

QUITCLAIM DEED
(WITH RESERVATION OF LIFE ESTATE)

DORIS C. MCDANIEL

GRANTOR

TO

JAMES DARRELL MCDANIEL

GRANTEE

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, DORIS C. MCDANIEL, do hereby quitclaim and release to JAMES DARRELL MCDANIEL, all of my right, title and interest in and to the property lying and being situated in DeSoto County, Mississippi, described as follows, to-wit:

Lot 8 in Dodson Acres Subdivision, as shown by the plat recorded in Plat Book 4, Page 50, in the Office of the Chancery Clerk of DeSoto County, Mississippi in Section 8, Township 2, Range 8, subject to the restrictive covenants shown on the recorded plat of said subdivision.

The property herein conveyed is subject to all building restrictions, covenants, condominiums regulations and easements of record as well as all applicable zoning ordinances in effect in DeSoto County, Mississippi.

That this conveyance is subject to the following:

The Grantor herein reserves unto herself a life estate to the property as described herein.

This conveyance being subject to the foregoing life estate.

That by way of explanation, Jim F. McDaniel departed this life on October 6, 2006 and that attached hereto is a copy of his Certificate of Death.

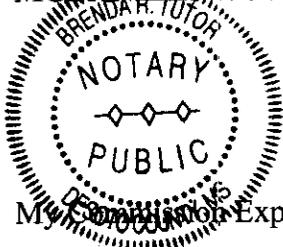
Stackten

WITNESS MY SIGNATURE on this the 16 day of July, 2008.

Doris C. McDaniel
DORIS C. MCDANIEL

STATE OF MISSISSIPPI
COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and for the said county and state on this the 16th day of July, 2008, within my jurisdiction, the within named **DORIS C. MCDANIEL**, who acknowledged that she executed the above and foregoing instrument.



Brenda R. Tutor
NOTARY PUBLIC

NOTARY PUBLIC STATE OF MISSISSIPPI AT LARGE
MY COMMISSION EXPIRES: May 15, 2011
BONDED THRU NOTARY PUBLIC UNDERWRITERS

(SEAL)

GRANTOR'S ADDRESS:
4786 Fogg Rd.
Nesbit, MS 38651
RES. TEL.: 662-781-0760
BUS. TEL.: N/A

GRANTEE'S ADDRESS:
1390 Ivy Drive
Hernando, MS 38632
RES. TEL.: N/A
BUS. TEL.: 901-484-2375

NO TITLE WORK REQUESTED AND NO TITLE CERTIFICATE ISSUED BY PREPARER OF DEED NOR WAS ANY SUCH WORK OR CERTIFICATE REQUESTED.

Prepared by:
KENNETH E. STOCKTON
ATTORNEY AT LAW
5 WEST COMMERCE STREET
HERNANDO, MS 38632
662-429-3469

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE PRINT
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
SEE HANDBOOK

STATE FILE
NUMBER

1. DECEDENT'S NAME (First, Middle, Last)
Jim Ferguson McDaniel

2. SEX
Male

3. DATE OF DEATH (Month, Day, Year)
October 6, 2006

4. SOCIAL SECURITY NUMBER (If Deceased)
411-54-3881

5a. AGE LAST BIRTHDAY (Years)
73

5b. UNDER 1 YEAR
MOSE. DATE

5c. UNDER 1 DAY
HOURS. MIN.

6. DATE OF BIRTH (Month, Day, Year)
November 22, 1932

7. BIRTHPLACE (City and State or Foreign Country)
Tyler, TX

8. WAS DECEDENT EVER IN U.S. ARMED FORCES?
 Yes No

9a. PLACE OF DEATH (Check only one)
 HOSPITAL HOME DCA NURSING HOME OTHER

9b. FACILITY NAME (If not institution, give street and number)
Baptist Memorial Hospital-East

9c. CITY, TOWN OR LOCATION OF DEATH
Memphis

9d. COUNTY OF DEATH
Shelby

10. MARITAL STATUS (Never Married, Widowed, Divorced (Specify))
Married

11. SURVIVING SPOUSE (If wife, give maiden name)
Doris Coleman

12a. DECEDENT'S USUAL OCCUPATION (Give last of work done during most of working life. Do not use retired.)
Truck Driver

12b. KIND OF BUSINESS/INDUSTRY
Southwestern Transportation Co.

13a. RESIDENCE STATE
MS

13b. COUNTY
DeSoto

13c. CITY, TOWN OR LOCATION
Nesbit

13d. STREET AND NUMBER OR RURAL LOCATION
4786 Fogg Rd.

14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.)
 Yes No

15. RACE (American Indian, Black, White, etc. (Specify))
White

16. DECEDENT'S EDUCATION (Specify only highest grade completed)
11

17. FATHER'S NAME (First, Middle, Last)
Jim Charles McDaniel

18. MOTHER'S NAME (First, Middle, Maiden Surname)
Lizzie Nabors

19a. INFORMANT'S NAME (Type/Print)
Doris McDaniel

19b. RELATIONSHIP TO DECEASED
Spouse

19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
4786 Fogg Rd. Nesbit, MS 38651

20a. METHOD OF DISPOSITION
 Burial Cremation Removal from State Donation Other (Specify)

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)
Hinds Chapel Cemetery

20c. LOCATION (City or Town, State)
Lake Cormorant, MS

21a. SIGNATURE OF FUNERAL DIRECTOR
Brent Taylor

21b. LICENSE NUMBER OF FUNERAL DIRECTOR
FS631

21c. SIGNATURE OF EMBALMER
Brent Taylor

21d. LICENSE NUMBER OF EMBALMER
FS631

22a. NAME AND ADDRESS OF FUNERAL HOME
Hernando Funeral Home P.O. Box 810 Hernando, MS 38632

22b. LICENSE NUMBER OF FUNERAL HOME
FE 47

23. REGISTRAR'S SIGNATURE
Cassandra L. Brown

24. DATE FILED (Month, Day, Year)
OCT 24 2006

25a. PHYSICIAN: In the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.
 SIGNATURE AND TITLE OF PHYSICIAN
Lee Schwartzberg

25b. LICENSE NUMBER
MD1969

25c. DATE SIGNED (Month, Day, Year)
10/17/06

25d. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated.
 SIGNATURE AND TITLE OF MEDICAL EXAMINER

26. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)
Dr. Lee Schwartzberg 100 North Humphries Blvd. Memphis, TN 38120

27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.
IMMEDIATE CAUSE (Final disease or condition resulting in death) → **Metastatic Adenocarcinoma of Pancreas** **18 months**

28. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

29a. WAS AN AUTOPSY PERFORMED?
 Yes No

29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
 Yes No

30. MANNER OF DEATH
 Natural Accident Suicide Homicide Pending Investigation Could not be Determined

31a. DATE OF INJURY (Month, Day, Year)

31b. TIME OF INJURY
M 2

31c. INJURY AT WORK?
 Yes No

31d. DESCRIBE HOW INJURY OCCURRED

31e. PLACE OF INJURY (At home, farm, street, factory, office, building, etc. (Specify))

31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

NAME OF DECEDENT
to be given by Physician or Medical Examiner

PARENTS

INFORMANT

DISPOSITION

REGISTRAR

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.
Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Cassandra L. Brown
Cassandra L. Brown
Local Registrar
Shelby County

OCT 24 2006
Date Issued



CERTIFICATION OF VITAL RECORD