

SIBYL HOING SPENCER, EXECUTRIX  
OF THE ESTATE OF SIBYL P. JONES, GRANTOR

TO

EXECUTRIX DEED

VICKI JONES SANDERS, MARCIA JONES BROWN  
AND MARK C. JONES, GRANTEEES

FOR AND IN CONSIDERATION of and in compliance with the devise given under the Last Will and Testament of Sibyl P. Jones, Deceased, whose estate is probated in Cause Number 07-2-213, in the Chancery Court of DeSoto County, Mississippi, and other good and valuable legal consideration, the receipt and sufficiency of which is hereby acknowledged, the Grantor, SIBYL HOING SPENCER, EXECUTRIX OF THE ESTATE OF SIBYL P. JONES, DECEASED, hereby give, convey, and quitclaim unto the Grantees, VICKI JONES SANDERS, MARCIA JONES BROWN, and MARK C. JONES, as tenants in common, the land in DeSoto County, Mississippi, being more particularly described as follows:

Lot 13, Section A, Pine Oak Acres Subdivision, located in Section 30, Township 3 South, Range 7 West, in DeSoto County, Mississippi as shown on plat of record in Plat Book 16, Pages 38-41, in the Office of the Chancery Clerk of DeSoto County, Mississippi, to which plat reference is made for a more particular description.

By acceptance of this Deed, the parties agree that this conveyance is made subject to subdivision, health department, zoning and other regulations in effect; restrictive covenants of the subdivision; and rights of way and easements for public roads, flowage, and utilities. The warranty in this deed is subject to any prior conveyance or reservation of minerals of every kind and character, including but not limited to current or prior owners. No such reservation is made by Grantor herein however with this conveyance. Taxes for 2007 shall be paid by the Grantees. Possession is to be given upon delivery of this Deed.

By way of explanation this is the same property conveyed to Clifford V. Jones and wife, Sibyl Jones, on May 9, 1984, in Deed Book 171, page 319, in the office of the Chancery Clerk of DeSoto County, Mississippi. Clifford V. Jones passed away on July 24, 2003 and as the tenant by the entirety, Sibyl Jones, also known as Sibyl P. Jones, became the sole owner

WRB

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of the property. Sibyl P. Jones passed away on November 22, 2006. Copies of both death certificates are attached to this Deed.

EXECUTED this the 31<sup>st</sup> day of January, 2008.

*Sibyl Hoing Spencer*  
SIBYL HOING SPENCER,  
EXECUTRIX OF THE ESTATE  
OF SIBYL P. JONES,  
GRANTOR

STATE OF MS  
COUNTY OF Desoto

This day personally appeared before me, the undersigned authority in and for said County and State, the within named SIBYL HOING SPENCER, Executrix of the Estate of Sibyl P. Jones, Deceased, who acknowledged signing and delivering the above and foregoing Warranty Deed on the day and year therein mentioned as a free and voluntary act and deed and for the purposes therein expressed.

GIVEN under my hand and official seal of office this the 31<sup>st</sup> day of January, 2008.

*May Washburn*  
NOTARY PUBLIC

My Commission Expires:

2-19-2011

GRANTOR'S ADDRESS:

243 Vista Ridge, Collierville, TN 38017  
Home #: 901-854-5379 Bus #: n/a

GRANTEE'S ADDRESS:

125 Deer Trail, Hernando, MS 38632  
Home #: 901-854-5379 Bus #: NA

Prepared by:  
Walker, Brown & Brown, P. A.  
P. O. Box 276  
Hernando, MS 38632  
(662) 429-5277  
(901) 521-9292

3152mwb Jones Estate Deed

MISSISSIPPI STATE DEPARTMENT OF HEALTH  
VITAL RECORDS

BK 577 PG 478

CERTIFICATE OF DEATH

STATE FILE NUMBER 123-03-016469

TYPE OR PRINT WITH BLACK INK

FILING DATE AUG 18 2003

DECEASED  Death occurred in institution, see INDBOOK, regarding completion of RESIDENCE items  RESIDENCE items, for actual location home rather than filing address	1. NAME First Middle Last Clifford Vernon Jones			2. SEX Male		3a. HOUR OF DEATH 1:34A m		3b. DATE OF DEATH (Month, Day, Year) 7-24-2003		
	4. RACE (Specify White, Black, American Indian, etc.) White		5a. AGE AT LAST BIRTHDAY 73 Years		5b. MOS (0-12) 12 (1-4, 5+)		6. DATE OF BIRTH (Month, Day, Year) 9-30-1929		7a. COUNTY OF DEATH DeSoto	
	7b. CITY OR TOWN OF DEATH Southaven			7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (if not in either, give street address, route number or other location) Baptist Memorial Hospital-DeSoto 17B			7d. IF IN HOSP. OR INST SPECIFY INPT., OUTPT., EMER. RM. OR DOA Prer. Rm.		8. STATE OF BIRTH AR	
	9. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/High School, College (0-12) 12 (1-4, 5+)			10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Sibyl Hanev		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) Yes		
13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) American			14. SOCIAL SECURITY NUMBER 412-40-2348		15a. USUAL OCCUPATION (Kind of work done, most of working life) Truck Driver		15b. KIND OF BUSINESS OR INDUSTRY Trucking			
16a. RESIDENCE—STATE MS		16b. COUNTY DeSoto		16c. CITY OR TOWN Hernando		16d. INSIDE CITY LIMITS (Specify Yes or No) Yes		16e. STREET AND NUMBER OR RURAL LOCATION 125 Deer Trail		
17. FATHER—NAME First Middle Last Bert F. Jones			18. MOTHER—NAME First Middle Maiden Aileen Hobbs							
19a. INFORMANT—NAME (Type or print) Sibyl Jones				19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 125 Deer Trail, Hernando, MS 38632						
20a. BURIAL, CREMATION, REMOVAL (Specify) Burial		20b. CEMETERY, CREMATORY—NAME Magnolia Cemetery		20c. LOCATION (City and State) Collierville, TN		21a. EMBALMER—SIGNATURE AND NUMBER Evan A. Brownlee ES794				
21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER Hernando Funeral Home 17S				21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 140 W. Commerce St., Hernando, MS 38632						
22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) Grady Marlowe, M.D.					22b. PRONOUNCED DEAD (Month, Day, Year) ON July 24, 2003		22c. PRONOUNCED DEAD (Hour) At 1:34A m			
23a. CERTIFIER—NAME (Type or print) Jeffery Pounders				23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 4942 Pounders Rd., Nesbit, MS 38651						
24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE		24b. DATE SIGNED (Month, Day, Year)		24c. STATE LICENSE NUMBER MD		24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE Jeffery Pounders		
24f. TITLE DeSoto County Coroner		24g. DATE SIGNED (Month, Day, Year) July 29, 2003								
25. PART I. DEATH CAUSED BY:		IMMEDIATE CAUSE (Enter one cause only): (a) Hypertension						Interval between onset and death		
		DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (b)						Interval between onset and death		
		DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (c)						Interval between onset and death		
26. PART II. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I. Renal Failure							27. AUTOPSY (Yes or No) No		28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) Yes	
Use if death NOT due to natural causes		29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)		29b. DATE OF INJURY (Month, Day, Year)		29c. HOUR OF INJURY m		29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED		
29e. INJURY AT WORK (Yes or No)		29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)		29g. LOCATION Street or route number		City or town		State		

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

AUG 28 2003

Judy Moulder  
STATE REGISTRAR

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# STATE OF MISSISSIPPI

## MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

BK 577 PG 479

TYPE OR PRINT WITH BLACK INK

### CERTIFICATE OF DEATH

STATE FILE NUMBER **123-06-074293**

<b>DECEASED</b>	FILING DATE <b>DEC 04 2006</b>		1. NAME First Middle Last <b>Sibyl Agnes Jones</b>		2. SEX <b>Female</b>	3a. HOUR OF DEATH <b>12:27p.m</b>	3b. DATE OF DEATH (Month, Day, Year) <b>November 22, 2006</b>
death occurred in an institution, see HANDBOOK, regarding completion of RESIDENCE items	4. RACE (Specify White, Black, American Indian, etc.) <b>White</b>	5a. AGE AT LAST BIRTHDAY <b>78</b> Years	ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY 5b. MOS 5c. DAYS 5d. HOURS 5e. MINS		6. DATE OF BIRTH (Month, Day, Year) <b>Sept. 7, 1928</b>		7a. COUNTY OF DEATH <b>Desoto</b>
	7b. CITY OR TOWN OF DEATH <b>Hernando</b>	7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) <b>125 Deer Trail</b>			7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA <b>Residence</b>		8. STATE OF BIRTH <b>MS</b>
	9. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/High School College <b>(0-12) 12 (1-4, 5+)</b>	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>N/A</b>		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) <b>No</b>	
or RESIDENCE items, enter actual location of home rather than mailing address	13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) <b>American</b>		14. SOCIAL SECURITY NUMBER <b>415-36-5866</b>		15a. USUAL OCCUPATION (Kind of work done most of working life) <b>Accountant</b>		15b. KIND OF BUSINESS OR INDUSTRY <b>Automotive Electric</b>
	16a. RESIDENCE--STATE <b>MS</b>	16b. COUNTY <b>Desoto</b>	16c. CITY OR TOWN <b>Hernando</b>	16d. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>	16e. STREET AND NUMBER OR RURAL LOCATION <b>125 Deer Trail</b>		
<b>PARENTS</b>	17. FATHER--NAME First Middle Last <b>Royce Leonard Haney</b>			18. MOTHER--NAME First Middle Maiden <b>Eula Viola Helms</b>			
<b>INFORMANT</b>	19a. INFORMANT--NAME (Type or print) <b>Sibyl Spencer</b>			19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>243 Vista Ridge Dr. Collierville, TN 38017</b>			
<b>DISPOSITION</b>	20a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	20b. CEMETERY, CREMATORY--NAME <b>Memorial Park Cemetery Memphis, TN</b>		20c. LOCATION (City and State)		21a. EMBALMER--SIGNATURE AND NUMBER <b>Brent Taylor ES631</b>	
	21b. FUNERAL HOME--NAME AND MISSISSIPPI I.D. NUMBER <b>Hernando Funeral Home 17S</b>			21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>P.O. Box 810 Hernando, MS 38632</b>			
<b>PRONOUNCEMENT</b>	22a. PERSON WHO PRONOUNCED DEATH--NAME AND TITLE (Type or print) <b>Pattie Gray R.N.</b>			22b. PRONOUNCED DEAD (Month, Day, Year) <b>ON Nov. 22, 2006</b>		22c. PRONOUNCED DEAD (Hour) <b>AT 1:15p.m.</b>	
<b>CERTIFIER</b>	23a. CERTIFIER--NAME (Type or print) <b>Jeffery Pounders</b>			23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>4942 Pounders Rd. Nesbit, MS 38651</b>			
	Mississippi State Board of Health Form No. 511 Revised 1-7-89	24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. <b>SIGNATURE</b>		MD	24e. On the basis of examination and investigation, in my opinion, death occurred due to the cause(s) and manner as stated. <b>SIGNATURE</b>		
		24b. DATE SIGNED (Month, Day, Year)	24c. STATE LICENSE NUMBER		24f. TITLE <b>Desoto County Coroner</b>		
		24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)			24g. DATE SIGNED (Month, Day, Year) <b>November 28, 2006</b>		
<b>USE OF DEATH</b>	25. PART I: IMMEDIATE CAUSE (Enter one cause only): (a) <b>Cancer of Lungs</b>					Interval between onset and death	
	DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (b)					Interval between onset and death	
Conditions, if any, which gave rise to immediate cause stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (c)					Interval between onset and death	
	26. PART II: OTHER SIGNIFICANT CONDITIONS--Conditions contributing to death but not resulting in the underlying cause given in PART I						
Had Decedent been Pregnant within 90 Days prior to Death? Yes <input type="checkbox"/> No	29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)			29b. DATE OF INJURY (Month, Day, Year)	29c. HOUR OF INJURY m.	29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED	
	Use if death NOT due to natural causes	29e. INJURY AT WORK (Yes or No)	29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)	29g. LOCATION Street or route number City or town State			

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

*Brian W. Amy, MD*

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

DEC-5 2006

*Judy Moulder*

Judy Moulder  
STATE REGISTRAR

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