



Prepared by and Return to:
Hugh H. Armistead, Attorney
6515 Goodman Road, Suite 3
Olive Branch, MS 38654
662-895-4844

JOE K. STEWART,

GRANTOR,

TO

**QUITCLAIM DEED
WITH RESERVATION OF LIFE ESTATE**

MARY ROSE HENDRIX,

GRANTEE

FOR AND IN CONSIDERATION of the sum of One Dollar (\$1.00), cash in hand paid, and other good and valuable considerations, the receipt of all of which is hereby acknowledged, I, **JOE K. STEWART**, do hereby grant, bargain, sell, quitclaim and convey unto **MARY ROSE HENDRIX**, the land lying and being situated in the City of Olive Branch, DeSoto County, Mississippi, described as follows, to-wit:

Lot 4, Ridgeview Subdivision, situated in Section 26, Township 1 South, Range 7 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 12, at Pages 41-44, in the Office of the Chancery Clerk of DeSoto County, Mississippi, and being the same property conveyed to Joe K. Stewart and wife, Mary F. Stewart in Warranty Deed dated January 1, 1980, and recorded in Deed Book No. 146, at Page 3, in the Office of the Chancery Clerk of DeSoto County, Mississippi.

The Grantor hereby reserves a life estate in the above-described property.

By way of explanation, Grantor is the surviving spouse of Mary F. Jolly, who departed this life on October 30, 2008, a copy of her death certificate being attached hereto as evidence thereof.

Taxes for the year 2009 are to be paid by the Grantor, and possession is to take place upon delivery of this deed.

WITNESS MY SIGNATURE, this the 9th day of February, 2009.

Joe K. Stewart

JOE K. STEWART

STATE OF MISSISSIPPI
COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and for the said county and state, on this 9th day of February, 2009, within my jurisdiction, the within named **JOE K. STEWART**, who acknowledged that he executed the above and foregoing instrument.

Edw. A. Rogers

NOTARY PUBLIC

My Commission Expires: 9/26/11

Grantor/Grantee: 4130 Douglas Drive, Olive Branch, MS 38654
Home No. (662) 895-3860; Business No. Same



STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

8K 603 P6 799

08-023648

CERTIFICATE OF DEATH

TYPE OR PRINT WITH BLACK INK		FILING DATE NOV 18 2008		STATE FILE NUMBER 123-	
DECEASED		1. NAME First Middle Last Mary Frances Stewart		2. SEX Female	
		3a. HOUR OF DEATH 2:45 am		3b. DATE OF DEATH (Month, Day, Year) October 30, 2008	
4. RACE (Specify White, Black, American Indian, etc.) White		5a. AGE AT LAST BIRTHDAY 78 Years		6. DATE OF BIRTH (Month, Day, Year) July 9, 1930	
7b. CITY OR TOWN OF DEATH Olive Branch		7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) 4130 Douglas		7d. IF IN HOSP. OR INST. SPECIFY OUTPT., EMER. RM. OR DOA N/A	
8. STATE OF BIRTH Mississippi		9. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/High School College (0-12) (1-4, 5+) 2		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
11. SURVIVING SPOUSE (If wife, give maiden name) Joe Stewart		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 425-48-5457		15a. USUAL OCCUPATION (Kind of work done most of working life) House wife	
15b. KIND OF BUSINESS OR INDUSTRY Own Home		16a. RESIDENCE—STATE Mississippi		16b. COUNTY DeSoto	
16c. CITY OR TOWN Olive Branch		16d. INSIDE CITY LIMITS (Specify Yes or No) Yes		16e. STREET AND NUMBER OR RURAL LOCATION 4130 Douglas	
PARENTS		17. FATHER—NAME First Middle Last Joe Lawrence Jolly		18. MOTHER—NAME First Middle Maiden Estelle Freeman	
INFORMANT		19a. INFORMANT—NAME (Type or print) Joe Kelley Stewart		19b. MAILING ADDRESS (Street and number of route and box number, City or town, State, ZIP code) 4130 Douglas, Olive Branch, MS 38654	
DISPOSITION		20a. BURIAL, CREMATION, REMOVAL (Specify) Burial		20b. CEMETERY, CREMATORY—NAME Forest Hill Midtown Memphis, TN	
		20c. LOCATION (City and State) Memphis, TN		21a. EMBALMER—SIGNATURE AND NUMBER Embalmed in TN	
		21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER Forest Hill Midtown		21c. MAILING ADDRESS (Street and number of route and box number, City or town, State, ZIP code) 1661 So. Elvis Presley, Memphis, TN 38106	
PRONOUNCEMENT		22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) Bill Baldwin DCMEI		22b. PRONOUNCED DEAD (Month, Day, Year) Oct. 30, 2008	
				22c. PRONOUNCED DEAD (Hour):00 am m. AT 00 am	
CERTIFIER		23a. CERTIFIER—NAME (Type or print) Jeffery Pounders		23b. MAILING ADDRESS (Street and number of route and box number, City or town, State, ZIP code) 4942 Pounders Rd, Nesbit, MS 38651	
Mississippi State Board of Health Form No. 511 Revised 1-1-89		24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE Jeffery Pounders		24b. DATE SIGNED (Month, Day, Year) November 4, 2008	
		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. SIGNATURE Jeffery Pounders		24f. TITLE DeSoto County Coroner	
		24g. DATE SIGNED (Month, Day, Year) November 4, 2008			
CAUSE OF DEATH		25. PART I: IMMEDIATE CAUSE (Enter one cause only): CAUSED BY: (a) Cancer of pancreas		Interval between onset and death	
		(b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		Interval between onset and death	
		(c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		Interval between onset and death	
Conditions, if any, which gave rise to immediate cause stating the underlying cause last					
Had Decedent been Pregnant Within 90 Days Prior to Death? <input type="checkbox"/> Yes <input type="checkbox"/> No		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 if death NOT due to natural causes		29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)		29b. DATE OF INJURY (Month, Day, Year)	
		29c. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)		29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED	
		29e. INJURY AT WORK (Yes or No)		29f. 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

NOV 20 2008

Judy Moulder
STATE REGISTRAR

WARNING:

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