

7/01/11 11:24:57
DK W BK 660 PG 319
DESOTO COUNTY, MS
W.E. DAVIS, CH CLERK

Prepared by & return to:
Byrne & Associates, PLLC
1326 Hardwood Trail
Cordova, TN 38016
901-737-1922
MS BAR #9800
File No. 2011060008

PREPARED BY & RETURN TO:
AUSTIN LAW FIRM, P.A.
ATTORNEYS AT LAW
8928 COBBLESTONE DRIVE, SUITE 100
SOUTHAVEN, MS. 38672
662-890-7575

506-11-0300

WARRANTY DEED

THIS INDENTURE, made and entered into this **24th day of June, 2011**, by and between **ROBERT WAYNE WALLACE, BRENDA CARROLL GREENE AND CLINTON S. CARROLL**, party of the first part, and **JAYSON/MERCHANT, and wife Catie L. Merchant**, party of the second part, ~~as joint tenants with full rights of survivorship and not as tenants in common~~

WITNESSETH: This for and in consideration of Ten Dollars (\$10.00), cash in hand paid, and other good and valuable considerations, the receipt of all of which is hereby acknowledged, the said parties of the first part have bargained and sold and do hereby bargain, sell, convey and confirm unto the said party of the second part the following described real estate, situated and being in the, County of **DESOTO**, State of **MISSISSIPPI**.

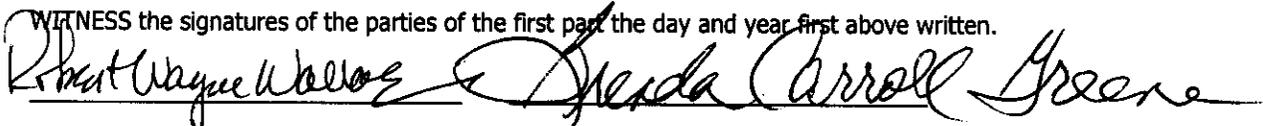
LOT 246, SECTION 1, PINEHURST SUBDIVISION, LOCATED IN SECTION 10, TOWNSHIP 2 SOUTH, RANGE 7 WEST, AS SHOWN ON PLAT OF RECORD AT PLAT BOOK 66, PAGES 5-6, IN CHANCERY CLERK'S OFFICE OF DESOTO COUNTY, MISSISSIPPI, TO WHICH REFERENCE IS HEREBY MADE FOR A MORE PARTICULAR DESCRIPTION OF SAID PROPERTY.

BEING THE SAME PROPERTY CONVEYED TO GRANTOR(S) HEREIN AS SHOWN BY WARRANTY DEED OF RECORD AT BOOK 387, PAGE 213 AND QUIT CLAIM DEED AT BOOK 389, PAGE 627, IN SAID CHANCERY CLERK'S OFFICE.

TO HAVE AND TO HOLD the aforesaid real estate together with all appurtenances and hereditaments thereunto belonging or in any wise appertaining unto the said party of the second part, his/her heirs, successors and assigns in fee simple forever.

The said parties of the first part do hereby covenant with the said party of the second part that they are lawfully seized in fee of the aforescribed real estate; that they have good right to sell and convey the same; that the same is unencumbered, EXCEPT for Subdivision Restrictions, Building Lines and Easements of record in PLAT BOOK 66, PAGE 5 AND 6 AND EASEMENTS OF RECORD AT BOOK 350, PAGE 468 AND BOOK 359, PAGE 292, all in said Chancery Clerk's Office. 2011 SOUTHAVEN AND 2011 DESOTO COUNTY realty taxes, not yet due and payable, and as set forth above, and that the title and quiet possession thereto they warrants and forever defends against the lawful claims of all persons. The word "party" as used herein shall mean "parties" if more than one person or entity be referred to, and pronouns shall be construed according to their proper gender and number according to the context hereof.

Grantor's	ROBERT WAYNE WALLACE	Grantee's	JAYSON MERCHANT
Address	<u>4485 Tubby Bottom Road</u>	address	4648 JACOB LANE
	<u>Ashland, MS 38603</u>		SOUTHAVEN, TN 38671
Parcel Number	2072-1009.0-00246.00	Phone No.:	<u>205-295-8330</u>
Phone No.:	<u>N/A</u>	Phone No.:	<u>N/A</u>
Phone No.:	<u>N/A</u>	Phone No.:	<u>N/A</u>

WITNESS the signatures of the parties of the first part the day and year first above written.


ROBERT WAYNE WALLACE **BRENDA CARROLL GREENE**

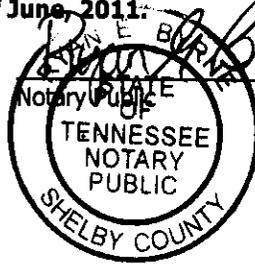


CLINTON S. CARROLL

STATE OF TENNESSEE
COUNTY OF SHELBY

Before me, a Notary Public in and for said County and State, duly commissioned and qualified, personally appeared **ROBERT WAYNE WALLACE AND CLINTON S. CARROLL** to me known to the persons described in and who executed the foregoing instrument, and acknowledged that they executed the same for the purposes therein contained as their free Act and Deed.

Witness my hand and Notarial Seal this 24th day of June, 2011.



My Commission Expires
April 20, 2014

My Commission Expires: 4-20-14

STATE OF Oklahoma
COUNTY OF Cleveland

Before me, a Notary Public in and for said County and State, duly commissioned and qualified, personally appeared **BRENDA CARROLL GREENE** to me known to the persons described in and who executed the foregoing instrument, and acknowledged that they executed the same for the purposes therein contained as their free Act and Deed.

Witness my hand and Notarial Seal this 22 day of June, 2011.



Meagen E. Pruiver
Notary Public

My Commission Expires: 4-17-2013

Property Owner and Address:
JAYSON MERCHANT
4648 JACOB LANE
SOUTHAVEN, TN 38671

Mail tax bills to:
Jayson Merchant
4648 Jacob Lane
Southaven, MS 38671

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS



9415705

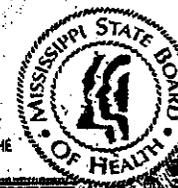
2010-005450

FILING DATE: MAR 19 2010 CERTIFICATE OF DEATH STATE OF MISSISSIPPI STATE FILE NUMBER 123

Main form containing fields for Name (Clinton Carroll), Sex (Male), Date of Death (March 1, 2010), Cause of Death (hypertension, arteriosclerotic cardiovascular disease), and other vital statistics.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



MAR 23 2010 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.

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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.

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

TYPE OR PRINT WITH BLACK INK

FLING DATE

FEB 9 6 2004

CERTIFICATE OF DEATH STATE OF MISSISSIPPI

STATE FILE NUMBER

123-03-027836

DECEASED

1. NAME First Middle Last 2. SEX 3a. HOUR OF DEATH 3b. DATE OF DEATH (Month, Day, Year) DOROTHY MILDRED WALLACE CARROLL FEMALE 9:10p m. DEC. 27, 2003

4. RACE (Specify White, Black, American Indian, etc.) 5a. AGE AT LAST BIRTHDAY ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY 5b. MOS 5c. DAYS 5d. HOURS 5e. MINS 6. DATE OF BIRTH (Month, Day, Year) 7a. COUNTY OF DEATH WHITE 81 Years SEPT. 28, 1922 DESOTO

7b. CITY OR TOWN OF DEATH 7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) 7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA 8. STATE OF BIRTH SOUTHAVEN LANDMARK DESOTO NURSING HM. MS

9. DECEDENT'S EDUCATION (Specify only highest grade completed) 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. SURVIVING SPOUSE (If wife, give maiden name) 12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) Elem/High School, College (0-12) 12 (0-4, 5+) MARRIED CLINTON CARROLL NO

13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) 14. SOCIAL NUMBER 15a. USUAL OCCUPATION (Kind of work done, most of working life) 15b. KIND OF BUSINESS OR INDUSTRY AMERICAN 428- CLAIMS REP. SOCIAL SECURITY

18a. RESIDENCE-STATE 18b. COUNTY 16c. 16d. INSIDE CITY LIMITS (Specify Yes or No) 16e. STREET AND NUMBER OR RURAL LOCATION MS DESOTO HORN LAKE YES 3068 NAIL RD., WEST

PARENTS

17. FATHER-NAME First Middle Last 18. MOTHER-NAME First Middle Maiden ROBERT NATHAN MONTGOMERY VELMA ADDIE SMITH

FORMANT

19a. INFORMANT-NAME (Type or print) 19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) ROBERT WALLACE 10 SNUG HARBOR DR., DANBURY, CT 06811

DISPOSITION

20a. BURIAL, CREMATION, REMOVAL (Specify) 20b. CEMETERY, CREMATORY-NAME 20c. LOCATION (City and State) 21a. EMBALMER-SIGNATURE AND NUMBER BURIAL MEMORIAL PARK CEM. MEMPHIS, TN CHARLES VINSON #3556

21b. FUNERAL HOME-NAME AND MISSISSIPPI I.D. NUMBER 21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) MEMORIAL PARK F.H., #522 5668 POPLAR AVE., MEMPHIS, TN 38119

PRONOUNCEMENT

22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print) 22b. PRONOUNCED DEAD (Month, Day, Year) 22c. PRONOUNCED DEAD (Hour) Renea Lockett, R.N. on Dec. 27, 2003 AT 9:10P m.

CERTIFIER

23a. CERTIFIER-NAME (Type or print) 23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) JEFFERY POUNDERS 4942 POUNDERS RD., NESBIT, 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. 24b. DATE SIGNED (Month, Day, Year) 24c. STATE LICENSE NUMBER SIGNATURE MD

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 Desoto DMEI

24f. DATE SIGNED (Month, Day, Year) Jan. 10, 2004

CAUSE OF DEATH

25. PART I: IMMEDIATE CAUSE (Enter one cause only): (a) Cancer Of Thyroid & Brain 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

Had Decedent been Pregnant within 90 Days prior to Death? Yes 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 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

FEB-6 2004

Judy Moulder STATE REGISTRAR

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