

Prepared by and return to:
David F. Delgado, Attorney
DELGADO LAW FIRM, PLLC
5779 Getwell Road, Bldg. D, Suite 5
Southaven, MS 38672
662-536-2120
MS Bar No. 99983
10-09-0152

Address of Grantors:
Timothy Mask 5442 Meadow Pointe Dr., Southaven, MS 38672
Home Phone: 662-893-2336 Business Phone: n/a

Anthony Mask 1196 Tara Drive, Hernando, MS 38632
Home Phone: 901-246-0933 Business Phone n/a

Katherine Williams 190 Elkwood Lane, Hernando, MS 38632
Home Phone: 901-461-2777 Business Phone n/a

Address of Grantees: 8313 Malone Rd., Southaven, MS 38671
Home Phone: 901-334-6094 Business Phone n/a

Indexing Instructions: Lot 5, Part 1, Summerwood Subdivision, located in Section 22, Township 1 South, Range 7 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 15, Pages 45-46, in the Chancery Clerk's Office of DeSoto County, Mississippi.

WARRANTY DEED

**TIMOTHY MASK,
ANTHONY MASK, AND
KATHERINE WILLIAMS,**

GRANTORS

TO

**JEFFREY D. SMITH and wife,
APRIL E. SMITH**

GRANTEES

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00), cash in hand paid by the Grantees to the Grantors, and other good and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged, **TIMOTHY MASK, ANTHONY MASK AND KATHERINE WILLIAMS**, do hereby grant, bargain, sell, convey and warrant unto

JEFFREY D. SMITH and wife, APRIL E. SMITH, as tenants by the entirety with full right of survivorship and not as tenants in common the land lying and being situated in DeSoto County, Mississippi, more particularly described as follows, to-wit:

Lot 5, Part 1, Summerwood Subdivision, located in Section 22, Township 1 South, Range 7 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 15, Pages 45-46, in the Chancery Clerk's Office of DeSoto County, Mississippi, together with the improvements, hereditaments and appurtenances thereunto belonging.

Grantors hereby certify that is property is not part of their homestead. **TO HAVE AND TO HOLD** unto the Grantees, their heirs and assigns, in fee simple forever, and free from all liens and encumbrances except for the following: subdivision and zoning regulations in effect in DeSoto County, Mississippi, to rights of way and easements for public roads and public utilities, and to the restrictive covenants of record for said subdivision. Taxes for the year of 2010 will be paid by the Grantee when due. Possession is to be given upon delivery of the deed.

WITNESS our signatures this the 15th day of October, 2010.

Timothy Mask

TIMOTHY MASK

Anthony Mask

ANTHONY MASK

Katherine Williams

KATHERINE WILLIAMS

**STATE OF MISSISSIPPI
COUNTY OF DESOTO**

Personally appeared before me, the undersigned authority in and for said State and County, on this the 15th day of October, 2010, within my jurisdiction the within named Timothy Mask, Anthony Mask and Katherine Williams, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) who acknowledge that they executed the above and foregoing instrument.

Rita E. Montgomery

Notary Public

My Commission Expires: 7-28-13



By way of explanation, title to the above mentioned property was conveyed by virtue of a Quit Claim Deed executed by Evie Jean Mask and recorded at Book 614, Page 605, in the Chancery Clerk's Office of DeSoto County, Mississippi. Prior title was held by Evie Jean Mask and husband, Mike N. Mask by virtue of a Warranty Deed executed by Bill G. Rone and wife, Anna V. Rone recorded in Book 251, Page 28, in the Chancery Clerk's Office of DeSoto County, Mississippi. The said Mike N. Mask having died on or about August 8, 2003, leaving as the survivor of a tenancy by the entirety, his wife, Evie Jean Mask to who all title was then vest. A copy of Mike N. Mask's death certificate is below for reference.

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

TYPE OR PRINT WITH BLACK INK	FILING DATE AUG 27 2003	CERTIFICATE OF DEATH STATE OF MISSISSIPPI	STATE FILE NUMBER 123-002-00277065
DECEASED			
1. NAME (First Middle Last) Mike N. Mask		2. SEX Male	
3a. HOUR OF DEATH 2:00A m		3b. DATE OF DEATH (Month, Day, Year) August 8, 2003	
4. RACE (Specify White, Black, American Indian, etc.) White		5a. AGE AT LAST BIRTHDAY 68	
5b. MOS 68		5c. DAYS 2	
6. DATE OF BIRTH (Month, Day, Year) Jan. 31, 1935		7a. COUNTY OF DEATH DeSoto	
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) 8313 Malone Rd., Olive Branch, Ms.	
7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA		7e. STATE OF BIRTH MS.	
8. DECEASENT'S EDUCATION (Specify only highest grade completed) Elem/High School College		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
11. SURVIVING SPOUSE (If wife, give maiden name) Evie Russell		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) Yes	
13. ORIGIN OR DESCENT (Specify Citizen, Afro-American, Mexican, etc.) American		14. SOCIAL SECURITY NUMBER 2	
15a. USUAL OCCUPATION (Kind of work done most of working life) Captain		15b. KIND OF BUSINESS OR INDUSTRY Sheriff's Dept.	
16a. RESIDENCE—STATE MS.		16b. COUNTY DeSoto	
16c. CITY OR TOWN Olive Branch		16d. INSIDE CITY LIMITS (Specify Yes or No) No	
16e. STREET AND NUMBER OR RURAL LOCATION 8313 Malone Rd.			
17. FATHER—NAME (First Middle Last) Ollie Carl Mask		18. MOTHER—NAME (First Middle Maiden) Cleo Bramblett	
19a. INFORMANT—NAME (Type or print) Jean Mask		19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 8313 Malone Rd., Olive Branch, MS. 38654	
20a. BURIAL, CREMATION, REMOVAL (Specify) Burial		20b. CEMETERY, CREMATORY—NAME Forest Hill East	
20c. LOCATION (City and State) Memphis, TN.		20d. EMBALMER—SIGNATURE AND NUMBER David Reeves 4484	
21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER Brantley Funeral Home 17B		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) P.O. Box 428, Olive Branch, MS. 38654	
22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) Rachel Ratliff, R.N.		22b. PRONOUNCED DEAD (Month, Day, Year) ON August 8, 2003	
22c. PRONOUNCED DEAD (Hour) 2:30A m			
23a. CERTIFIER—NAME (Type or print) Jeffery Pounders		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 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 as stated. SIGNATURE 24e. TITLE 24f. DATE SIGNED (Month, Day, Year)	
24g. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		24h. DATE SIGNED (Month, Day, Year) August 15, 2003	
25. PART I: DEATH CAUSED BY			
IMMEDIATE CAUSE (Enter one cause only): (a) Cancer of Liver		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (b)		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (c)		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) NO		28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) Yes	
29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED		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		29h. STREET OR ROUTE NUMBER	
29i. CITY OR TOWN		29j. STATE	

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

AUG 27 2003

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.

