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12/21/09 3:10:40  
OK W BK 623 PG 758  
DESOTO COUNTY, MS  
W.E. DAVIS, CH CLERK

<b>Prepared by and Return to:</b>	<b>Grantors Address:</b>	<b>Grantees Address:</b>
Austin Law Firm, P.A. 6928Cobblestone Drive Suite 100 Southaven, MS 38672 662-890-7575 MS Bar #3412	4655 Alden Lake Dr. E.	4655 Alden Lake Dr. E.
File No: S11-09- <del>0654</del> 0654	Nesbit, MS 38651	Nesbit, MS 38651
	Home: 662 3937867	Home: 662 3937867
	Work: 901-387-8265	Work: 901-387-8265

**QUITCLAIM DEED**

VETRA M. BARRERE,  
GRANTOR

TO

VETRA M. BARRERE AND ROCHELLE M. CRAWFORD,  
GRANTEES

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00) cash in hand paid, and other good and valuable considerations, the receipt of all of which is hereby acknowledged, Vetra M. Barrere, do hereby sell, convey, and quitclaim unto Vetra M. Barrere and Rochelle M. Crawford, as joint tenants with full rights of survivorship and not as tenants in common, the land lying and being situated in DeSoto County, Mississippi, described as follows, to-wit:

Lot 78, Section "B", Alden Station, located in Section 11, Township 2 South, Range 8 West, DeSoto County, Mississippi as per Plat recorded in plat Book 53 page 38 in the office of the Chancery Clerk of DeSoto County, Mississippi.

Possession is given with this deed.

By way of explanation John E. Barrere departed this life on March 31, 2009 leaving as his heir the Grantor herein.

WITNESS my signature(s), this the 15<sup>th</sup> day of December, 2009.

Vetra M Barrere  
Vetra M. Barrere

STATE OF MISSISSIPPI:  
COUNTY OF DESOTO:

PERSONALLY APPEARED before me, the undersigned authority at law, in and for the State and County aforesaid, the within named VETRA M. BARRERE, who acknowledged that she signed and delivered the above and foregoing Deed on the day and year therein mentioned, as her free act and deed, and for the purposed therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the 15<sup>th</sup> day of December, 2009.

Martha C. Huggins  
Notary Public

My commission expires:



# STATE OF MISSISSIPPI

## MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

DK W BK 623 PG 760

TYPE OR PRINT WITH BLACK INK		FILING DATE		CERTIFICATE OF DEATH		STATE FILE NUMBER			
		APR 06 2007		STATE OF MISSISSIPPI		123-07-0066741			
<b>DECEASED</b>		1. NAME First Middle Last <b>John E. Barrere</b>		2. SEX <b>Male</b>		3a. HOUR OF DEATH <b>10:30 PM</b>			
		3b. DATE OF DEATH (Month, Day, Year) <b>March 31, 2007</b>		4. RACE (Specify White, Black, American Indian, etc.) <b>White</b>		5a. AGE AT LAST BIRTHDAY <b>90</b> Years			
		5b. MOS <b>90</b>		5c. DAYS <b>90</b>		5d. HOURS <b>90</b>			
		5e. MINS <b>90</b>		6. DATE OF BIRTH (Month, Day, Year) <b>Nov. 25, 1916</b>		7a. COUNTY OF DEATH <b>Desoto</b>			
If death occurred in an institution, see HANDBOOK, regarding completion of RESIDENCE items		7b. CITY OR TOWN OF DEATH <b>Horn Lake, Ms.</b>		7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) <b>4655 Alben Lake Dr. (Resident)</b>		7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM OR DOA <b>Resident</b>			
		8. STATE OF BIRTH <b>Tenn.</b>		9. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/High School, College <b>12</b>		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>			
For RESIDENCE items, enter actual location of home rather than mailing address		11. SURVIVING SPOUSE (maiden name) <b>Lucene Lee</b>		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) <b>No</b>		13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) <b>Supervisor</b>			
		14. SOCIAL SECURITY NUMBER <b>411-09-4032</b>		15a. USUAL OCCUPATION (Kind of work done most of working life) <b>Hunt &amp; Wesson Co.</b>		15b. KIND OF BUSINESS OR INDUSTRY <b>Food Supp. Co.</b>			
		16a. RESIDENCE—STATE <b>Miss.</b>		16b. COUNTY <b>Desoto</b>		16c. CITY OR TOWN <b>Horn Lake,</b>			
		16d. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16e. STREET AND NUMBER OR RURAL LOCATION <b>4655 Alben Lake Dr</b>					
<b>PARENTS</b>		17. FATHER—NAME First Middle Last <b>Joseph J. Barrere</b>		18. MOTHER—NAME First Middle Maiden <b>Eva Belle Montgomery</b>					
<b>INFORMANT</b>		19a. INFORMANT—NAME (Type or print) <b>Rochelle Crawford</b>		19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>4655 Alben Lake Dr Horn Lake, Miss. 38637</b>					
<b>DISPOSITION</b>		20a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		20b. CEMETERY, CREMATORY—NAME <b>New Bethlehem Cem. Horn Lake, Ms.</b>		20c. LOCATION (City and State) <b>Horn Lake, Ms.</b>			
		20d. EMBALMER—SIGNATURE AND NUMBER <b>Regina Peebles FS 0789</b>		21a. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER <b>Brantley-Phillips 17B</b>		21b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>2470 Hwy. 51 South Hernando, Miss. 38632</b>			
<b>PRONOUNCEMENT</b>		22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) <b>Terri Smithwick RN</b>		22b. PRONOUNCED DEAD (Month, Day, Year) <b>ON 3-31-2007</b>		22c. PRONOUNCED DEAD (Hour) AT <b>11:00 PM</b>			
<b>CERTIFIER</b>		23a. CERTIFIER—NAME (Type or print) <b>Jeffery Pounders</b>		23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>4942 Pounders Rd. Nesbit, Miss. 38651</b>					
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 <b>Jeffery Pounders</b> MD		24e. On the basis of examination and/or investigation, my opinion of death occurred due to the cause(s) and manner as stated. SIGNATURE <b>Jeffery Pounders</b>		24f. TITLE <b>Desoto County CMEI</b>			
		24b. DATE SIGNED (Month, Day, Year)		24c. STATE LICENSE NUMBER		24g. DATE SIGNED (Month, Day, Year) <b>April 2, 2007</b>			
		24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)							
<b>CAUSE OF DEATH</b>		25. PART I: IMMEDIATE CAUSE (Enter one cause only): (a) <b>Leukemia</b>		Interval between onset and death					
Conditions, if any, which gave rise to immediate cause stating the underlying cause last		(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					
		(d) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		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		27. AUTOPSY (Yes or No) <b>No</b>		28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) <b>Yes</b>			
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. 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 -9 2007

**WARNING:**

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