</u>	<u>9/18/53</u>	<u>9/5/1999</u>		
3. <u> </u>	<u> </u>	<u> </u>		
4. <u> </u>	<u> </u>	<u> </u>		

BK 568 PG 115

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. TERRY BERNARD CRUTCHER	10/28/71		LEON CRUTCHER (FATHER)
2. BELINDA FAY CRUTCHER	8/23/72		BRENDA FAY CRUTCHER (MOTHER)
3. TAMMY ROBINSON	11/27/75		BRENDA FAY CRUTCHER (MOTHER)
4.			

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

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

NAME	AGE	ADDRESS
1.		
2.		
3.		
4.		
5.		

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:

NAME	RELATIONSHIP	AGE	ADDRESS, OR IF NOT LIVING, DATE OF DEATH
1.			
2.			
3.			
4.			
5.			

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

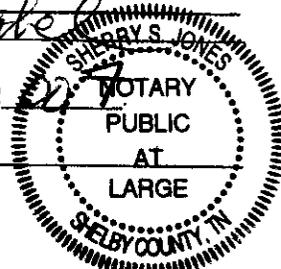
NAME OF BROTHERS/SISTERS	DATE OF BIRTH	DATE OF DEATH	SURVIVING CHILDREN	IF NOT LIVING DATE OF DEATH
1.				
2.				
3.				
4.				

Charlene Isabel
Affiant

Subscribed and sworn to before me this 12th day of July, 2007

My commission expires: August 1, 2007

[Signature]
Notary Public



CORROBORATION AFFIDAVIT

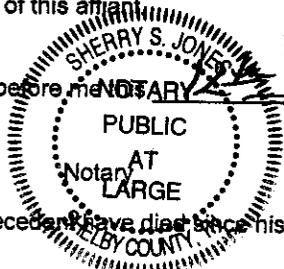
STATE OF TN (To be signed by some person other than the one making the foregoing affidavit.)
COUNTY OF Shelby

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

Dwight R. Montgomery
Corroborating Affiant

Subscribed and sworn to before me this 12th day of July, 2007

My commission expires: August 1, 2007



[Signature]
Public

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

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER 004911

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

02

174.9

NAME OF DECEDENT For use by physician or institution

30 DECEASED

PARENTS

INFORMANT

DISPOSITION

REGISTRAR

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last) **Emma L. Crutcher**

2. SEX **F**

3. DATE OF DEATH (Month, Day, Year) **4-14-91**

4. SOCIAL SECURITY NUMBER (of Decedent) **415-56-8462**

5a. AGE - LAST BIRTHDAY (Years) **54**

5b. UNDER 1 YEAR: Males Females

5c. UNDER 1 YEAR: Males Females

6. DATE OF BIRTH (Month, Day, Year) **July 29, 1936**

7. BIRTHPLACE (City and State or Foreign Country) **Collierville, TN**

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes No

9a. FACILITY NAME (If not institution, give street and number) **Regional Medical Center**

9b. PLACE OF DEATH (Check only one): Inpatient ER/Outpatient DCA Other (Specify)

9c. CITY, TOWN, OR LOCATION OF DEATH **Memphis**

9d. COUNTY OF DEATH **Shelby**

10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) **Widowed**

11. SURVIVING SPOUSE (If wife, give maiden name) **N/A**

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 **Food Service Co.**

13a. RESIDENCE - STATE **TN**

13b. COUNTY **Shelby**

13c. CITY, TOWN OR LOCATION **Memphis**

13d. STREET AND NUMBER OR RURAL LOCATION **1863 Waverly**

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 (0-12) | College (1-4 or 5+)**

17. FATHER'S NAME (First, Middle, Last) **Sammie Williams**

18. MOTHER'S NAME (First, Middle, Maiden Surname) **Lois Watkins**

19a. INFORMANT'S NAME (Type/First) **Brenda Robinson**

19b. RELATIONSHIP TO DECEASED **Daughter**

19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **1863 Waverly-Memphis, TN 38114**

20a. METHOD OF DISPOSITION: Burial Cremation Removal from State Donation Other (Specify)

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **Haliburton Cemetery**

20c. LOCATION - City or Town, State **Olive Branch, Mississippi**

21a. SIGNATURE OF FUNERAL DIRECTOR **Evelyn Cooper**

21b. LICENSE NUMBER OF FUNERAL DIRECTOR **3566**

21c. SIGNATURE OF EMBALMER **Edmund Ford**

21d. LICENSE NUMBER OF EMBALMER **4136**

22a. NAME AND ADDRESS OF FUNERAL HOME **M.J. Edwards & Sons Funeral Home**

22b. LICENSE NUMBER OF FUNERAL HOME **720**

23. REGISTRAR'S SIGNATURE **Christina L. Brown**

24. DATE FILED (Month, Day, Year) **April 19, 1991**

25a. PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

25b. SIGNATURE AND TITLE OF PHYSICIAN **Carroll J. Freeman MD**

25c. LICENSE NUMBER

25d. DATE SIGNED (Month, Day, Year) **4-14-91**

26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

26b. SIGNATURE AND TITLE OF MEDICAL EXAMINER

26c. LICENSE NUMBER

26d. DATE SIGNED (Month, Day, Year)

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/First) **Dr. Freeman**

27b. ADDRESS **877 Jefferson, Memphis, Tenn**

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) **Adenocarcinoma of breast**

DUE TO (OR AS A CONSEQUENCE OF):

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

Respiratory failure

DUE TO (OR AS A CONSEQUENCE OF):

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

29a. WAS AN AUTOPSY PERFORMED? Yes No

29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Yes No

30. MANNER OF DEATH: Natural Accident Suicide Homicide Pending Investigation Could not be Determined

31a. DATE OF INJURY (Month, Day, Year)

31b. TIME OF INJURY

31c. INJURY AT WORK? Yes 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)

HEIRSHIP AFFIDAVIT

(Heirship of LEE CARROLL, JR Deceased)

STATE OF MISSISSIPPI
 COUNTY OF DESOTO
CHARLENE ISABELL

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

That he was personally well acquainted with the above decedent, during his lifetime, having known him for 22 years, and that affiant bears the following relationship to the said decedent, to wit: NOT RELATED/
FRIEND

Affiant further states that the said decedent departed this life at MEMPHIS, in SHELBY County, State of TENNESSEE, on or about _____, 2____, being _____ 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 MISSISSIPPI, 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: NOT APPLICABLE

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: NOT APPLICABLE

QUESTION 5 - Did the decedent receive the benefit of any Medicaid payments? ANSWER: Yes _____ No XX
 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: _____
 _____ 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: _____

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	IF NOT LIVING DATE OF DEATH	NAME OF HUSBAND OR WIFE	ADDRESS OR IF NOT LIVING DATE OF DEATH
1.	<u>NONE</u>	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

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.	<u>NA</u>	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

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

	NAME OF CHILD NOT APPLICABLE	DATE OF BIRTH	ADDRESS OR IF NOT LIVING, DATE OF DEATH	NAME OF FATHER AND MOTHER
1.				
2.				
3.				
4.				

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

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

	NAME	AGE	ADDRESS
1.			
2.			
3.			
4.			
5.			

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:

	NAME	RELATIONSHIP	AGE	ADDRESS, OR IF NOT LIVING, DATE OF DEATH
1.				
2.				
3.				
4.				
5.				

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

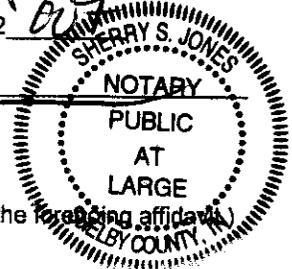
	NAME OF BROTHERS/SISTERS	DATE OF BIRTH	DATE OF DEATH	SURVIVING CHILDREN	IF NOT LIVING DATE OF DEATH
1.					
2.					
3.					
4.					

Charline Isabel
Affiant

Subscribed and sworn to before me this 12th day of July 2007

My commission expires: August 1, 2007

[Signature]
Notary Public



CORROBORATION AFFIDAVIT

STATE OF TN (To be signed by some person other than the one making the foregoing affidavit)
COUNTY OF Shelby

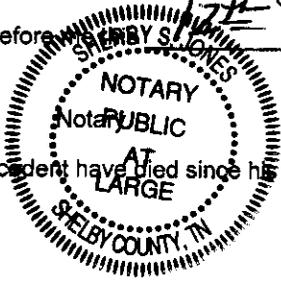
of lawful age, being first duly sworn, upon his oath states: That the information given in the above and foregoing affidavit, made by Charline Isabel is true, to the personal knowledge of this affiant.

Dwight K. Montgomery
Corroborating Affiant

Subscribed and sworn to before me this 12th day of July 2007

My commission expires: August 1, 2007

[Signature]
Public



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

HEIRSHIP AFFIDAVIT

(Heirship of LEE CARROLL, JR Deceased)

STATE OF MISSISSIPPI

COUNTY OF DESOTO

PASTOR DWIGHT RAY MONTGOMERY

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

That he was personally well acquainted with the above decedent, during his lifetime, having known him for 11 years, and that affiant bears the following relationship to the said decedent, to wit: NOT RELATED PASTOR AND FRIEND

Affiant further states that the said decedent departed this life at MEMPHIS, in SHELBY County, State of TENNESSEE, on or about _____, 2____, being _____ 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 MISSISSIPPI 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: NOT APPLICABLE

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: NOT APPLICABLE

QUESTION 5 - Did the decedent receive the benefit of any Medicaid payments? ANSWER: Yes _____ No XX
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: _____
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: _____

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	IF NOT LIVING DATE OF DEATH	NAME OF HUSBAND OR WIFE	ADDRESS OR IF NOT LIVING DATE OF DEATH
1.	<u>NONE</u>				
2.					
3.					
4.					

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.	<u>NA</u>				
2.					
3.					
4.					

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.	NOT APPLICABLE			
2.				
3.				
4.				

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

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

	NAME	AGE	ADDRESS
1.			
2.			
3.			
4.			
5.			

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:

	NAME	RELATIONSHIP	AGE	ADDRESS, OR IF NOT LIVING, DATE OF DEATH
1.	NA			
2.				
3.				
4.				
5.				

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

ANSWER:

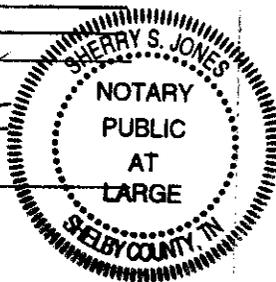
	NAME OF BROTHERS/SISTERS	DATE OF BIRTH	DATE OF DEATH	SURVIVING CHILDREN	IF NOT LIVING DATE OF DEATH
1.					
2.					
3.					
4.					

Charlene Isabel
Affiant

[Signature]
Notary Public

Subscribed and sworn to before me this 12th day of July 2007

My commission expires: **MY COMMISSION EXPIRES: August 1, 2007**



CORROBORATION AFFIDAVIT

STATE OF TN (To be signed by some person other than the one making the foregoing affidavit.)
COUNTY OF Shelby

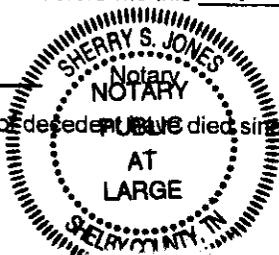
of lawful age, being first duly sworn, upon his oath states: That the information given in the above and foregoing affidavit, made by Charlene Isabel is true, to the personal knowledge of this affiant.

Subscribed and sworn to before me this 12th day of July 2007

Dwight R. Montgomery
Corroborating Affiant

[Signature]
Public

My commission expires: **MY COMMISSION EXPIRES: August 1, 2007**



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

**STATE OF TENNESSEE
Office of Vital Records**

BK 568 PB 121

CERTIFICATE OF DEATH 063- 6649
TENNESSEE DEPARTMENT OF PUBLIC HEALTH FILE NO.
VITAL RECORDS

BIRTH NO. <i>130</i>		DECEASED - NAME FIRST LAST		DATE OF DEATH (MONTH, DAY, YEAR)	
Lee		Carroll, Jr.		10-24-77	
RACE 1 Negro	SEX 2 Male	AGE - LAST BIRTHDAY (YEARS) 3a 31	UNDER 1 YEAR MO. DATE	ORDER 1 DAY MO. MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) 4 10-3-46
COUNTY OF BIRTH 7a Shelby		CITY, TOWN, OR LOCATION OF BIRTH 7b Memphis		HOSPITAL OR OTHER INSTITUTION - NAME 7c Yes 7d Veterans Hospital	
STATE OF BIRTH (IF NOT IN U.S.A.) 8 Mississippi	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED 10 Married	SURVIVING SPOUSE (IF WIFE, GIVE MARRIAGE DATE) 11 Barbara Jeans		
MOBILE SECURITY NUMBER 12a 413-82-2263	SERVICES IN ARMED FORCES (GIVE PER CENT OF SERVICE) 12b Vietnam	USUAL OCCUPATION (GIVE KIND OF WORK FROM WHICH MOST OF EARNING LIVES, EVEN IF PART-TIME) 13a Laborer	KIND OF BUSINESS OR INDUSTRY 13b Imperial Diner		
RESIDENCE - STATE 14 Tennessee	COUNTY 14a Shelby	CITY, TOWN, OR LOCATION 14c Memphis	INSIDE CITY LIMITS (CHECK IF YES OR NO) 14d Yes	STREET AND NUMBER 14e 1764 Euclid	
FATHER - NAME 15 Lee Carroll, Sr.	MOTHER - MAIDEN NAME 16 Lois Watkin	INFORMANT - NAME (PHYS. TN) 17 Lois Brown; 1764 Euclid			
PART I. DEATH WAS CAUSED BY: (a) Subdural hematoma (right)					
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (b), STATING THE UNDERLYING DISEASE LAST					
PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					
ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED DEATH 18 Accident	DATE OF INJURY (MONTH, DAY, YEAR) 19 9-23-77	ROUTE 20	HOW INJURY OCCURRED (GIVE NATURE OF INJURY, PLACE AND TIME) 21 Victim hit head on concrete during an apparent altercation		
INJURY AT WORK (CHECK IF YES OR NO) 22	PLACE OR INJURY AT HOME, FARM, STORE, FACTORY, OFFICE, ROAD, OR OTHER PLACE 23 Unknown	LOCATION 24 Unknown	ADDRESS OF S.P.D. NO., CITY OR TOWN, STATE		
PHYSICIAN'S CERTIFICATION 25		SIGNATURE	TITLE	DATE SIGNED (MONTH, DAY, YEAR) 26 10-31-77	
MEDICAL EXAMINER - CERTIFICATION 27		SIGNATURE	TITLE	DATE SIGNED (MONTH, DAY, YEAR)	
CERTIFIER - NAME (GIVE OF PRINT) 28 J. T. Francisco, M. D.		MAILING ADDRESS (STREET OR R.F.D.) 29 858 Madison Ave., Memphis, Tenn. 38163	CITY OR TOWN	STATE	ZIP
29a Burial	DATE 30 10-31-77	CEMETERY OR CREMATORY - NAME 31 National	LOCATION 32 Memphis, Tennessee	CITY OR TOWN	STATE
FUNERAL HOME - NAME AND ADDRESS 33 Victory, P.O. Box 14593, Mphs. TN 38114		REGISTER - SIGNATURE 34	DATE REGISTERED (MONTH, DAY, YEAR) 35 10-1-77		

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

Kenneth E. Johnson
Kenneth E. Johnson
Local Registrar

JUL 31 2006
Date Issued



CERTIFICATION OF VITAL RECORD

HEIRSHIP AFFIDAVIT

(Heirship of BRENDA F. ROBINSON Deceased)
(ALSO: BRENDA FAY CRUTCHER ROBINSON)

STATE OF MISSISSIPPI

COUNTY OF DESOTO

MS. CHARLENE ISABELL

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

That he was personally well acquainted with the above decedent, during his lifetime, having known him for 44 years, and that affiant bears the following relationship to the said decedent, towit: NOT RELATED FRIEND

Affiant further states that the said decedent departed this life at MEMPHIS, in SHELBY County, State of TENNESSEE, on or about SEPT. 5, 1999, being 45 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 MISSISSIPPI 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: NOT APPLICABLE

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: NOT APPLICABLE

QUESTION 5 - Did the decedent receive the benefit of any Medicaid payments? ANSWER: Yes _____ No X
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: NO/ DIVORCED
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: NO FORMER

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)

Table with 5 columns: NAME OF CHILD, DATE OF BIRTH, IF NOT LIVING DATE OF DEATH, NAME OF HUSBAND OR WIFE, ADDRESS OR IF NOT LIVING DATE OF DEATH. Row 1: LINDA FAY CRUTCHER, 8/23/72. Row 2: TAMMY ROBINSON, 11/27/75.

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

Table with 5 columns: NAME OF CHILD, DATE OF BIRTH, DATE OF DEATH, SURVIVING HUSBAND OR WIFE, IF NOT LIVING DATE OF DEATH. Row 1: NOT APPLICABLE.

QUESTION 10 - Give the names of the children of any deceased son or daughter of the decedent: ANSWER: 568 PG 123

	NAME OF CHILD	DATE OF BIRTH	ADDRESS OR IF NOT LIVING, DATE OF DEATH	NAME OF FATHER AND MOTHER
1.	<u>NOT APPLICABLE</u>			
2.				
3.				
4.				

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

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

	NAME	AGE	ADDRESS
1.			
2.			
3.			
4.			
5.			

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:

	NAME	RELATIONSHIP	AGE	ADDRESS, OR IF NOT LIVING, DATE OF DEATH
1.				
2.				
3.				
4.				
5.				

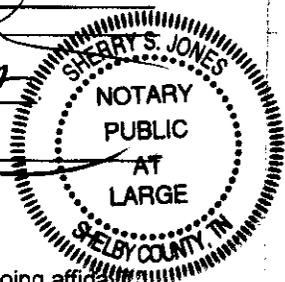
QUESTION 14 - If the deceased left no children nor children of a deceased child, then give below the names of any deceased brothers and sisters of the decedent, together with the other information called for: ANSWER:

	NAME OF BROTHERS/SISTERS	DATE OF BIRTH	DATE OF DEATH	SURVIVING CHILDREN	IF NOT LIVING DATE OF DEATH
1.					
2.					
3.					
4.					

Subscribed and sworn to before me this 12th day of July 2007

My commission expires: MY COMMISSION EXPIRES August 1, 2007

Affiant Charline Isabel
Notary Public



CORROBORATION AFFIDAVIT

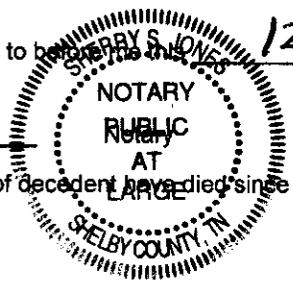
STATE OF TN (To be signed by some person other than the one making the foregoing affidavit.)
COUNTY OF Shelby

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

Subscribed and sworn to before me this 12th day of July 2007

My commission expires:

Corroborating Affiant Dwight R. Montgomery
Public



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

HEIRSHIP AFFIDAVIT

(Heirship of BRENDA F. ROBINSON Deceased)
(ALSO: BRENDA FAY CRUTCHER ROBINSON)

STATE OF MISSISSIPPI

COUNTY OF DESOTO

PASTOR DWIGHT RAY MONTGOMERY

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

That he was personally well acquainted with the above decedent, during his lifetime, having known him for 22 years, and that affiant bears the following relationship to the said decedent, to-wit: NOT RELATED FRIEND AND PASTOR

Affiant further states that the said decedent departed this life at MEMPHIS, in SHELBY County, State of TENNESSEE, on or about SEPT. 5, 1999, being 45 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 MISSISSIPPI 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: NOT APPLICABLE

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: NOT APPLICABLE

QUESTION 5 - Did the decedent receive the benefit of any Medicaid payments? ANSWER: Yes _____ No X 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: NO/ DIVORCED 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: NO FORMER

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)

Table with 5 columns: NAME OF CHILD, DATE OF BIRTH, IF NOT LIVING DATE OF DEATH, NAME OF HUSBAND OR WIFE, ADDRESS OR IF NOT LIVING DATE OF DEATH. Row 1: LINDA FAY CRUTCHER, 8/23/72. Row 2: TAMMY ROBINSON, 11/27/75.

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

Table with 5 columns: NAME OF CHILD, DATE OF BIRTH, DATE OF DEATH, SURVIVING HUSBAND OR WIFE, IF NOT LIVING DATE OF DEATH. Row 1: NOT APPLICABLE.

BK 568 pg 125

QUESTION 10 - Give the names of the children of any deceased son or daughter of the decedent: ANSWER PG 125

	NAME OF CHILD	DATE OF BIRTH	ADDRESS OR IF NOT LIVING, DATE OF DEATH	NAME OF FATHER AND MOTHER
1.	NOT APPLICABLE			
2.				
3.				
4.				

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

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

	NAME	AGE	ADDRESS
1.			
2.			
3.			
4.			
5.			

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:

	NAME	RELATIONSHIP	AGE	ADDRESS, OR IF NOT LIVING, DATE OF DEATH
1.				
2.				
3.				
4.				
5.				

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

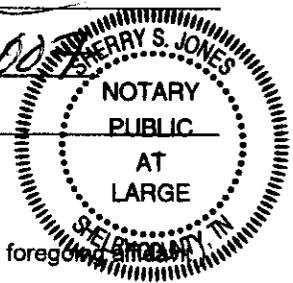
	NAME OF BROTHERS/SISTERS	DATE OF BIRTH	DATE OF DEATH	SURVIVING CHILDREN	IF NOT LIVING DATE OF DEATH
1.					
2.					
3.					
4.					

Charlene Isabel
Affiant

Subscribed and sworn to before me this 12th day of July, 2007

My commission expires:
MY COMMISSION EXPIRES:
August 1, 2007

Sherry S. Jones
Notary Public



CORROBORATION AFFIDAVIT

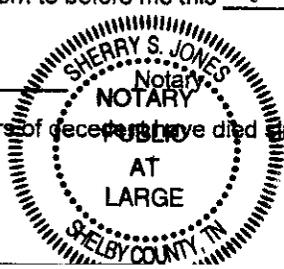
STATE OF TN (To be signed by some person other than the one making the foregoing affidavit)
COUNTY OF Shelby

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

Dwight Montgomery
Corroborating Affiant

Subscribed and sworn to before me this 12th day of July, 2007

My commission expires:
MY COMMISSION EXPIRES:
August 1, 2007



Sherry S. Jones
Public

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

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

BK 568 PG 126

PH-1659
 REV. 2-93

For use by physician or institution

DIAN OR MED EXAMINER EX- GING CERTIFICATE COMPLETE AND MEDICAL CERTIFI- N WITHIN 48 HOURS

INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last) BRENDA FAYE ROBINSON		2. SEX Female		3. DATE OF DEATH (Month, Day, Year) September 5, 1999	
4. SOCIAL SECURITY NUMBER (of Decedent) 412-02-3179		5. AGE (Last Birthday) (Year) 45		6. DATE OF BIRTH (Month, Day, Year) Sep 18, 1953	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) 1 <input type="checkbox"/> Inpatient 2 <input checked="" type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)		7. BIRTHPLACE (City and State or Foreign Country) MEMPHIS, TENNESSEE	
9b. FACILITY NAME (If not institution, give street and number) BAPTIST HOSPITAL CENTRAL		9c. CITY, TOWN, OR LOCATION OF DEATH MEMPHIS		9d. COUNTY OF DEATH SHELBY	
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify) Divorced		11. SURVIVING SPOUSE (If wife, give maiden name) NONE		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) MERCHANDISING CLERK	
12b. KIND OF BUSINESS/INDUSTRY GOLDSMITH'S DEPT. STORE		13a. RESIDENCE-STATE TENNESSEE		13b. COUNTY SHELBY	
13c. CITY, TOWN OR LOCATION MEMPHIS		13d. STREET AND NUMBER OR RURAL LOCATION 3339 SHUSTER COVE		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
15. RACE-American Indian, Black, White, etc. (Specify) BLACK		16. DECEDENT'S EDUCATION (Specify only highest grade completed) 12		17. FATHER'S NAME (First, Middle, Last) LEROY CRUTCHER	
18. MOTHER'S NAME (First, Middle, Maiden Surname) EMMA LEE WILLIAMS		19a. INFORMANT'S NAME (Type/Print) Belinda Crutcher		19b. RELATIONSHIP TO DECEASED daughter	
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1764 Euclid, Memphis, TN 38114		20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) New Haliburton Cemetery	
20c. LOCATION-City or Town, State Center Hill, Miss		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 124765		22a. NAME AND ADDRESS OF FUNERAL HOME M. J. Edwards Funeral Home, Inc. 1165 AIRWAYS BLVD MEMPHIS, TENNESSEE 38114	
22b. LICENSE NUMBER OF FUNERAL HOME 546		23. REGISTRAR'S SIGNATURE <i>Mary Ann Bradshaw</i>		24. DATE FILED (Month, Day, Year) Deputy OCT 20 1999	
25a. PHYSICIAN: To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1 <input type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <i>[Signature]</i>		25b. LICENSE NUMBER MD15772		25c. DATE SIGNED (Month, Day, Year) 10/15/99	
26a. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated. 2 <input checked="" type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER <i>[Signature]</i>		26b. LICENSE NUMBER [Number]		26c. DATE SIGNED (Month, Day, Year) [Date]	
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) LARRY WALKER MD, 1056 EAST RAINES ROAD, MEMPHIS, TENNESSEE 38116		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) → a. Myocardial Infarction DUE TO (OR AS A CONSEQUENCE OF): b. Hypertension DUE TO (OR AS A CONSEQUENCE OF): c. Coronary Heart Failure DUE TO (OR AS A CONSEQUENCE OF): d. _____ Approximate Interval Between Onset and Death 1 year 10 yr One yr		29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		30. MANNER OF DEATH 1 <input checked="" type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation 2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be Determined 3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide		31a. DATE OF INJURY (Month, Day, Year) _____	
31b. TIME OF INJURY _____ M		31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> 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) _____			

HEIRSHIP AFFIDAVIT

(Heirship of LEON CRUTCHER Deceased)

STATE OF MISSISSIPPI

COUNTY OF DESOTO

MS. CHARLENE ISABELL

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

That he was personally well acquainted with the above decedent, during his lifetime, having known him for 45 years, and that affiant bears the following relationship to the said decedent, towit: NOT RELATED

FRIEND

Affiant further states that the said decedent departed this life at MEMPHIS, in SHELBY County, State of TENNESSEE, on or about 4/22, 2000, being 47 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 MISSISSIPPI, 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: NOT APPLICABLE

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: NOT APPLICABLE

QUESTION 5 - Did the decedent receive the benefit of any Medicaid payments? ANSWER: Yes No X 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: NO 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: NONE

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	IF NOT LIVING DATE OF DEATH	NAME OF HUSBAND OR WIFE	ADDRESS OR IF NOT LIVING DATE OF DEATH
1.	TERRY BERNARD CRUTCHER	10/28/71			
2.					
3.					
4.					

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.	NONE				
2.					
3.					
4.					

BK 568 PG 128

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.	NONE			
2.				
3.				
4.				

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

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

	NAME	AGE	ADDRESS
1.			
2.			
3.			
4.			
5.			

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: UNKN

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:

	NAME	RELATIONSHIP	AGE	ADDRESS, OR IF NOT LIVING, DATE OF DEATH
1.	NOT APPLICABLE			
2.				
3.				
4.				
5.				

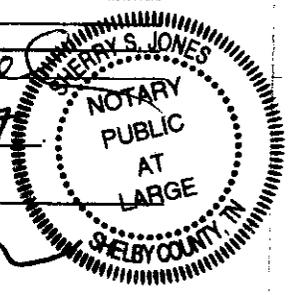
QUESTION 14 - If the deceased left no children nor children of a deceased child, then give below the names of any deceased brothers and sisters of the decedent, together with the other information called for:

	NAME OF BROTHERS/SISTERS	DATE OF BIRTH	DATE OF DEATH	SURVIVING CHILDREN	IF NOT LIVING DATE OF DEATH
1.	NOT APPLICABLE				
2.					
3.					
4.					

Subscribed and sworn to before me this 12th day of July, 2007.

My commission expires: August 1, 2007

Charlene Isabel
Affiant
[Signature]
Notary Public



CORROBORATION AFFIDAVIT

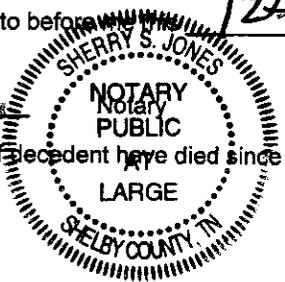
STATE OF TN (To be signed by some person other than the one making the foregoing affidavit.)
COUNTY OF Shelby

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

Subscribed and sworn to before me this 12th day of July, 2007.

My commission expires: August 1, 2007

Dwight Montgomery
Corroborating Affiant
[Signature]
Public



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

HEIRSHIP AFFIDAVIT

(Heirship of LEON CRUTCHER Deceased)

STATE OF MISSISSIPPI

COUNTY OF DESOTO

DWIGHT RAY MONTGOMERY -

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

That he was personally well acquainted with the above decedent, during his lifetime, having known him for 23 years, and that affiant bears the following relationship to the said decedent, to wit: NOT RELATED FRIEND AND PASTOR

Affiant further states that the said decedent departed this life at MEMPHIS, in SHELBY County, State of TENNESSEE, on or about 4/22, 2000, being 47 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 MISSISSIPPI, 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: NOT APPLICABLE

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: NOT APPLICABLE

QUESTION 5 - Did the decedent receive the benefit of any Medicaid payments? ANSWER: Yes _____ No X
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: NO
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: NONE

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	IF NOT LIVING DATE OF DEATH	NAME OF HUSBAND OR WIFE	ADDRESS OR IF NOT LIVING DATE OF DEATH
1.	TERRY BERNARD CRUTCHER	10/28/71			
2.					
3.					
4.					

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.	NONE				
2.					
3.					
4.					

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.	NONE			
2.				
3.				
4.				

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

ANSWER: Yes _____ No ^x _____ IF SO, WRITE THEIR NAMES, AGES, AND ADDRESSES IN THE BLANK LINES BELOW:

	NAME	AGE	ADDRESS
1.			
2.			
3.			
4.			
5.			

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: UNKN

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:

	NAME	RELATIONSHIP	AGE	ADDRESS, OR IF NOT LIVING, DATE OF DEATH
1.	NOT APPLICABLE			
2.				
3.				
4.				
5.				

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

	NAME OF BROTHERS/SISTERS	DATE OF BIRTH	DATE OF DEATH	SURVIVING CHILDREN	IF NOT LIVING DATE OF DEATH
1.	NOT APPLICABLE				
2.					
3.					
4.					

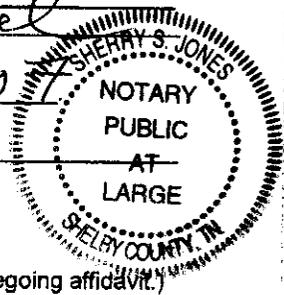
Charlene Isabel
Affiant

Subscribed and sworn to before me this 12th day of July, 2007

My commission expires:

MY COMMISSION EXPIRES:
August 1, 2007

Sherry S. Jones
Notary Public



CORROBORATION AFFIDAVIT

STATE OF TN (To be signed by some person other than the one making the foregoing affidavit.)
COUNTY OF Shelby

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

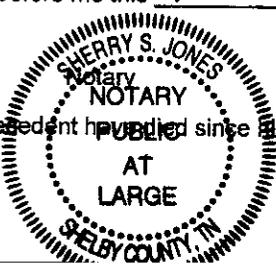
Dwight Montgomery
Corroborating Affiant

Subscribed and sworn to before me this 12th day of July, 2007

My commission expires:

MY COMMISSION EXPIRES:
August 1, 2007

Sherry S. Jones
Public



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

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

003 66

1. DECEDENT'S NAME (First, Middle, Last) Leon Crutcher		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) April 22, 2000
4. SOCIAL SECURITY NUMBER (of Decedent) 413-88-3307	5a. AGE LAST BIRTHDAY (Month, Day, Year) 49	5b. UNDER 1 YEAR MOB. DATE HOUR MIN.	5c. UNDER 1 DAY MOB. DATE HOUR MIN.
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. BIRTHPLACE (City and State or Foreign Country) Memphis, Tennessee	
8. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input checked="" type="checkbox"/> DCA <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) Regional Forensic Center		9c. CITY, TOWN, OR LOCATION OF DEATH Memphis	9d. COUNTY OF DEATH Shelby
10. MARITAL STATUS (Marked: Never married, Widowed, Divorced (Specify)) Never married	11. SURVIVING SPOUSE (If wife, give maiden name) N/A	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 Christie Cut Stone
13a. RESIDENCE-STATE Tennessee	13b. COUNTY Shelby	13c. CITY, TOWN OR LOCATION Memphis	13d. STREET AND NUMBER OR RURAL LOCATION 1764 Euclid
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13f. ZIP CODE 38114	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No; if yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)		17. DECEDENT'S EDUCATION (Specify only highest grade completed) 12	
17. FATHER'S NAME (First, Middle, Last) Leroy Crutcher		18. MOTHER'S NAME (First, Middle, Maiden Surname) Erma L. Williams	
19a. INFORMANT'S NAME (Type/Print) Terry Crutcher		19b. RELATIONSHIP TO DECEASED Son	19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1396 Kimball, Memphis, TN 38106
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) New Haliburton Cemetery	
20c. LOCATION-City or Town, State Hernando, Mississippi		21a. SIGNATURE OF FUNERAL DIRECTOR EVELYN R COOPER	
21b. LICENSE NUMBER OF FUNERAL DIRECTOR 3568		21c. SIGNATURE OF EMBALMER CHARLES PATTMAN	
21d. LICENSE NUMBER OF EMBALMER 4755		22a. NAME AND ADDRESS OF FUNERAL HOME M. J. EDWARDS FUNERAL HOME, INC 1165 Airways Blvd, Memphis, TN 38114	
22b. LICENSE NUMBER OF FUNERAL HOME 946		23. REGISTRAR'S SIGNATURE <i>Mary Ann DeLoach</i> Deputy	
24. DATE FILED (Month, Day, Year) MAY 01 2000		25. PHYSICIAN: On the basis of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN	
25b. LICENSE NUMBER		25c. DATE SIGNED (Month, Day, Year)	
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. <input checked="" type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER <i>O.C. Smith</i>		26b. LICENSE NUMBER 12401	
26c. DATE SIGNED (Month, Day, Year) April 24, 2000		27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) O.C. Smith, M.D. 1060 Madison Avenue, Memphis, TN 38104	
28. PART I. Enter the disease, injury, 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) → Arteriosclerotic heart disease DUE TO (OR AS A CONSEQUENCE OF): a. _____ b. _____ c. _____ d. _____ Sequentially list conditions, if any, leading to immediate cause. STATE UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.			
29a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
30. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		31a. DATE OF INJURY (Month, Day, Year)	31b. TIME OF INJURY M 2
31c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)	

2503280

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.

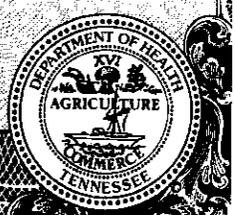
Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.



Sharon M. Leinbach
Sharon M. Leinbach
STATE REGISTRAR

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

JUL 16 2007
Date Issued



CERTIFICATION OF VITAL RECORD