

PC  
M

Prepared by and Return to:  
TAYLOR, JONES & TAYLOR  
ATTORNEYS AT LAW  
P. O. BOX 188  
SOUTHAVEN, MS. 38671  
(662-342-1300)

X

**LINDA R. SASSER ANDERSON**  
**Formerly Linda R. Sasser**  
**GRANTOR(S)**

**QUITCLAIM DEED**

TO

**DON S. ANDERSON and wife,**  
**LINDA R. ANDERSON**  
**GRANTEE(S)**

For and in consideration of the sum of Ten Dollars (\$10.00), cash in hand paid, and other good, legal sufficient and valuable consideration, the receipt of all of which is hereby acknowledged, I, **LINDA R. SASSER ANDERSON formerly Linda R. Sasser** do hereby quitclaim and convey all of my right, title and interest unto **DON S. ANDERSON and wife, LINDA R. ANDERSON as tenants by the entirety with the full rights of survivorship and not as tenants in common** in the following described land and property situated in the County of DeSoto, State of Mississippi, being more particularly described as follows, to-wit:

**Lot 803, Section "D", GREENBROOK SUBDIVISION, located in Section 19, Township 1 South, Range 7 West, City of Southaven, DeSoto County, Mississippi as shown by plat thereof recorded in Plat Book 9, Pages 42 and 43 in the Chancery Clerk's Office of DeSoto County, Mississippi.**

PARCEL #1074-1905-0-00803.00

The above property is the same property conveyed to Alvin M. Sasser and wife, Linda R. Sasser as joint tenants with full rights of survivorship and not as tenants in common by Warranty Deed of record in Book 155, Page 213 in the Chancery Clerk's Office of DeSoto County, Mississippi. **Alvin M. Sasser passed away on or about August 24, 1997.**

This conveyance is made subject to all applicable building restrictions, restrictive covenants and easements of record.

Possession of the premises is to be given by the Grantor to the Grantee, upon delivery of this Deed.

WITNESS my signature(s) this the 19<sup>th</sup> day of June, 2008.

*Linda R. Sasser Anderson*  
LINDA R. SASSER ANDERSON  
formerly Linda R. Sasser

STATE OF MISSISSIPPI  
COUNTY OF DESOTO

PERSONALLY appeared before me, the undersigned authority of law in and for the jurisdiction aforesaid, the within named, LINDA R. SASSER ANDERSON formerly Linda R. Sasser who acknowledged that she signed and delivered the above and foregoing instrument on the day and year therein mentioned as her free act and deed and for the purposes therein expressed.

GIVEN under my hand and official seal of office this the 19<sup>th</sup> day of June, 2008.

STATE OF MISSISSIPPI  
NOTARY PUBLIC  
ID # 3064  
Marilyn F. Crabb  
Commission Expires  
Sept. 7, 2011  
DESOTO COUNTY

*Marilyn F. Crabb*  
Notary Public

MY COMMISSION EXPIRES

PROPERTY ADDRESS: 971 MILLCREEK PLACE, SOUTHAVEN, MS. 38671

GRANTOR'S & GRANTEES ADDRESS:  
971 Millcreek Place  
Southaven, Ms. 38671  
Res# 662-342-1504  
Bus# 901-230-4040

2

MISSISSIPPI STATE DEPARTMENT OF HEALTH  
VITAL RECORDS

SK 587 PG 648

TYPE OR PRINT  
WITH BLACK INK

FILING DATE **SEP 16 1997** CERTIFICATE OF DEATH STATE OF MISSISSIPPI STATE FILE NUMBER **123-87817764**

|  |  |   |   |   |  |  |  |  |  |  |                                      |   |  |  |                                      |  |
|--|--|---|---|---|--|--|--|--|--|--|--------------------------------------|---|--|--|--------------------------------------|--|
| DECEASED   | 1. NAME First Middle Last<br><b>ALVIN MONROE SASSER</b>                                      |   |   | 2. SEX<br><b>MALE</b>   |  | 3a. HOUR OF DEATH<br><b>2:30P m.</b>                                     |  | 3b. DATE OF DEATH (Month, Day, Year)<br><b>AUGUST 24, 1997</b>   |  |  |                                      |   |  |  |                                      |  |
|  | 4. RACE (Specify White, Black, American Indian, etc.)<br><b>WHITE</b>                        |   | 5a. AGE AT LAST BIRTHDAY<br><b>53</b> Years   |   | 5b. MOS (1-4)<br><b>53</b>                           |  | 5c. DAYS (5-9)<br><b>53</b>  |  | 5d. HOURS (10-11)<br><b>53</b>   |  | 5e. MINS (12-13)<br><b>53</b>        |   | 6. DATE OF BIRTH (Month, Day, Year)<br><b>APRIL 14, 1944</b> |  | 7a. COUNTY OF DEATH<br><b>DESOTO</b> |  |
|  | 7b. CITY OR TOWN OF DEATH<br><b>SOUTHAVEN</b>  |   |   | 7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location)<br><b>971 MILLCREEK CV.</b> |  |  |  |  | 7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA<br><b>N/A</b> |  | 7e. STATE OF BIRTH<br><b>ALABAMA</b> |   |  |  |                                      |  |
|  | 9. DECEDENT'S EDUCATION (Specify only highest grade completed)<br><b>Elem/High School</b>    |   |   | 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>MARRIED</b>   |  | 11. SURVIVING SPOUSE (If wife, give maiden name)<br><b>LINDA DANIELS</b> |  | 12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No)<br><b>YES</b>  |  |  |                                      |   |  |  |                                      |  |
|  | 13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.)<br><b>AMERICAN</b>       |   |   | 14. SOCIAL SECURITY NUMBER<br><b>262-64-0861</b>  |  |  | 15a. USUAL OCCUPATION (Kind of work done, most of working life)<br><b>OPERATIONS MANAGER</b> |  | 15b. KIND OF BUSINESS OR INDUSTRY<br><b>WELLS FARGO</b>                        |  |                                      |   |  |  |                                      |  |
|  | 16a. RESIDENCE—STATE<br><b>MISSISSIPPI</b>   |   | 16b. COUNTY<br><b>DESOTO</b>  |   | 16c. CITY OR TOWN<br><b>SOUTHAVEN</b>                |  | 16d. INSIDE CITY LIMITS (Specify Yes or No)<br><b>YES</b>                                    |  | 16e. STREET AND NUMBER OR RURAL LOCATION<br><b>971 MILLCREEK CV.</b>           |  |                                      |   |  |  |                                      |  |
|  | 17. FATHER—NAME First Middle Last<br><b>RALPH SASSER</b>                                     |   |   | 18. MOTHER—NAME First Middle Maiden<br><b>CAROLYN CHANCEY</b>   |  |  |  |  |  |  |                                      |   |  |  |                                      |  |
|  | 19a. INFORMANT—NAME (Type or print)<br><b>LINDA SASSER</b>                                   |   |   | 19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)<br><b>971 MILLCREEK CV., SOUTHAVEN, MS 38671</b>      |  |  |  |  |  |  |                                      |   |  |  |                                      |  |
|  | 20a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>                                   |   | 20b. CEMETERY, CREMATORY—NAME<br><b>MEMORIAL PARK SOUTH WOODS CEMETERY</b>  |   | 20c. LOCATION (City and State)<br><b>MEMPHIS, TN</b> |  | 21a. EMBALMER—SIGNATURE AND NUMBER<br><b>CHARLES L. VINSON #3556</b>                         |  |  |  |                                      |   |  |  |                                      |  |
|  | 21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER<br><b>MEMORIAL PARK FUNERAL HOME #522</b> |   |   | 21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)<br><b>5668 POPLAR AVE., MEMPHIS, TN 38119</b>         |  |  |  |  |  |  |                                      |   |  |  |                                      |  |
| 22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print)<br><b>JEFFERY POUNDERS, CORONER</b>                                  |  |   |   |   |  |  |  |  |  | 22b. PRONOUNCED DEAD (Month, Day, Year)<br><b>ON August 24, 1997</b> |                                      | 22c. PRONOUNCED DEAD (Hour) AT<br><b>2:30p m.</b> |  |  |                                      |  |
| 23a. CERTIFIER—NAME (Type or print)<br><b>JEFFERY POUNDERS</b>   |  |   | 23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)<br><b>4942 POUNDERS RD., NESBIT, MS 38651</b> |   |  |  |  |  |  |  |                                      |   |  |  |                                      |  |
| 24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated.<br><b>SIGNATURE</b>                       |  | 24b. DATE SIGNED (Month, Day, Year)   |   | 24c. STATE LICENSE NUMBER   |  | 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.<br><b>SIGNATURE</b> |  |  |                                      |   |  |  |                                      |  |
| 24f. TITLE<br><b>Desoto</b>  |  | 24g. DATE SIGNED (Month, Day, Year)<br><b>Sept. 1, 1997</b>                       |   |   |  |  |  |  |  |  |                                      |   |  |  |                                      |  |
| 25. PART I: IMMEDIATE CAUSE (Enter one cause only):<br><b>(a) Cirrhosis Of Liver</b>   |  |   |   |   |  |  |  |  |  | Interval between onset and death                                     |                                      |   |  |  |                                      |  |
| 25. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I |  |   |   |   |  |  |  |  |  | Interval between onset and death                                     |                                      |   |  |  |                                      |  |
| 27. AUTOPSY (Yes or No)<br><b>NO</b>   |  | 28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)<br><b>YES</b>              |   | 29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)  |  |  |  |  |  |  |                                      |   |  |  |                                      |  |
| 29b. DATE OF INJURY (Month, Day, Year)   |  | 29c. HOUR OF INJURY   |   | 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

NOV 25 97

**Nita Cox Gunter**  
Nita Cox Gunter  
STATE REGISTRAR



**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.