

---

Prepared by and return to:

\* Document Prepared from information furnished and not incident to a search of title, no warranties are given by: Leigh A. Rutherford, Esq., MSB 5750, P. O. Box 948, 324 W. Valley Street, Suite 107, Hernando, MS 38632, (662) 449-0422

---

MARK S. FARLEY,  
2227 Sunrise Way, Jamison, PA 18929  
Hone 215-491-4672 and Work 267-278-2228

Grantor

to

QUIT CLAIM DEED

BETH K. SMITH et vir, KENNETH W. SMITH, JR.,  
6856 Bradley Cove, Olive Branch, MS 38654  
Hone 662-895-4981 and Work 662-895-6664

Grantees

For and in consideration of the sum of Ten Dollars (\$10.00) cash in hand paid and other good, valuable and legal considerations, the receipt and sufficiency of which are hereby acknowledged I, MARK S. FARLEY, Grantor hereinabove mentioned, do hereby bargain, sell, convey and quitclaim unto the Grantees hereinabove mentioned, BETH K. SMITH and husband, KENNETH W. SMITH, JR., all of my right, title and interest in and to the property located and situated in Horn Lake, DeSoto County, Mississippi, and more particularly DESCRIBED AND INDEXED as follows:

LOT 7, BEAUMONT ESTATES SUBDIVISION IN SECTION 31, TOWNSHIP 1, RANGE 7, DESOTO COUNTY, MISSISSIPPI, AND MORE PARTICULARLY DESCRIBED IN PLAT BOOK 56, PAGE 16 IN THE OFFICES OF THE CHANCERY CLERK OF DESOTO COUNTY, MISSISSIPPI AND BEING THAT SAME PROPERTY DESCRIBED IN WARRANTY DEED BOOK 325, PAGE 239.

This conveyance is made subject to all road rights of way, public utility easements, restrictive covenants, zoning and subdivision regulations and health department regulations in effect in DeSoto County, Mississippi.

NOTE: Peggy D. Farley, departed this life on December 27, 2010. A copy of the death certificate is attached hereto and incorporated herein by reference. The Grantors herein held title pursuant to a quit claim recorded in Book 562 at Page 523 in the records of the Chancery Clerk of DeSoto County, MS.

Taxes for the year 20101 will be prorated, but paid by the Grantees. Possession is given with delivery of this deed.

WITNESS MY SIGNATURE, this the 15 day of April 2011.

*Mark S. Farley*  
MARK S. FARLEY

STATE OF MISSISSIPPI

COUNTY OF DESOTO

Personally came and appeared before me, the undersigned authority in and for the State and County aforesaid, the within named MARK S. FARLEY, Grantor, who acknowledged that he freely and voluntarily signed and delivered the above Quit Claim Deed on the date therein mentioned and for the purposes therein expressed.

GIVEN under my hand and official seal of office this the 15 day of April 2011.

*Leigh A. Rutherford*  
Notary Public

My Commission Expires:  
12-11-2011



# STATE OF MISSISSIPPI

## MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS



09769216

2010-027999

FILING DATE  
JAN 20 2011

### CERTIFICATE OF DEATH STATE OF MISSISSIPPI

STATE FILE NUMBER 123-

1. NAME <b>PEGGY DEAN FARLEY</b>		2. SEX <b>FEMALE</b>		3. HOUR OF DEATH <b>03:30A</b>		4. DATE OF DEATH (Month, Day, Year) <b>DECEMBER 27, 2010</b>	
5. RACE (Specify White, Black, American Indian, etc.) <b>WHITE</b>		6. AGE AT LAST BIRTHDAY <b>79</b> Years		7. DATE OF BIRTH (Month, Day, Year) <b>JULY 27, 1931</b>		8. STATE OF BIRTH <b>TENNESSEE</b>	
9. PLACE OF DEATH (Check only one box) <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DDA		10. IF DEATH OCCURRED IN A HOSPITAL		11. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Other (Specify)			
12. FACILITY NAME (If not a facility, give street address, route number, or other location) <b>BAPTIST HOSPITAL-DESOTO 17B</b>				13. CITY, TOWN OR LOCATION OF DEATH <b>SOUTHAVEN</b>		14. COUNTY OF DEATH <b>DESOTO</b>	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) High School (9-12) <input type="checkbox"/> College (1-4, 5+) <input checked="" type="checkbox"/> <b>2</b>		16. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		17. SURVIVING SPOUSE (If wife, give maiden name) <b>NONE</b>		18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) <b>NO</b>	
19. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		20. USUAL OCCUPATION (Kind of work done most of working life) <b>INSIDE SALES</b>		21. KIND OF BUSINESS OR INDUSTRY <b>MEMPHIS SERUM COMPANY</b>			
22. RESIDENCE - STATE <b>MISSISSIPPI</b>		23. COUNTY <b>DESOTO</b>		24. CITY, TOWN OR LOCATION <b>SOUTHAVEN</b>		25. INSIDE CITY LIMITS (Specify Yes or No) <b>YES</b>	
26. STREET AND NUMBER OR RURAL CIRCLE <b>6776 BEAUMONT CIRCLE</b>		27. FATHER - NAME First Middle Last <b>COOPER JONES</b>		28. MOTHER - NAME First Middle Maiden <b>JOINNIE EDWARDS</b>			
29. INFORMANT - NAME (Type or print) <b>BETH KAREN SMITH</b>		30. RELATIONSHIP TO DECEDENT <b>DAUGHTER</b>		31. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) <b>6856 BRADLEY COVE, OLIVE BRANCH, MISSISSIPPI 38654</b>			
32. DISPOSITION OF BODY (Specify Burial, Cremation, Removal, etc.) <b>BURIAL</b>		33. CEMETERY/CREMATORY - NAME <b>TWIN OAKS MEMORIAL GARDENS</b>		34. LOCATION (City and State) <b>SOUTHAVEN, MISSISSIPPI</b>		35. EMBALMER - SIGNATURE AND LICENSE NUMBER <i>Shonda D. Hastings</i> 9092	
36. FUNERAL HOME - NAME <b>TWIN OAKS FUNERAL HOME 17T</b>		37. FUNERAL HOME LICENSE NUMBER <b>FE-429</b>		38. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) <b>290 GOODMAN ROAD EAST, SOUTHAVEN, MISSISSIPPI 38671</b>			
39. PERSON WHO PRONOUNCED DEATH - NAME AND TITLE (Type or print) <b>ERIK FOLCH, MD</b>		40. PRONOUNCED DEAD (Month, Day, Year) <b>DECEMBER 27, 2010</b>		41. TIME OF DEATH (Hour, Minute) <b>03:30A</b>		42. CERTIFIER - NAME (Type or print) <b>JEFFERY POUNDERS, CMEI</b>	
43. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) <b>4942 POUNDERS RD, NESBIT, MS 38651</b>		44. SIGNATURE <i>Jeffery Pounders</i>		45. TITLE <b>DESOTO COUNTY CMEI</b>			
46. DATE SIGNED (Month, Day, Year) <b>JANUARY 12, 2011</b>		47. STATE LICENSE NUMBER		48. DATE SIGNED (Month, Day, Year)			
49. CAUSE OF DEATH - PART I: Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, shock, or heart failure without showing the etiology. List only one cause on each line. DO NOT USE ABBREVIATIONS.							
IMMEDIATE CAUSE (Final disease or condition resulting in death)		(a) <b>RESPIRATORY FAILURE</b>					
Subsequently list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST.		(b) <b>BRONCHIECTASIS</b>					
		(c) <b>DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):</b>					
		(d) <b>DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):</b>					
50. PART II: OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I						51. AUTOPSY (Yes/No) <b>NO</b>	52. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) <b>YES</b>
53. IF FEMALE, SPECIFY: <input type="checkbox"/> Was not pregnant within the past year <input type="checkbox"/> Was pregnant at the time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but had been pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year							
54. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED		55. DATE OF INJURY (Month, Day, Year)		56. HOUR OF INJURY		57. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED	
58. INJURY AT WORK (Yes or No)		59. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)		60. LOCATION Street or route number		61. City or town State	

Mississippi State Department of Health Revised 1-4-08 THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE Form 511

1/21/2011 *Judy Moulder*  
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**

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THIS IS WATERMARKED PAPER. DO NOT ACCEPT WITHOUT FIRST HOLDING TO LIGHT TO VERIFY WATERMARK.