

**LARRY A. MOFFITT, JR.
AN UNMARRIED PERSON
GRANTOR(S)**

**WARRANTY
DEED**

TO

**D. RUSSELL JONES, JR.
AND WIFE, BARBARA H. JONES
GRANTEE(S)**

FOR AND IN CONSIDERATION of Ten Dollars (\$10.00), cash in hand paid, and for other good and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged, **LARRY A. MOFFITT, JR., AN UNMARRIED PERSON, GRANTOR(S)**, does hereby sell, convey, and warrant unto **D. RUSSELL JONES, JR. AND WIFE, BARBARA H. JONES, GRANTEE(S)**, as tenants by the entirety with full right of survivorship and not as tenants in common, the following described property situated in the County of DeSoto, State of Mississippi, together with all improvements and appurtenances thereon more particularly described as follows:

LOT 38, SECTION A, EDGEWATER SUBDIVISION, situated in Section 20, Township 3 South, Range 7 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 64, Pages 29-30, in the Office of the Chancery Clerk of DeSoto County, Mississippi.

Being the same property conveyed to Grantor(s) of record in Deed Book 427, Page 82, of record in the Office of the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation, Jennifer Z. Moffitt passed away on May 9, 2006, as evidenced by the Certificate of Death attached hereto and made a part of this instrument.

The warranty in this deed is subject to right of ways of easements for public roads and public utilities, subdivision and zoning regulations in effect in DeSoto County, Mississippi, and further subject to all applicable building restrictions and restrictive covenants of record.

Taxes for the year 2008 have been prorated between the Grantor(s) and Grantee(s) and the 2008 taxes are to be paid by the Grantee(s).

WITNESS MY SIGNATURE, this the 14th day of May, 2008.

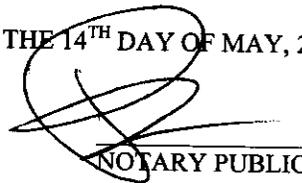

Larry A. Moffitt, Jr.

**STATE OF MISSISSIPPI
COUNTY OF DESOTO**

PERSONALLY APPEARED before me, the undersigned authority at office in and for the State and County aforesaid, the within named **LARRY A. MOFFITT, JR.**, who acknowledged that he signed and delivered the above and foregoing instrument for the purposes therein contained, and as his free act and deed and for purposes therein contained.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, THIS THE 14TH DAY OF MAY, 2008.

My Commission Expires:
June 18, 2008


NOTARY PUBLIC



GRANTOR'S ADDRESS
295 Fairway Trace Dr.
Hernando, MS 38632

GRANTEE'S ADDRESS
4705 Big Horn Drive
Nesbit, Mississippi 38651

901-277-3856 Same
HM PHONE WK PHONE

901-496-5866 NA
HM PHONE WK PHONE

PREPARED BY: McFall Law Firm, LLC P.O. Box 269 Southaven, MS 38671 662-349-7780
File 20080063



STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

BK 584 PG 600

TYPE OR PRINT
WITH BLACK INK

FILING
DATE **MAY 18 2006**

CERTIFICATE OF DEATH

STATE OF MISSISSIPPI

STATE FILE
NUMBER

123- **06-009839**

DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS RESIDENCE ITEMS: For actual location home rather than mailing address	1. NAME		2. SEX		3a. HOUR OF DEATH	3b. DATE OF DEATH (Month, Day, Year)	
	First Middle Last		FEMALE		9:00P m	MAY 09, 2006	
	JENNIFER MOFFITT						
4. RACE (Specify White, Black, American Indian, etc.)		5a. AGE AT LAST BIRTHDAY	ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY		6. DATE OF BIRTH (Month, Day, Year)		7a. COUNTY OF DEATH
White		37 Years	5b. MOS	5c. DAYS	January 5, 1969		DESOTO
7b. CITY OR TOWN OF DEATH		7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location)			7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER., RM. OR DOA		8. STATE OF BIRTH
SOUTHAVEN		BAPTIST HOSPITAL 17B DESOTO			INPT		TN
9. DECEDENT'S EDUCATION (Specify only highest grade completed)		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		11. SURVIVING SPOUSE (If wife, give maiden name)		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No)	
Elem/High School College (0-12) 12 (1-4, 5+)		Married		Larry Moffitt, Jr.		No	
13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.)		14. SOCIAL SECURITY NUMBER		15a. USUAL OCCUPATION (Kind of work done, most of working life)		15b. KIND OF BUSINESS OR INDUSTRY	
American		408-45-6548		Self-Employed		Self	
16a. RESIDENCE-STATE		16b. COUNTY	16c. CITY OR TOWN		16d. INSIDE CITY LIMITS (Specify Yes or No)	16e. STREET AND NUMBER OR RURAL LOCATION	
MS		DeSoto	Hernando		Yes	1400 Pendulum Dr. North	
17. FATHER-NAME			18. MOTHER-NAME				
First Middle Last			First Middle Maiden				
John K. Zent III			Linda Lovette				
19a. INFORMANT-NAME (Type or print)				19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)			
Larry Moffitt, Jr.				1400 Pendulum Dr. North Hernando, MS 38632			
20a. BURIAL, CREMATION, REMOVAL (Specify)		20b. CEMETERY, CREMATORY-NAME		20c. LOCATION (City and State)		21a. EMBALMER-SIGNATURE AND NUMBER	
Burial		Hernando Memorial Park		Hernando, MS		Brent Taylor FS631	
21b. FUNERAL HOME-NAME AND MISSISSIPPI I.D. NUMBER				21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)			
Hernando Funeral Home 17S				P.O. Box 810 Hernando, MS 38632			
22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print)				22b. PRONOUNCED DEAD (Month, Day, Year)		22c. PRONOUNCED DEAD (Hour)	
LLOYD HARTT, MD				ON MAY 09, 2006		AT 9:00Pm	
23a. CERTIFIER-NAME (Type or print)				23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)			
JEFFERY POUNDERS, CMEI				4942 POUNDERS RD, NESBITT, MS 38651			
24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated.		24b. DATE SIGNED (Month, Day, Year)		24c. STATE LICENSE NUMBER		24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)	
SIGNATURE				MD			
24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated.		24f. TITLE		24g. DATE SIGNED (Month, Day, Year)			
SIGNATURE		DESOTO COUNTY CMEI		MAY 11, 2006			
25. PART I. DEATH CAUSED BY:		IMMEDIATE CAUSE (Enter one cause only)				Interval between onset and death	
(a)		HYPOXIC ISCHEMIC ENCEPHALOPATHY					
(b)		DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):				Interval between onset and death	
(b)		CARDIOPULMONARY ARREST					
(c)		DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):				Interval between onset and death	
(c)		MYOCARDIAL INFRACTION/ASCD					
26. PART II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in PART I		27. AUTOPSY (Yes or No)		28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)			
		NO		YES			
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

Brian W. Amy, MD

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

MAY 19 2006

Judy Moulder

Judy Moulder
STATE REGISTRAR

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