

Prepared by and return to:
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FILE #: 100328

Grantor Address: 8532 Lakeshore Drive, Southaven, MS 38671
Grantor Telephone Number: Home- 662-342-0591 Work- 901-825-7822
Grantee Address: 8532 Lakeshore Drive, Southaven, MS 38671
Grantee Telephone Number: 8532 Lakeshore Drive, Southaven, MS 38671

MARY JO WRIGHT, A WIDOWED PERSON,

GRANTOR

to:

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

MARY JO WRIGHT, 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, MARY JO WRIGHT, a widowed person, does hereby convey, transfer, remise, release, relinquish and quitclaim unto Grantee, MARY JO WRIGHT for her natural life with the remainder to REUBEN C. WRIGHT, JR, SHEILA D. WRIGHT HALEY, KAREN M. WRIGHT ROGERS, and SHARON M. WRIGHT GREEN as joint tenants with full right of survivorship and not as tenants in common, 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:

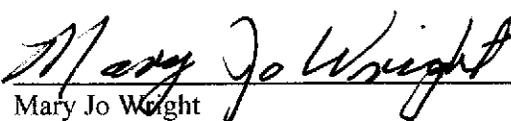
INDEXING INSTRUCTIONS:

Lot 1178, Section "F", Greenbrook Subdivision, in Section 19, Township 1 South, Range 7 West, DeSoto County, Mississippi as per plat thereof recorded in Plat Book 9, Page(s) 46 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 Warranty Deed recorded in Book 112, Page 343 in the office of the Chancery Court Clerk of DeSoto County, Mississippi. By way of explanation, Grantor's husband and joint owner of record, Reuben C. Wright, departed this life on March 20, 1997 as evidenced by the attached death certificate and Grantor executes this instrument as the sole surviving owner of said property.

IN WITNESS WHEREOF, Grantor has caused this instrument to be executed on the 10 day of August, 2010.



Mary Jo Wright

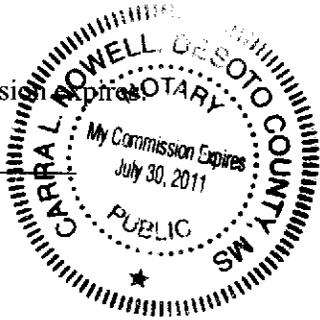
State of Mississippi
County of DeSoto

PERSONALLY appeared before me, the undersigned authority in and for the State and County aforesaid, the within named Mary Jo Wright, 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 10th day of August, 2010.

Carra L. Nowell
Notary Public

My commission expires



TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

DK W BK 640 PG 601

STATE FILE NUMBER

PE/PRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
HANDBOOK

For use by physician or institution

DECEASED

PARENTS

INFORMANT

DISPOSITION

REGISTRAR

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER COMPLETE AND MEDICAL CERTIFICATE WITHIN 48 HOURS

INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

AG

1. DECEDENT'S NAME (First, Middle, Last) Reuben Clayton Wright, Sr.				2. SEX Male		3. DATE OF DEATH (Month, Day, Year) March 20, 1997				
4. SOCIAL SECURITY NUMBER -7512		5a. AGE - LAST BIRTHDAY (Years) 64	5b. UNDER 1 YEAR MOS. DAYS	5c. UNDER 1 DAY HOURS MIN.	6. DATE OF BIRTH (Month, Day, Year) Aug. 16, 1932		7. BIRTHPLACE (City and State or Foreign Country) Vienna, GA			
8. ARMED FORCES? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) HOSPITAL: 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA OTHER: 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)								
9b. FACILITY NAME (If not institution, give street and number) St. Francis Hospital			9c. CITY, TOWN, OR LOCATION OF DEATH Memphis			9d. COUNTY OF DEATH Shelby				
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Mary Jo Carter		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Supervisor		12b. KIND OF BUSINESS/INDUSTRY Defense Industrial Plant Equipment Center				
13a. RESIDENCE - STATE Mississippi		13b. COUNTY Desoto		13c. CITY, TOWN OR LOCATION Southaven		13d. STREET AND NUMBER OR RURAL LOCATION 8532 Lakeshore Drive				
13e. INSIDE CITY LIMITS? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		13f. ZIP CODE 38671		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		15. RACE - American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12th College (1-4 or 5+)		
17. FATHER'S NAME (First, Middle, Last) Lamuel Clayton Wright				18. MOTHER'S NAME (First, Middle, Maiden Surname) Lena Inene West						
19a. INFORMANT'S NAME (Type/Print) Mary Jo Wright			19b. RELATIONSHIP TO DECEASED Wife		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8532 Lakeshore Drive 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) Twin Oaks Memorial Gardens			20c. LOCATION - City or Town, State Southaven, MS				
21a. SIGNATURE OF FUNERAL DIRECTOR <i>Regina K. Rollins</i>			21b. LICENSE NUMBER OF FUNERAL DIRECTOR FS-789		21c. SIGNATURE OF EMBALMER <i>Regina K. Rollins</i>		21d. LICENSE NUMBER OF EMBALMER FS-789			
22a. NAME AND ADDRESS OF FUNERAL HOME Twin Oaks Funeral Home 290 Goodman Rd E Southaven, MS 38671						22b. LICENSE NUMBER OF FUNERAL HOME 429				
23. REGISTRAR'S SIGNATURE <i>Mary Ann Beardsley</i> Deputy					24. DATE FILED (Month, Day, Year) APR 24 1997					
25a. PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.										
1 <input type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <i>Barry Boston</i> MD					25b. LICENSE NUMBER 10091		25c. DATE SIGNED (Month, Day, Year) 4/21/97			
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated.										
2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER					26b. LICENSE NUMBER		26c. DATE SIGNED (Month, Day, Year)			
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) Barry Boston, MD 6005 Park Avenue Memphis, TN 38111										
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. poorly differentiated large cell carcinoma of lung,					Approximate Interval Between Onset and Death			
		b. metastatic								
		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 5 <input type="checkbox"/> Pending Investigation 2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be Determined 3 <input type="checkbox"/> Suicide 6 <input type="checkbox"/> Could not be Determined 4 <input type="checkbox"/> Homicide		31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY M	31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		31d. DESCRIBE HOW INJURY OCCURRED			
31e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)					31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					

BIRTH NO. _____



MEMPHIS & SHELBY COUNTY HEALTH DEPARTMENT-814 JEFFERSON AVE., MEMPHIS, TENNESSEE
THIS IS TO CERTIFY that this is a true and correct copy of the record filed with
the Tennessee Vital Records by the Memphis & Shelby County Health Department.

Date Issued

APR 24 1997

by Glenn D. Fouse
Glenn D. Fouse, Registrar
Vital Records Section