

10/29/10 2:01:39
DK W BK 645 PG 635
DESOTO COUNTY, MS
W.E. DAVIS, CH CLERK

Prepared by ~~Return to:~~
Joseph M. Sparkman, Jr. MS # 9438
Sparkman, Zummach & Perry, P.C.
Attorneys at Law
Post Office Box 266
Southaven, MS 38671-0266
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FILE #: 100510

return to: **LINCOLN HODGES**
ATTORNEY AT LAW
2294 Germantown Rd. S.
Germantown, TN 38138
(901) 754-6440 *ms Bar # 2492*

Grantor Address: 5050 WEDGEWOOD DR. OLIVE BRANCH, MS 38654
Grantor Telephone Number: Home-662-895-1166 Work-901-490-0025
Grantee Address: 6926 Tanners Way Cove, Southaven, Mississippi 38672
Grantee Telephone Number: Home- 901-754-6440 Work- N/A

**Ladye E. Clemmer,
F/K/A Ladye E. Wilson**

GRANTOR,

to:

WARRANTY DEED

Michael T. Thomspson, Et Ux

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, Ladye E. Clemmer F/K/A Ladye E. Wilson, a widowed person, does hereby sell, convey and warrant unto Grantee, Michael T. Thomspson and wife, Deanna C. Thompson, as tenants by the entirety with full rights of survivorship and not as tenants in common, all of my right, title and interest in the land lying and being situated in DeSoto County, Mississippi, being more particularly described as follows, to wit:

INDEXING INSTRUCTIONS:

Lot 59, Section A, Gardens at Snowden Grove Subdivision, located in Section 34, Township 1 South, Range 7 West, as per Plat Book 91, Page 36 in the office of the Chancery Clerk of DeSoto County, Mississippi

The warranty in this Deed is subject to rights-of-way and easements of record for public roads and public utilities, subdivision and zoning regulations in effect, prior reservations of oil and mineral rights, all applicable building restrictions and restrictive covenants of record including, but not limited to, Deed Book 497, Page 646, which are of record in the office of the Chancery Clerk of DeSoto County, Mississippi. ** amended in Book 620, Pg 44; Subdivision restrictions, building lines + easements of record in Plat Book 91, Pg 36; Easements of record in*

By way of explanation, Grantor's spouse, Dennis Murry Clemmer departed this life on April 1, 2008 in DeSoto County, MS as per the attached death certificate. The subject property was not declared by Dennis Murry Clemmer to be his homestead nor was it adjacent or contiguous thereto.

*Book 357,
Pg 484 +
Book 503,
Pg 164*

Taxes for the current year are to be paid by Grantee and possession is to be given with delivery of this Deed.

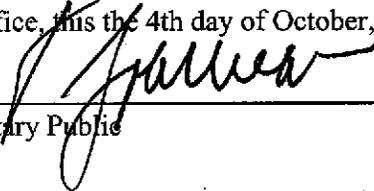
WITNESS the signature of the Grantor, this the 4th day of October, 2010.

Ladye E. Clemmer F/K/A Ladye E. Wilson
Ladye E. Clemmer F/K/A Ladye E. Wilson

State of Mississippi
County of DeSoto

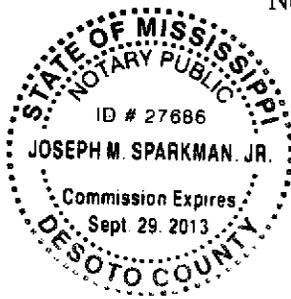
PERSONALLY appeared before me, the undersigned authority in and for the State and County aforesaid, the within named Ladye E. Clemmer f/k/a Ladye E. Wilson, who acknowledge that she executed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned as her free and voluntary act and deed and for the purposes therein expressed.

Given under my hand and official seal of office, this the 4th day of October, 2010.



Notary Public

My commission expires:



STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

DK W BK 645 Pg 637

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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TYPE OR PRINT WITH BLACK INK	FILING DATE APR 17 2008		CERTIFICATE OF DEATH STATE OF MISSISSIPPI		STATE FILE NUMBER 123-08-007904
DECEASED	1. NAME (First Middle Last) DENNIS Murry CLEMMER		2. SEX MALE	3a. HOUR OF DEATH 8:15P m.	3b. DATE OF DEATH (Month, Day, Year) APRIL 01, 2008
If death occurred in an institution, see HANDBOOK, regarding completion of RESIDENCE items	4. RACE (Specify White, Black, American Indian, etc.) White	5a. AGE AT LAST BIRTHDAY 76 Years	6. DATE OF BIRTH (Month, Day, Year) November 1, 1931		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 INPT., OUTFIT, EMER. RM. OR OCA INPT	8. STATE OF BIRTH MS.
For RESIDENCE name, enter actual location of home rather than mailing address	9. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/High School, College (10-12) 12	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Elizabeth Blanton	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. USUAL OCCUPATION (Kind of work done (most of working life)) Supervisor	15b. KIND OF BUSINESS OR INDUSTRY MLGW & FedEx		
	16a. RESIDENCE-STATE MS	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 5050 Wedgewood Dr.
PARENTS	17. FATHER-NAME (First Middle Last) Troy L. Clemmer		18. MOTHER-NAME (First Middle Maiden) Tiny Mae Camburn		
INFORMANT	19a. INFORMANT-NAME (Type or print) Lady Elizabeth Clemmer		19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 5050 Wedgewood Dr., Olive branch, MS. 38654		
DISPOSITION	20a. BURIAL, CREMATION, REMOVAL (Specify) Burial	20b. CEMETERY, CREMATORY-NAME Forest Hill South	20c. LOCATION (City and State) Memphis, TN	21a. FUNERAL HOME-NAME AND MISSISSIPPI I.D. NUMBER Brantley Funeral Home 17B P.O. Box 428, Olive Branch, MS. 38654	
PRONOUNCEMENT	22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print) SANJAY RATNAKANT, MD		22b. PRONOUNCED DEAD (Month, Day, Year) ON APRIL 01, 2008	22c. PRONOUNCED DEAD (Hour) AT 8:15P.m.	
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, NEBBIT 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: [Signature] MD.		24b. DATE SIGNED (Month, Day, Year) APRIL 03, 2008		
	24c. STATE LICENSE NUMBER		24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) DESOTO COUNTY CMEI		
CAUSE OF DEATH	25. PART I: IMMEDIATE CAUSE (Enter one cause only): (a) PNEUMONIA		Interval between onset and death		
	25. PART I: IMMEDIATE CAUSE (Enter one cause only): (b) ACUTE RENAL FAILURE		Interval between onset and death		
	25. PART I: IMMEDIATE CAUSE (Enter one cause only): (c) ACUTE ON CHRONIC RESPIRATORY FAILURE		Interval between onset and death		
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
	29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)	29b. DATE OF INJURY (Month, Day, Year)	29c. HOUR OF INJURY (m.)	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

APR 21 2008

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.

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

