

7/07/11 1:29:49
DK W BK 660 PG 556
DESOTO COUNTY, MS
W.E. DAVIS, CH CLERK

* Prepared by and Return to: The Law Office of Shannon Williams, P.C. * MBN#100412 * 5960 Getwell Road, Ste 212 B * Southaven, MS 38672 * (662)895-9000 * (662)895-6000 (fax) * RE11-065

INDEXING INSTRUCTIONS: Lot 320, Section B, SOUTHAVEN SUBDIVISION, Section 23, Township 1, Range 8, Plat Book 2, Page(s) 14-16, DESOTO County, MS

Grantors Address:
1210 COMPLY COVE
SOUTHAVEN, MS 38671
Phone: 901-482-2794
Phone: N/A

Grantees Address:
1424 TICONDEROGA DR.
SOUTHAVEN, MS 38671
Phone: 901-363-5829
Phone: N/A

ALVIN M. MALENKY and JOYCE MALENKY**

GRANTOR (S))
)
TO)
)
)

WARRANTY DEED

PATRICIA K. MCCAMPBELL, A MARRIED WOMAN
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 of all of which is hereby acknowledged, **ALVIN M. MALENKY and JOYCE MALENKY****, hereinafter referred to as "Grantor", do hereby sell, convey and warrant unto **PATRICIA K. MCCAMPBELL, A MARRIED WOMAN, AND HER HUSBAND, ROBERT L. MCCAMPBELL AS JOINT TENANTS WITH FULL RIGHTS OF SURVIVORSHIP AND NOT AS TENANTS IN COMMON**, hereinafter referred to as "Grantee" the land lying and being situated in DESOTO County, Mississippi, described as follows, to-wit:

Lot 320, Section B, SOUTHAVEN SUBDIVISION as located in Section 23, Township 1 South, Range 8 West, DESOTO County, MS, as shown on plat of record in Plat Book 2, Pages 14-16, in the Office of the Chancery Clerk, DESOTO County, MS.

Property more commonly known as: 1424 TICONDEROGA DR., SOUTHAVEN, MS 38671.

The warranty in this deed is subject to rights of ways and easements for public roads and public utilities, to building, zoning, subdivision, and health department regulations in effect in DESOTO County, Mississippi.

The warranty in this deed is further subject to building lines, easements and restrictions as recorded in the Chancery Clerk of DESOTO County, MS in Book 2, Page 14-16.

**BY WAY OF EXPLANATION, LOIS W. MAKENKY having departed this life on Jan. 06, 2010 as reflected on Death Certificate attached hereto and made part hereof.

2011 Taxes shall be pro-rated and possession is to be given with delivery of this deed.

WITNESS OUR SIGNATURES, this the 29th day of June, 2011.

Alvin M. Malenky
ALVIN M. MALENKY

Joyce Malenky
JOYCE MALENKY

STATE OF Mississippi

COUNTY OF DESOTO

I, CRIS O. MCCAMMON, a Notary Public of the County and State first above written, do hereby certify that ALVIN M. MALENKY and JOYCE MALENKY, personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and office in this the 29th day of June, 2011.



Cris O. McCammon
Notary Public

My Commission Expires

(SEAL)

04/07/15

STATE OF TENNESSEE
Office of Vital Records

DK W BK 660 PG 558

TYPE/PRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
SEE HANDBOOK

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE
NUMBER

90

DECLARED

PARENTS

INHERIT

HIS/HER

REGISTRAR

PHYSICIAN

PHYSICIAN OR MEDICAL
EXAMINER EXCLUDING
CERTIFICATE MUST
COMPLETE AND SIGN
MEDICAL CERTIFICATION
WITHIN 48 HOURS.

SEE INSTRUCTIONS
ON OTHER SIDE

CAUSE OF
DEATH

1. DECEDENT'S NAME (Print, Middle, Last)
Lois Wanda Malenky

2. SEX
Female

3. DATE OF DEATH (Month, Day, Year)
Jan. 06, 2010

4. SOCIAL SECURITY NUMBER (of Decedent)
-9206

5. AGE LAST BIRTHDAY (Years, Months, Days)
84

6. DATE OF BIRTH (Month, Day, Year)
Sep. 1925

7. BIRTHPLACE (City and State or Foreign Country)
Haynesville, LA

8. WAS DECEDENT EVER IN U.S. ARMED FORCES?
1 Yes **2** No

9. FACILITY NAME (If not institution, give street and number)
Baptist East

10. CITY, TOWN, OR LOCATION OF DEATH
Memphis

11. COUNTY OF DEATH
Shelby

12. MARITAL STATUS (Married, Never Married, Widowed, Divorced, (Specify))
Widowed

13. SURVIVING SPOUSE (If wife, give maiden name)
N/A

14. DECEDENT'S USUAL OCCUPATION (Give kind of work done during interval of working (See, Do not use retired))
Homemaker

15. KIND OF BUSINESS/INDUSTRY
Own Home

16. RESIDENCE-STATE
MS

17. COUNTY
Desoto

18. CITY, TOWN OR LOCATION
Southaven

19. STREET AND NUMBER OR RURAL LOCATION
1210 Comply Cove

20. INSIDE CITY LIMITED?
1 Yes **2** No

21. ZIP CODE
38671

22. WAS DECEDENT IN A NURSING HOME OR OTHER INSTITUTION AT TIME OF DEATH?
1 Yes **2** No

23. RACE (American Indian, Black, White, etc. (Specify))
White

24. DECEDENT'S EDUCATION (Specify only highest grade completed)
Elementary/Secondary (8-12) College (1-4 or 3+)

25. FATHER'S NAME (Print, Middle, Last)
Titus J. Ware

26. MOTHER'S NAME (First, Middle, Maiden Surname)
Elizabeth Boyett

27. INFORMANT'S NAME (If Spouse)
Michael Malenky

28. RELATIONSHIP TO DECEDENT
Son

29. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
1210 Comply Cove, Southaven, MS 38671

30. METHOD OF DISPOSITION
1 Burial **2** Cremation **3** Removal from State **4** Other (Specify)

31. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)
Centuries Memorial Park

32. LOCATION (City or Town, State)
Shreveport, LA

33. SIGNATURE OF FUNERAL DIRECTOR
Candace Stokes

34. LICENSE NUMBER OF FUNERAL DIRECTOR
4189

35. SIGNATURE OF EMBALMER
[Signature]

36. LICENSE NUMBER OF EMBALMER
6084

37. NAME AND ADDRESS OF FUNERAL HOME
**Memphis Funeral Home - Poplar Chapel
P.O. Box 17069, Memphis, TN 38187-0669**

38. LICENSE NUMBER OF FUNERAL HOME
416

39. REGISTRAR'S SIGNATURE
[Signature]

40. DATE FILED (Month, Day, Year)
1-19-2010

41. PHYSICIAN: To the best of my knowledge, death occurred at the date and place, and declare the cause(s) and manner as stated.
1 SIGNATURE AND TITLE OF PHYSICIAN
[Signature]

42. LICENSE NUMBER
MD003900

43. DATE SIGNED (Month, Day, Year)
1/13/10

44. MEDICAL EXAMINER: On the basis of examination of the decedent, I hereby certify that death occurred at the date and place, and due to the cause(s) and manner as stated.
2 SIGNATURE AND TITLE OF MEDICAL EXAMINER

45. LICENSE NUMBER

46. DATE SIGNED (Month, Day, Year)

47. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Specify)
Dr. Meriwether 6141 Walnut Grove Rd Memphis TN 38120

48. PART I: Enter the disease, injury, or complication that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.
**Respiratory failure
Atelectasis, pneumonia
Alzheimer's dementia**

49. PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

50. MANNER OF DEATH
1 Natural **2** Pending Investigation **3** Accident **4** Suicide **5** Homicide **6** Could not be determined

51a. DATE OF INJURY (Month, Day, Year)

51b. TIME OF INJURY

51c. INJURY AT WORK?
1 Yes **2** No

51d. DESCRIBE HOW INJURY OCCURRED

51e. PLACE OF INJURY (At home, farm, street, factory, office, building, etc. (Specify))

51f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

52. WAS AN AUTOPSY PERFORMED?
1 Yes **2** No

53. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
1 Yes **2** No

PH-1058 (REV. 9/09)

BIRTH NO.

RDA 1389

3765721

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or falsification of this record voids this certification.
Tennessee Code Annotated 68-3-101 et seq. and Public Law 94-143 of 1977.

[Signature]
Sharon M. Leinbach
STATE REGISTRAR

[Signature]
Donna Corner
Local Registrar
Shelby County

JAN 25 2010
Date Issued



CERTIFICATION OF VITAL RECORD