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Prepared by/Return to:
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Attorneys at Law
Post Office Box 266
Southaven, MS 38671-0266
662-349-6900
FILE #: 080469

Bunnie D. Wood, A Widowed Person

GRANTOR,

to:

WARRANTY DEED

Linda C. Morrow, A Single Woman

GRANTEE.

FOR AND IN CONSIDERATION of the sum of Ten and No/100 Dollars (\$10.00), cash in hand paid and other good and valuable consideration, the receipt of all which is hereby acknowledged, Grantor, Bunnie D. Wood, a widowed person, does hereby sell, convey and warrant unto Grantee, Linda C. Morrow, a single woman, all of my right, title and interest in the land lying and being situated in DeSoto County, Mississippi, being more particularly described as follows, to wit:

Lot 106, Phase III, Section A, Heritage Hills Subdivision, PUD, located in Section 26, Township 1 South, Range 8 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 48, Page 21-22, in the office of the Chancery Clerk of DeSoto County, Mississippi.

The warranty in this Deed is subject to rights-of-way and easements of record for public roads and public utilities, subdivision and zoning regulations in effect, prior reservations of oil and mineral rights, all applicable building restrictions and restrictive covenants of record in the office of the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation, James F. Wood departed this life on October 11, 2006 in Shelby County, Tennessee, as per the attached death certificate.

Taxes for the current year are to be paid by Grantee and possession is to be given with delivery of this Deed.

WITNESS the signature of the Grantor, this the 22nd day of September, 2008.

Bunnie D. Wood
Bunnie D. Wood

State of Mississippi
County of DeSoto

PERSONALLY appeared before me, the undersigned authority in and for the State and County aforesaid, the within named Bunnie D. Wood, who acknowledge that she executed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned as her free and voluntary act and deed and for the purposes therein expressed.

Given under my hand and official seal of office, this the 22nd day of September, 2008.



[Signature]
Notary Public

My commission expires _____

Grantor Address: 1981 Fork Cove Germantown TN 38138
Grantor Telephone Number: Home- 901.754.8640 Work- NONE
Grantee Address: 7831 Chesterfield Drive South Southaven, Mississippi 38671
Grantee Telephone Number: Home- 662.280.7446 Work- 901.634.6685

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last) JAMES F. WOOD				2. SEX MALE		3. DATE OF DEATH (Month, Day, Year) OCTOBER 11, 2006	
4. SOCIAL SECURITY NUMBER (of Decedent) 413-07-6148		5a. AGE LAST BIRTHDAY (years) 95		5b. UNDER 1 YEAR MO. DAYS HOURS AM.		6. DATE OF BIRTH (Month, Day, Year) NOV. 14, 1910	
7. BIRTHPLACE (City and State or Foreign Country) MCCOMB, MS		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No					
9a. FACILITY NAME (If not institution, give street and number) ST. FRANCIS HOSPITAL		9b. CITY, TOWN, OR LOCATION OF DEATH MEMPHIS		9c. COUNTY OF DEATH SHELBY			
10. MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify) MARRIED		11. SURVIVING SPOUSE (If wife, give maiden name) BUNNIE DURHAM		12a. DECEDENT'S USUAL OCCUPATION (Give title of work done during most of working life. Do not use retired.) SELF EMPLOYED		12b. KIND OF BUSINESS/INDUSTRY COMPUTER SERVICE	
13a. RESIDENCE STATE MISSISSIPPI		13b. COUNTY DESOTO		13c. CITY, TOWN, OR LOCATION SOUTHAVEN		13d. STREET AND NUMBER OR RURAL LOCATION 7831 CHESTERFIELD S.	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No; if yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15. RACE: American Indian, Black, White, etc. (Specify) WHITE		18. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 8			
17. FATHER'S NAME (First, Middle, Last) ALBERT FLETCHER WOOD				18. MOTHER'S NAME (First, Middle, Maiden Surname) JULIA BALES			
19a. INFORMANT'S NAME (Type/Print) BUNNIE WOOD				19b. RELATIONSHIP TO DECEASED SPOUSE		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7831 CHESTERFIELD S., SOUTHAVEN, MS 38671	
20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) FOREST HILL SOUTH CEMETERY		20c. LOCATION-City or Town, State MEMPHIS, TN			
21a. SIGNATURE OF FUNERAL DIRECTOR <i>John M. Parde</i>		21b. LICENSE NUMBER OF FUNERAL DIRECTOR 5670		21c. SIGNATURE OF EMBALMER <i>Bradley Shook</i>		21d. LICENSE NUMBER OF EMBALMER 5655	
22a. NAME AND ADDRESS OF FUNERAL HOME FOREST HILL SOUTH 2545 E. HOLMES RD., MEMPHIS, TN 38118		22b. LICENSE NUMBER OF FUNERAL HOME 920					
23. REGISTRAR'S SIGNATURE <i>Cassandra L. Brown</i>				24. DATE FILED (Month, Day, Year) OCT 20 2006			
25a. PHYSICIAN: To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.							
1 <input type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <i>Dr. Mohammed Khan</i>		25b. LICENSE NUMBER NO020101		25c. DATE SIGNED (Month, Day, Year) 10/19/06			
2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER		26a. LICENSE NUMBER		26c. DATE SIGNED (Month, Day, Year)			
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) DR. MOHAMMED KHAN, 3960 KNIGHT-ARNOLD, SUITE 110, MEMPHIS, TN 38118							
28. 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)		a. <i>Coronary Heart Failure</i>				Approximate Interval Between Onset and Death	
		b. <i>Atrial Flutter</i>					
		c. _____					
		d. _____					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.							
29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No					
30. MANNER OF DEATH 1 <input type="checkbox"/> Natural 2 <input type="checkbox"/> Accident 3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide 5 <input type="checkbox"/> Pending investigation 6 <input type="checkbox"/> Could not be determined		31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY M 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
		31d. PLACE OF INJURY (At home, farm, street, factory, office, building, etc. (Specify))		31e. DESCRIBE HOW INJURY OCCURRED			
		31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					

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 and 68-3-102 Records Act of 1977.

Sharon M. Leinbach
Sharon M. Leinbach
STATE REGISTRAR

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

OCT 20 2006

Date Issued

CERTIFICATION OF VITAL RECORD

