

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

TO

EXECUTRIX DEED

JOSEPH HOING, GRANTEE

FOR AND IN CONSIDERATION of the love and affection the family of Sibyl P. Jones has for the Grantee and in compliance with the Chancery Court Order entered on May 21, 2008, in the Estate 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 gives, conveys, and quitclaims unto the Grantee, JOSEPH HOING, the land in DeSoto County, Mississippi, being more particularly described as follows:

Lot 176, Woodland Lake Subdivision, located in Section 18, Township 3 South, Range 9 West, in DeSoto County, Mississippi as shown on plat of record in Plat Book 1, Pages 15A, B, & C, 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 and maintenance dues to Woodland Lake Maintenance Association for 2008 shall be paid by the Grantee. 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 February 14, 1975, in Deed Book 116, page 415, 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

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sole owner 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 24th day of June, 2008.

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

STATE OF Tennessee
COUNTY OF Shelby

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 Executrix 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 24 day of June, 2008.

Elaine M. Hurdle
NOTARY PUBLIC



My Commission Expires:
3/11/2009

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

GRANTEE'S ADDRESS: 7762 Walnut Hill Point Southaven, MS
Home #: 901-553-1017 Bus #: NA 38671

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

3152mwb Jones Estate Deed to Joseph Hoing

STATE OF MISSISSIPPI

BK 587 PG 784

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

BK 577 PG 478

CERTIFICATE OF DEATH

STATE FILE NUMBER 123-03-016469

TYPE OR PRINT
IN BLACK INK

FILING DATE AUG 18 2003

STATE OF MISSISSIPPI

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 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 Emer. Rm.		8. STATE OF BIRTH AR	
9. DECEDENT'S EDUCATION (Specify high school grade completed) Elem High School, College		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
11. SURVIVING SPOUSE (If wife, give maiden name) Sibyl Harey		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 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	
17. MOTHER—NAME First Middle Maiden Aileen Hobbs		18a. INFORMANT—NAME (Type or print) Sibyl Jones	
18b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 125 Deer Trail, Hernando, MS 38632		19a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
19b. CEMETERY, CREMATORY—NAME Magnolia Cemetery		19c. LOCATION (City and State) Collierville, TN	
19d. EMBALMER—SIGNATURE AND NUMBER Eyon A. Brownlee ES794		20. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER Hernando Funeral Home 17B	
20. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 140 W. Commerce St., Hernando, MS 38632		21. PRONOUNCED DEAD (Month, Day, Year) on July 24, 2003	
21. PRONOUNCED DEAD (Time) 1:34A		22. CERTIFIER NAME (Type or print) Jeffery Ponder	
22. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 4942 Ponder Rd., Nesbit, MS 38661		23. SIGNATURE <i>Jeffery Ponder</i>	
23. DATE SIGNED (Month, Day, Year) July 29, 2003		23. STATE LICENSE NUMBER DeSoto County, Coroner	
24. IMMEDIATE CAUSE (Enter one cause only) Hypertension		24. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED DUE TO THE CAUSE(S) AND MANNER AS STATED IN THIS SECTION.	
24. TO BE OR AS A CONSEQUENCE OF (Enter one cause only)		24. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IF MY OPINION, DEATH OCCURRED DUE TO THE CAUSE(S) AND MANNER AS STATED IN THIS SECTION.	
24. DUE TO OR AS A CONSEQUENCE OF (Enter one cause only)		24. DATE SIGNED (Month, Day, Year) July 29, 2003	
24. NAME OF ATTENDING PHYSICIAN, IF OTHER THAN CERTIFIER (Type or print)		24. TITLE DeSoto County Coroner	
25. PART I—OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause. Renal Failure		27. AUTOPSY? (Yes or No) No	
27. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) Yes		28. ACCIDENT, SUICIDE, HOMICIDE, PENDING OR INVESTIGATION, OR UNDETERMINED NO	
28. DATE OF INJURY (Month, Day, Year)		29. HOUR OF INJURY	
29. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED		29a. INJURY AT WORK? (Yes or No)	
29b. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office Building, etc.)		29c. LOCATION	
29d. STREET OR ROUTE NUMBER		29e. CITY OR TOWN	
29f. STATE		29g. INJURY AT WORK? (Yes or No)	

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 Moulde
STATE REGISTRAR

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MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

TYPE OR PRINT WITH BLACK INK

FILING DATE DEC 04 2006

CERTIFICATE OF DEATH
STATE OF MISSISSIPPI

STATE FILE NUMBER 123-06-074793

DECEASED	1. NAME First Middle Last Sibyl Agnes Jones			2. SEX Female		3a. HOUR OF DEATH 12:27p.m		3b. DATE OF DEATH (Month, Day, Year) November 22, 2006		
	4. RACE (Specify White, Black, American Indian, etc.) White		5a. AGE AT LAST BIRTHDAY 78 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) Sept. 7, 1928		7a. COUNTY OF DEATH Desoto	
	7b. CITY OR TOWN OF DEATH Hernando		7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) 125 Deer Trail				7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA Residence		8. STATE OF BIRTH MS	
	9. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/High School, College (0-12) 12		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		11. SURVIVING SPOUSE (If wife, give maiden name) N/A		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 415-36-5866		15a. USUAL OCCUPATION (Kind of work done most of working life) Accountant		15b. KIND OF BUSINESS OR INDUSTRY Automotive Electric				
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		
PARENTS				17. FATHER--NAME First Middle Last Royce Leonard Haney		18. MOTHER--NAME First Middle Maiden Eula Viola Helms				
INFORMANT				19a. INFORMANT--NAME (Type or print) Sibyl Spencer		19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 243 Vista Ridge Dr. Collierville, TN 38017				
DISPOSITION				20a. BURIAL, CREMATION, REMOVAL (Specify) Burial		20b. CEMETERY, CREMATORY--NAME Memorial Park Cemetery Memphis, TN		20c. LOCATION (City and State) Memphis, TN		21a. EMBALMER--SIGNATURE AND NUMBER Brent Taylor ES631
ANNOUNCEMENT				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) P.O. Box 810 Hernando, MS 38632				
CERTIFIER				22a. PERSON WHO PRONOUNCED DEATH--NAME AND TITLE (Type or print) Pattie Gray R.N.		22b. PRONOUNCED DEAD (Month, Day, Year) ON Nov. 22, 2006		22c. PRONOUNCED DEAD (Hour) (m) AT 1:15p. m.		
CERTIFIER				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				
USE OF DEATH				24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE MD		24b. DATE SIGNED (Month, Day, Year)		24c. STATE LICENSE NUMBER		24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)
USE OF DEATH				24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE MD		24f. TITLE Desoto County Coroner		24g. DATE SIGNED (Month, Day, Year) November 28, 2006		
USE OF DEATH				25. PART I: IMMEDIATE CAUSE (Enter one cause only): (a) Cancer of Lungs		Interval between onset and death				
USE OF DEATH				(b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		Interval between onset and death				
USE OF DEATH				(c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		Interval between onset and death				
USE OF DEATH				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) No		28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) Yes
USE OF DEATH				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 OF DEATH				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, MHA, MPH

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

DEC-5 2006

Judy Moulder

Judy Moulder
STATE REGISTRAR

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