

JK
R

3/27/08 10:45:23
BK 581 PG 64
DESOTO COUNTY, MS
W.E. DAVIS, CH CLERK

**JOHN R. WILLIS, SR.
GRANTOR**

TO

WARRANTY DEED

**JOHN R. WILLIS SR., ET UX
GRANTEES**

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, I, the undersigned Grantor, **JOHN R. WILLIS, SR.**, does hereby sell, convey and warrant unto **JOHN R. WILLIS SR. AND BARBARA A. WILLIS, husband and wife, as tenants by the entirety with full right of survivorship and not as tenants in common**, the following described property, together with the improvements, hereditaments and appurtenances thereunto belonging, located in the County of DeSoto, State of Mississippi, and more particularly described as follows, to-wit:

Lot 93, Section B, Apple Creek Subdivision, in Section 10, Township 2 South, Range 8 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 27, Pages 23-26, in the Office of the Chancery Clerk of DeSoto County, Mississippi.

Said lands are subject to rights of way and easements for public roads and for public utilities; to applicable building, zoning, subdivision and Health Department regulations; to the covenants, limitations and restrictions of record with the said recorded plat of said subdivision and to which reference is hereby made; to any matter which might be disclosed by a current, accurate survey and physical inspection of said lands.

By way of explanation, the Grantor herein acquired title to subject property as a tenant by the entirety with full right of survivorship with Beverly A. Willis, who passed away on March 5, 1999, a copy of the death certificate is available in the office of the Mississippi State Dept. of Health Vital Records.

FNF

B

WITNESS OUR SIGNATURES this 17th day of March, 2008.

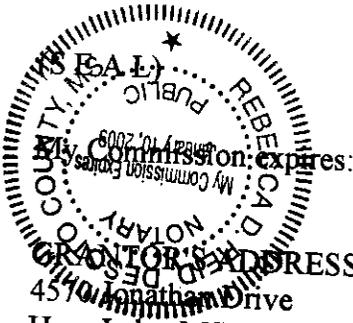
BK 581 PG 65

John R. Willis, Sr.
JOHN R. WILLIS, SR.

STATE OF MISSISSIPPI
COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and for the said county and state, on this 17th day of March, 2008, within the jurisdiction, the within named, JOHN R. WILLIS, SR. , who acknowledged that he executed the above and foregoing instrument.

Rebecca D Reid
Notary Public



GRANTOR'S ADDRESS AND PHONE:
4570 Jonathan Drive
Horn Lake, MS 38637
Home: 662-342-4986
Work: N/A

GRANTEES' ADDRESS AND PHONE:
4570 Jonathan Drive
Horn Lake, MS 38637
Home: 662-342-4986
Work: N/A

PREPARED BY AND RETURN TO:
FIRST NATIONAL FINANCIAL TITLE SERVICES, LLC
JAMES R. CARR, ATTORNEY
6880 COBBLESTONE BLVD, SUITE 2
SOUTHAVEN, MS 38672
PHONE: 662.892.6536 FAX: 662.890.8775

FILE #: S15182

STATE OF MISSISSIPPI

BK 581 PG 66

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

TYPE OR PRINT WITH BLACK INK

FILING DATE

MAR 25 1999

CERTIFICATE OF DEATH

STATE FILE NUMBER 123-

DECEASED

1. NAME First: BEVERLY Middle: ANN Last: WILLIS	2. SEX FEMALE	3a. HOUR OF DEATH 10:48 P ^m	3b. DATE OF DEATH (Month, Day, Year) MARCH 5, 1999
4. RACE (Specify White, Black, American Indian, etc.) White	5a. AGE AT LAST BIRTHDAY 52s	5b. MOS 5c. DAYS 5d. HOURS 5e. MINS	6. DATE OF BIRTH (Month, Day, Year) August 1, 1946
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 HOSPITAL--DESOTO 17-B	7d. IF IN HOSP. OR INST SPECIFY INPT, OUTPT, EMER RM OR DOA INPT	8. STATE OF BIRTH MS
9. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem: High School: College: (0-12) 10 (1-4) 5+	10. MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name) Married John Willis Sr	12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) No
13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) American	14. SOCIAL SECURITY NUMBER 425-90-1276	15a. USUAL OCCUPATION (Kind of work done most of working life) Homemaker	15b. KIND OF BUSINESS OR INDUSTRY Home
16a. RESIDENCE--STATE MS	16b. COUNTY DeSoto	16c. CITY OR TOWN Nesbit	16d. INSIDE CITY LIMITS (Specify Yes or No) No

If death occurred in an institution, see HANDBOOK, regarding completion of RESIDENCE items

For RESIDENCE items, enter actual location of home rather than mailing address

PARENTS

17. FATHER--NAME First: Stafford Leon Redding Middle: Last: Nesbit	18. MOTHER--NAME First: Virginia Mae Allison Middle: Maiden:
---	---

INFORMANT

19a. INFORMANT--NAME (Type or print) John Willis Sr	19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 4570 Jonathan Dr Nesbit MS 38651
--	---

DISPOSITION

20a. BURIAL CREMATION REMOVAL (Specify) Burial	20b. CEMETERY CREMATORY--NAME Forest Hill Midtown Memphis TN	20c. LOCATION (City and State) Memphis TN	21a. EMBALMER--SIGNATURE AND NUMBER Alfred Barnes 4586
21b. FUNERAL HOME--NAME AND MISSISSIPPI ID NUMBER Brantley Funeral Home FE117	21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) P.O. Box 17069 Memphis TN 38187-0069		

PRONOUNCEMENT

22a. PERSON WHO PRONOUNCED DEATH--NAME AND TITLE (Type or print) MICHAEL DORRITY, M.D.	22b. PRONOUNCED DEAD (Month, Day, Year) ON MARCH 5, 1999	22c. PRONOUNCED DEAD (Hour) AT 10:48 P ^m
---	---	--

CERTIFIER

23a. CERTIFIER--NAME (Type or print) MUKESH JAIN, M.D.	23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 1264 WESLEY DRIVE #502 MEMPHIS, TN 38116
---	---

Mississippi State Board of Health
Form No. 511
Revised 1-1-89

24a. To the best of my knowledge and manner as stated SIGNATURE <i>[Signature]</i>	24b. DATE SIGNED (Month, Day, Year) 3/18/99	24c. STATE LICENSE NUMBER 14601	24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) MUKESH JAIN.
---	--	------------------------------------	--

24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE <i>[Signature]</i>	24f. TITLE	24g. DATE SIGNED (Month, Day, Year)
--	------------	-------------------------------------

CAUSE OF DEATH

25. PART I. DEATH CAUSED BY:	IMMEDIATE CAUSE (Enter one cause only): (a) Acute Myocardial Injury DUE TO OR AS A CONSEQUENCE OF (Enter one cause only):	Interval between onset and death
	(b) Respiratory Failure DUE TO OR AS A CONSEQUENCE OF (Enter one cause only):	Interval between onset and death
	(c) Seizure Disorder DUE TO OR AS A CONSEQUENCE OF (Enter one cause only):	Interval between onset and death

Conditions, if any, which gave rise to immediate cause stating the underlying cause last

Had Decedent been Pregnant Within 90 Days Prior to Death?
 Yes No

26. PART II. OTHER SIGNIFICANT CONDITIONS--Conditions contributing to death but not resulting in the underlying cause given in PART I. Chronic Obstructive Pulmonary Dz, Rheumatoid Arthritis	27. AUTOPSY (Yes or No) No	28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) No
29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)	29b. DATE OF INJURY (Month, Day, Year)	29c. HOUR OF INJURY (Month, Day, Year)
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

F. E. Thompson Jr. MD
F. E. Thompson, Jr., M.D., M.P.H.
STATE HEALTH OFFICER

Nita Cox Gunter
Nita Cox Gunter
STATE REGISTRAR

MAR 27 99

WARNING: A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

