
SURVIVORSHIP AFFIDAVIT

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First American Title Insurance Co.
Lenders Advantage
1,100 Superior Avenue, Suite 200
Cleveland, Ohio 44114
Attn: NR1120

SURVIVORSHIP AFFIDAVIT

#44257102

I, Gary D. Wheat, hereby depose and say that Tiffany L. Wheat and I are grantees in the Deed recorded 09/04/1997 in Book 321, Page 418. We held title as husband and wife as tenants by the entirety with full rights of survivorship.

The address of the real estate is commonly known as 251 Colonial Drive, Hernando, Mississippi 38611.

We were legally husband and wife at the time of the execution and delivery of said instrument and we continued to be legally married to each other until the date of death of Tiffany L. Wheat on 3/28/2006. All debts, estate and inheritance taxes, funeral expenses and expenses of the last illness of Tiffany L. Wheat have been fully paid and are satisfied.

Title to the real estate described in the Deed recorded 09/04/1997 in Book 321, Page 418 now vests solely in me, Gary D. Wheat, as surviving spouse.

As further proof I have attached to this affidavit a copy of the death certificate for Tiffany L. Wheat.

Gary D. Wheat ^{GDW} 24
Gary D. Wheat Date: 3-23-09

State of TENNESSEE
County of Meigs

On this 24th day of March, 2009 in said County, before me, the undersigned, a Notary Public in and for said state, personally appeared the above named driver's license known to me, or proved to me on the basis of satisfactory evidence which were to be the individual whose name is subscribed to the within instrument and acknowledged before me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the persons upon behalf of which the individual acted, executed the instrument voluntarily for its stated purpose.

Notary Public [Signature]
My Commission Expires: June 20, 2012
James Robert Amos Jr



My Commission Expires
June 20, 2012

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH DK W BK 608 PG 240
VITAL RECORDS

TYPE OR PRINT WITH BLACK INK

FILING DATE **APR 18 2006**

CERTIFICATE OF DEATH

STATE OF MISSISSIPPI

STATE FILE NUMBER **123-06-007422**

DECEASED		1. NAME First: TIFFANY Middle: L. Last: WHEAT		2. SEX FEMALE		3a. HOUR OF DEATH 09:59 AM		3b. DATE OF DEATH (Month, Day, Year) MARCH 28, 2006	
4. RACE (Specify White, Black, American Indian, etc.) White		5a. AGE AT LAST BIRTHDAY 42 Years		5b. MOS 5c. DAYS 5d. HOURS 5e. MINS		6. DATE OF BIRTH (Month, Day, Year) August 17, 1963		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 OOA INPT		8. STATE OF BIRTH MS	
8. DECEDENT'S EDUCATION (Specify high, highest grade completed) Elementary School		9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Gary Wheat		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 426-33-6462		15a. USUAL OCCUPATION (Kind of work done, most of working life) Homemaker		15b. KIND OF BUSINESS OR INDUSTRY Home			
16a. RESIDENCE--STATE MS		16b. COUNTY DeSoto		16c. CITY OR TOWN Hernando		16d. INSIDE CITY LIMITS (Specify Yes or No) No		16e. STREET AND NUMBER OR RURAL LOCATION 251 Colonial Drive	
PARENTS		17. FATHER--NAME First: Billy Middle: Ray Last: Price			18. MOTHER--NAME First: Linda Middle: Worth Maiden: Blakney				
INFORMANT		19a. INFORMANT--NAME (Type or print) Gary Wheat			19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 251 Colonial Drive Hernando, MS 38632				
DISPOSITION		20a. BURIAL, CREMATION, REMOVAL (Specify) Burial		20b. CEMETERY, CREMATORY--NAME Oak Grove Cemetery		20c. LOCATION (City and State) Hernando, MS		21a. EMBALMER--SIGNATURE AND NUMBER Brent Taylor FS531	
21b. FUNERAL HOME--NAME AND MISSISSIPPI ID 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							
PRONOUNCEMENT		22a. PERSON WHO PRONOUNCED DEATH--NAME AND TITLE (Type or print) WILLIAM RICHARDS, MD				22b. PRONOUNCED DEAD (Month, Day, Year) ON MARCH 28, 2006		22c. PRONOUNCED DEAD (Hour) AT 09:59 AM	
CERTIFIER		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: <i>[Signature]</i> MD		24b. DATE SIGNED (Month, Day, Year)		24c. STATE LICENSE NUMBER		24d. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner stated. SIGNATURE: <i>[Signature]</i>			
24e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		24f. DATE SIGNED (Month, Day, Year)		24g. TITLE DESOTO COUNTY CMEI					
USE OF DEATH		25. PART I. IMMEDIATE CAUSE (Enter one cause only): CAUSED BY: (a) CEREBROVASCULAR ACCIDENT DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (b) ASCD DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (c)		Interval between onset and death		Interval between onset and death		Interval between onset and death	
26. PART II. OTHER SIGNIFICANT CONDITIONS--Conditions contributing to death but not resulting in the underlying cause given in PART I. OVARIAN CANCER WITH METASTASIS		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)		29b. DATE OF INJURY (Month, Day, Year)		29c. HOUR OF INJURY		29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED			
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

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

Judy Moulder

Judy Moulder
STATE REGISTRAR

APR 18 2006

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.



10902461
251 Colonial Drive
Hernando, Mississippi 38632
Gary D Wheat

EXHIBIT A

The following described real estate in DeSoto County, Mississippi and more particularly described as follows, to-wit:

Lot 12, Colonial Estates Subdivision, in Section 25, Township 3 South, Range 8 West, DeSoto County, Mississippi, as shown by plat of record in Plat Book 4, Pages 22, in the Office of the Chancery Clerk of DeSoto County, Mississippi.

Gary D. Wheat and Tiffany L. Wheat having taking title as tenants by the entirety with full rights of survivorship by deed recorded September 4, 1997 in Book 321 at Page 418. Gary D. Wheat and Tiffany L. Wheat were continuously married to each other. That Tiffany L. Wheat died on March 28, 2006. Title now vests solely in Gary D. Wheat as survivor.

G D W