

This Instrument Prepared By and Return to:  
Eric L. Sappenfield, PLLC, Attorney at Law, MS Bar #6468  
6858 Swinnea Rd., #5 Rutland Place  
Southaven, MS 38671  
662/349-3436

ROBERT TRANUM )  
2095 Beckenham Cove )  
Cordova, TN 38016 )  
home: (901) 351-5561 )  
work: N/A )  
GRANTOR )

TO )

QUITCLAIM DEED

KOOK PATRICIA BERRY )  
8030 Summerwood Lane )  
Olive Branch, MS 38654 )  
home: (901)527-5665 )  
work: N/A )  
GRANTEE(S) )

For and in consideration of the sum of Ten Dollars (\$10.00) cash in hand paid and other good and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged, ROBERT TRANUM, do hereby grant, bargain, sell, convey and quitclaim unto KOOK PATRICIA BERRY, the following described property situated in the County of DeSoto, State of Mississippi, together with all improvements and appurtenances thereon more particularly described as follows:

Lot 116, Part V, Summerwood Subdivision, in Section 22, Township 1 South, Range 7 West, as shown by the plat thereof recorded in Plat Book 23, Pages 15-18, in the Office of the Chancery Clerk of DeSoto County, Mississippi.

Possession is to be given with delivery of deed.

By Way of explanation Sue Trnum passed away on September 21, 1996.  
By Way of explanation Lester E. Trnum passed away on April 12, 2008.

WITNESS MY SIGNATURE this the 16<sup>th</sup> day of June, 2011.

Robert Tranum  
ROBERT TRANUM

STATE OF Mississippi  
COUNTY OF DeSoto

Personally appeared before me, the undersigned authority in and for the said County and State, on this the 16<sup>th</sup> day of June, 2011, within my jurisdiction, the within named Robert Tranum, who acknowledged that he executed the above and foregoing instrument.

Sarah Bryant  
NOTARY PUBLIC

My Commission Expires:  
06-21-2011

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NO TITLE WORK WAS PERFORMED FOR THIS TRANSACTION.

# STATE OF MISSISSIPPI

## MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

DK W BK 659 PG 392

TYPE OR PRINT  
WITH BLACK INK

FILING DATE **MAY 07 2008**

### CERTIFICATE OF DEATH STATE OF MISSISSIPPI

STATE FILE NUMBER **123-08-009413**

<b>DECEASED</b>	1. NAME First: <b>LESTER</b> Middle: <b>EARL</b> Last: <b>TRANUM</b>			2. SEX <b>MALE</b>	3a. HOUR OF DEATH <b>6:30 pm</b>	3b. DATE OF DEATH (Month, Day, Year) <b>APRIL 12, 2008</b>
	4. RACE (Specify White, Black, American Indian, etc.) <b>WHITE</b>		5a. AGE AT LAST BIRTHDAY <b>87 years</b>		6. DATE OF BIRTH (Month, Day, Year) <b>APRIL 7, 1926</b>	
If death occurred in an institution, see HANDBOOK, regarding completion of RESIDENCE items	7b. CITY OR TOWN OF DEATH <b>OLIVE BRANCH</b>		7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (if not in either, give street address, route number or other location) <b>8030 SUMMERWOOD LANE</b>		7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA <b>DOA</b>	
	8. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary School: <b>12</b> College: <b>(1-4, 5+)</b>		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>NONE</b>	
For RESIDENCE items, enter actual location of home rather than mailing address	13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) <b>AMERICAN</b>		14. SOCIAL SECURITY NUMBER <b>415-26-4171</b>		15. USUAL OCCUPATION (Kind of work done, most of working life) <b>DRIVER SEARS</b>	
	15a. RESIDENCE-STATE <b>MS</b>	15b. COUNTY <b>DESOTO</b>	15c. CITY OR TOWN <b>OLIVE BRANCH</b>	15d. INSIDE CITY LIMITS (Specify Yes or No) <b>NO</b>	15e. STREET AND NUMBER OR RURAL LOCATION <b>8030 SUMMERWOOD LANE</b>	
<b>PARENTS</b>	17. FATHER-NAME First: <b>TATE</b> Middle: <b>LOWERY</b> Last: <b>TRANUM</b>			18. MOTHER-NAME First: <b>VIRGIE</b> Middle: <b>ANN</b> Maiden: <b>SAYERS</b>		
<b>INFORMANT</b>	19a. INFORMANT-NAME (Type or print) <b>ROBERT NATHAN TRANUM, SR.</b>			19b. STREET AND NUMBER OR ROUTE AND BOX NUMBER, CITY OR TOWN, STATE, ZIP CODE <b>208 HAM COVE, CORDOVA, TN 38016</b>		
<b>DISPOSITION</b>	20a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		20b. CEMETERY, CREMATORY-NAME AND LOCATION (City and State) <b>FOREST HILL SOUTH MEMPHIS, TN</b>		21a. EMBALMER-SIGNATURE AND NUMBER <b>EMBALMED IN TENNESSEE</b>	
	21b. FUNERAL HOME-NAME AND MISSISSIPPI I.D. NUMBER <b>FOREST HILL SOUTH F. E. 920 TN</b>		21c. MAILING ADDRESS (Street and number of route and box number, City or town, State, ZIP code) <b>2545 EAST HOLMES ROAD MEMPHIS, TN 38118</b>			
<b>PRONOUNCEMENT</b>	22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print) <b>Kay Hull RN</b>			22b. PRONOUNCED DEAD (Month, Day, Year) <b>ON April 12, 2008</b>		22c. PRONOUNCED DEAD (Hour) AT <b>7:00 pm</b>
<b>CERTIFIER</b>	23a. CERTIFIER-NAME (Type or print) <b>Jeffery Pounds</b>			23b. MAILING ADDRESS (Street and number of route and box number, City or town, State, ZIP code) <b>4942 Pounds Rd, Nesbit, MS 38651</b>		
	24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE: <i>Jeffery Pounds</i> 24b. DATE SIGNED (Month, Day, Year) 24c. STATE LICENSE NUMBER 24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		24e. On the basis of examination and/or investigation in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE: <i>Jeffery Pounds</i> 24f. TITLE <b>Desoto Coroner</b> 24g. DATE SIGNED (Month, Day, Year) <b>April 16, 2008</b>			
<b>CAUSE OF DEATH</b>	25. PART I: IMMEDIATE CAUSE (Enter one cause only)					Interval between onset and death
	(a) <b>congestive heart failure</b>					Interval between onset and death
Conditions, if any, which gave rise to immediate cause stating the underlying cause last	(b) <b>renal failure</b>					Interval between onset and death
	(c) <b>arteriosclerotic cardiovascular disease</b>					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) <b>NO</b>	28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) <b>YES</b>
	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

MAY 12 2008

Judy Moulder  
STATE REGISTRAR

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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



# STATE OF MISSISSIPPI

## MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

DK W BK 659 PG 395

TYPE OR PRINT  
WITH BLACK INK

FILING  
DATE **OCT 09 1996**

### CERTIFICATE OF DEATH

STATE FILE  
NUMBER **123-**

DECEASED

1. NAME First Middle Last <b>SUE WALDON TRANUM</b>			2. SEX <b>FEMALE</b>		3a. HOUR OF DEATH <b>8:30p m</b>		3b. DATE OF DEATH (Month, Day, Year) <b>SEPTEMBER 21, 1996</b>									
4. RACE (Specify White, Black, American Indian, etc.) <b>WHITE</b>		5a. AGE AT LAST BIRTHDAY <b>67</b> Years			5b. MOS <b>67</b>		5c. DAYS <b>67</b>		5d. HOURS <b>67</b>		5e. MINS <b>67</b>		6. DATE OF BIRTH (Month, Day, Year) <b>DEC. 3, 1928</b>		7a. COUNTY OF DEATH <b>DESOTO</b>	
7b. CITY OR TOWN OF DEATH <b>OLIVE BRANCH</b>			7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number, or other location) <b>8030 SUMMERWOOD LN.</b>						7d. IF IN HOSP. OR INST. SPECIFY INPT. OUTPT. EMER. RM OR OCA <b>NONE</b>		8. STATE OF BIRTH <b>MS.</b>					
9. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/High School College <b>12</b> (1-4) <b>5-1</b>			10. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>			11. SURVIVING SPOUSE (If wife, give maiden name) <b>LESTER TRANUM</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>AMERICAN</b>			14. SOCIAL SECURITY NUMBER <b>408-4</b>			15a. USUAL OCCUPATION (Kind of work done most of working life) <b>HOMEMAKER</b>			15b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>							
16a. RESIDENCE—STATE <b>MS.</b>		16b. COUNTY <b>DESOTO</b>		16c. CITY OR TOWN <b>OLIVE BRANCH</b>		16d. INSIDE CITY LIMITS (Specify Yes or No) <b>NO</b>		16e. STREET AND NUMBER OR RURAL LOCATION <b>8030 SUMMERWOOD LN.</b>								

PARENTS

17. FATHER—NAME First Middle Last <b>NAT WALDON</b>			18. MOTHER—NAME First Middle Maiden <b>FLETTIE SKINNER</b>		
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INFORMANT

19a. INFORMANT—NAME (Type or print) <b>LESTER TRANUM</b>		19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>8030 SUMMERWOOD LN. OLIVE BRANCH, MS. 38654</b>	
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DISPOSITION

20a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		20b. CEMETERY, CREMATORY—NAME <b>FOREST HILL SOUTH</b>		20c. LOCATION (City and State) <b>MEMPHIS, TN.</b>		21a. EMBALMER—SIGNATURE AND NUMBER <b>DAVID KELLER 4327</b>	
21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER <b>FOREST HILL FUNERAL HOME</b>				21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>2545 E. HOLMES RD. MEMPHIS, TN. 38118</b>			

PRONOUNCEMENT

22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) <b>Bill W. Baldwin, DCMEI</b>		22b. PRONOUNCED DEAD (Month, Day, Year) <b>ON 9/21/1996</b>		22c. PRONOUNCED DEAD (Hour) AT <b>9:00P m</b>	
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CERTIFIER

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, Ms. 38651</b>	
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Mississippi State Board of Health  
Form No. 51  
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		24b. DATE SIGNED (Month, Day, Year)		24c. STATE LICENSE NUMBER	
24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE <b>Jeffery Pounders</b>		24f. TITLE <b>Desoto DCMEI</b>	
		24g. DATE SIGNED (Month, Day, Year) <b>9/26/1996</b>			

CAUSE OF DEATH

25. PART I: IMMEDIATE CAUSE (Enter one cause only): (a) <b>Leukemia</b>		Interval between onset and death	
(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	
26. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I <b>Hypertension</b>			
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 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

**F. E. Thompson Jr. MD**  
F. E. Thompson, Jr., M.D., M.P.H.  
STATE HEALTH OFFICER

**Nita Cox Gunter**  
Nita Cox Gunter  
STATE REGISTRAR

OCT - 9 '96

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