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BK 600 PG 462
DESOTO COUNTY, MS
W.E. DAVIS, CH CLERK

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Prepared by and return to:
Sparkman-Zummach, P.C.
Attorneys at Law
Post Office Box 266
Southaven, MS 38671-0266
662 349-6900
FILE #: 080595

LINDA B. BRITT, a widowed person,

GRANTOR

to:

QUITCLAIM DEED
WITH RESERVATION OF LIFE ESTATE
NO TITLE WORK REQUESTED OF NOR PERFORMED
BY PREPARER OF THIS INSTRUMENT

LINDA B. BRITT, ET AL,

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, Linda B. Britt, a widowed person, does hereby convey, transfer, remise, release, relinquish and quitclaim unto Grantee, Linda B. Britt for her natural life with the remainder to Miranda Brewer Armstong, all of Grantor's right, title and interest in and to real property lying and being situated in DeSoto County, Mississippi, being more particularly described as follows, to wit:

Lot 75, Section E, PLEASANT ACRES SUBDIVISION, in Section 22, Township 2 South, Range 7 West, DeSoto County, Mississippi as per plat thereof recorded in Plat Book 31, Page(s) 21-22 in the office of the Chancery Clerk of DeSoto County, Mississippi.

The above described property is improved property.

Source of Grantor's equitable interest is a Quitclaim Deed recorded in Book 329, Page 3 in the office of the Chancery Court Clerk of DeSoto County, Mississippi.

Billie E. Britt departed this life on October 8, 2008 as evidenced by the attached death certificate while lawfully married to Grantor herein.

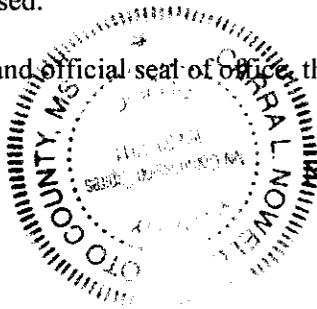
IN WITNESS WHEREOF, Grantor has caused this instrument to be executed on the 17 day of December, 2008.

Linda B. Britt
Linda B. Britt

State of Mississippi
County of DeSoto

PERSONALLY appeared before me, the undersigned authority in and for the State and County aforesaid, the within named Linda B. Britt, who acknowledge that she executed and delivered the above and foregoing Quitclaim 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 17 day of December, 2008.



Carra L. Nowell
Notary Public

My commission expires:

Grantor Address: 3265 Windermere Drive, Nesbit, MS 38651

Grantor Telephone Number: Home- 901-262-8466 Work- 662-449-0670

Grantee Address: 3265 Windermere Drive, Nesbit, MS 38651

Grantee Telephone Number: Home- Same Work- Same

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

BK 600 PG 463

CERTIFICATE OF DEATH

STATE FILE NUMBER 12308-021366

TYPE OR PRINT WITH BLACK INK

FILING DATE

OCT 17 2008

DECEASED

1. NAME: **BILLIE EARL BRITT** 2. SEX: **MALE** 3a. HOUR OF DEATH: **00:19A m.** 3b. DATE OF DEATH (Month, Day, Year): **OCTOBER 08, 2008**

4. RACE (Specify White, Black, American Indian, etc.): **White** 5a. AGE AT LAST BIRTHDAY: **70** 5b. MOS: **70** 5c. DAYS: **70** 5d. HOURS: **70** 5e. MINS: **70** 6. DATE OF BIRTH (Month, Day, Year): **August 15, 1938** 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 HOSPITAL-DESOTO 17B** 7d. IF IN HOSP. OR INST. SPECIFY INPT, OUTPT, EMER. RM. OR OCA: **INPT** 8. STATE OF BIRTH: **MS**

9. DECEDENT'S EDUCATION (Specify only highest grade completed): **Elem/High School, College (0-12) 12 (1-4, 5+)** 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): **Married** 11. SURVIVING SPOUSE (If wife, give maiden name): **Linda Bragg** 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: **428-66-8958** 15a. USUAL OCCUPATION (Kind of work done (most of working life)): **Truck Driver** 15b. KIND OF BUSINESS OR INDUSTRY: **Trucking**

16a. RESIDENCE-STATE: **MS** 16b. COUNTY: **Desoto** 16c. CITY OR TOWN: **Nesbit** 16d. INSIDE CITY LIMITS (Specify Yes or No): **No** 16e. STREET AND NUMBER OR RURAL LOCATION: **3265 Windermere Drive**

17. FATHER-NAME: **Evans NMN Britt** 18. MOTHER-NAME: **Gradye Opal Henson**

19a. INFORMANT-NAME (Type or print): **Linda Britt** 19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code): **3265 Windermere Drive Nesbit, MS 38651**

20a. BURIAL, CREMATION, REMOVAL (Specify): **Burial** 20b. CEMETERY, CREMATORY-NAME: **Oakwood Cemetery** 20c. LOCATION (City and State): **Winona, MS** 21a. EMBANNER-SIGNATURE AND NUMBER: **[Signature]** 21b. FUNERAL HOME-NAME AND MISSISSIPPI I.D. NUMBER: **Oliver Funeral Home of Winona, Inc. 490** 21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code): **P. O. Box 95 Winona, MS 38967**

22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print): **JACINTO HERNANDEZ, MD** 22b. PRONOUNCED DEAD (Month, Day, Year): **ON OCTOBER 08, 2008** 22c. PRONOUNCED DEAD (Hour): **AT 09:19A m**

23a. CERTIFIER-NAME (Type or print): **JEFFERY POUNDERS, CMEI** 23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code): **4942 POUNDERS RD, NESBIT, MS 38651**

24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE: **[Signature]** MD 24b. DATE SIGNED (Month, Day, Year): **[Date]** 24c. STATE LICENSE NUMBER: **[Number]** 24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print): **[Name]** 24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE: **[Signature]** 24f. TITLE: **DESOTO COUNTY CMEI** 24g. DATE SIGNED (Month, Day, Year): **OCTOBER 09, 2008**

25. PART I: DEATH CAUSED BY: (a) **RENAL FAILURE** (b) **HYPERTENSION** (c) **ASCD**

26. PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in PART I: **[None]** 27. AUTOPSY (Yes or No): **NO** 28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No): **YES**

29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify): **[None]** 29b. DATE OF INJURY (Month, Day, Year): **[None]** 29c. HOUR OF INJURY (Month, Day, Year): **[None]** 29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED: **[None]** 29e. INJURY AT WORK (Yes or No): **[None]** 29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.): **[None]** 29g. LOCATION: **[None]**

Had Decedent been Pregnant Within 90 Days Prior to Death?
 Yes No

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

OCT 21 2008

Judy Moulder
Judy Moulder
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.

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE