



DL 10/14/11 11:39:43  
DL DK W BK 667 PG 590  
DL DESOTO COUNTY, MS  
DL W.E. DAVIS, CH CLERK

\*

Prepared by and Return to:	Grantors Address:	Grantees Address:
Austin Law Firm, P.A. 6928 Cobblestone Drive, Suite 100 Southaven, MS 38672 662-8967575	2215 MacIntosh Drive Horn Lake, MS 38637 Work: <u>NIA</u> Home: <u>901-848-2387</u>	2215 MacIntosh Drive Horn Lake, MS 38637 Work: <u>NIA</u> Home: <u>901-848-2387</u>
File No.: 11-0029		

**Indexing Instructions:** Lot 71, Section B, Apple Creek Subdivision, located in Section 10, Township 2 South, Range 6 West, DeSoto County, Mississippi as recorded in Plat Book 27, Pages 23-26 in the office of the Chancery Clerk of DeSoto County, Mississippi

**QUITCLAIM DEED**

KENTON TYNER, LORI TYNER FORD,  
AMBER TYNER HAGEWOOD, BRITTANY TYNER,  
LYNDSI F. TYNER MAGLIOR, BRANDON TYNER, AND  
RACHEL R. TYNER,

GRANTORS

TO

SANDRA M. TYNER

GRANTEE

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, We, KENTON TYNER, LORI TYNER FORD, AMBER TYNER HAGEWOOD, BRITTANY TYNER, LYNDSI F. TYNER MAGLIOR, BRANDON TYNER, AND RACHEL R. TYNER, do hereby transfer, convey, and quitclaim unto, SANDRA M. TYNER, the land lying and being situated in DeSoto County, Mississippi, described as follows, to-wit:

Lot 71, Section B, Apple Creek Subdivision, located in Section 10, Township 2 South, Range 6 West, DeSoto County, Mississippi, as recorded in Plat Book 27, Pages 23-26 in the office of the Chancery Clerk of DeSoto County, Mississippi.

15

By way of explanation, the above property was owned by Larry F. Tyner and Sandra M. Tyner, as tenants in common, by Warranty Deed dated February 8<sup>th</sup>, 1994. On the 8<sup>th</sup> day of July, 2010, Larry F. Tyner departed this life leaving his wife, Sandra M. Tyner, and four living children, namely: Kenton Tyner, Lori Tyner Ford, Lyndsi F. Tyner Maglior, and Rachel R. Tyner and one pre-deceased son, namely Kevin Tyner who departed this life on May 6, 2005. Kevin Tyner left 3 children as heirs at law of Larry F. Tyner, namely: Amber Tyner Hagewood, Brittany Tyner and Brandon Tyner. The Administration of the Estate of Larry F. Tyner has been filed for probate in DeSoto County Chancery Cause number 10-8-1878. Further, a copy of the death certificate for Kevin Tyner and 2 heirship affidavits for Kevin Tyner are attached hereto as Exhibits A, B and C, respectively.

By further way of explanation, two of the heirs at law of Larry F. Tyner are currently minors, namely, Brandon Tyner and Rachel R. Tyner. That pursuant to MCA section 93-13-217 and pursuant to the Order of the Chancery Court in cause number 10-8-1878, the natural mother and next friend of Brandon Tyner, namely Janet Tyner, and the natural mother and next friend of Rachel R. Tyner, namely Sandra M. Tyner and the Chancery Clerk W.E. Davis are executing this deed for and on behalf of the minor heirs at law of Larry F. Tyner.

Possession will be given upon delivery of this deed.

WITNESS our signature(s) this the 30<sup>th</sup> day of September, 2011, though individually executed and notarized on the day and date as set out hereinbelow.

[REMAINDER OF PAGE LEFT INTENTIONALLY BLANK]

WITNESS our signature(s) this the 3rd day of ~~September~~ <sup>October</sup>, 2011, though individually executed and notarized on the day and date as set out hereinbelow.

Kenton Tyner  
KENTON TYNER

STATE OF Mississippi  
COUNTY OF DeSoto

PERSONALLY APPEARED before me, the undersigned authority at law, in and for the State and County aforesaid, the within named, Kenton Tyner, who acknowledged that he signed and delivered the above and foregoing Deed as his voluntary act and deed and for the purposes therein expressed.

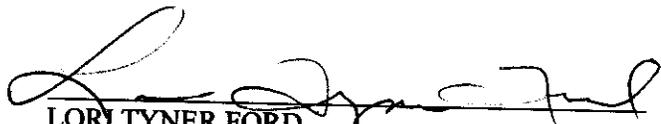
GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the 3rd day of October, 2011.

Martha C. Huggins  
Notary Public

My commission expires:



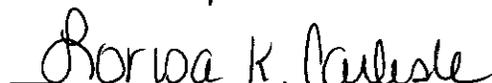
WITNESS our signature(s) this the 30<sup>th</sup> day of September, 2011, though individually executed and notarized on the day and date as set out hereinbelow.

  
LORI TYNER FORD

STATE OF Mississippi  
COUNTY OF De Soto

PERSONALLY APPEARED before me, the undersigned authority at law, in and for the State and County aforesaid, the within named, Lori Tyner Ford, who acknowledged that she signed and delivered the above and foregoing Deed as her voluntary act and deed and for the purposes therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the 30<sup>th</sup> day of September, 2011.

  
Notary Public

My commission expires:



WITNESS our signature(s) this the 30th day of September, 2011, though individually executed and notarized on the day and date as set out hereinbelow.

Brittany Tyner  
BRITTANY TYNER

STATE OF Mississippi  
COUNTY OF DeSoto

PERSONALLY APPEARED before me, the undersigned authority at law, in and for the State and County aforesaid, the within named, Brittany Tyner, who acknowledged that she signed and delivered the above and foregoing Deed as her voluntary act and deed and for the purposes therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the 30th day of September, 2011.

Lorisa K. Carlisle  
Notary Public

My commission expires:



WITNESS our signature(s) this the 7<sup>th</sup> day of ~~September~~ <sup>October</sup>, 2011, though individually executed and notarized on the day and date as set out hereinbelow.

Lyndsi Tyner  
LYNDSI F. TYNER MAGLIOR

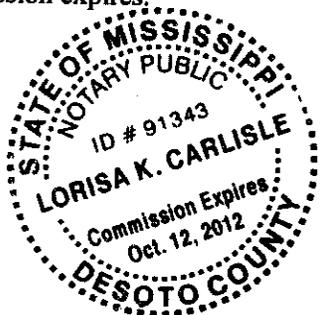
STATE OF Mississippi  
COUNTY OF DeSoto

PERSONALLY APPEARED before me, the undersigned authority at law, in and for the State and County aforesaid, the within named, Lyndsi F. Tyner Maglior, who acknowledged that she signed and delivered the above and foregoing Deed as her voluntary act and deed and for the purposes therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the 7<sup>th</sup> day of ~~September~~ <sup>October</sup>, 2011.

Lorisa K. Carlisle  
Notary Public

My commission expires:



WITNESS our signature(s) this the 3<sup>rd</sup> day of October, 2011, though individually executed and notarized on the day and date as set out hereinbelow.

Amber Tyner Hagewood  
AMBER TYNER HAGEWOOD

STATE OF Mississippi  
COUNTY OF DeSoto

PERSONALLY APPEARED before me, the undersigned authority at law, in and for the State and County aforesaid, the within named, Amber Tyner Hagewood, who acknowledged that she signed and delivered the above and foregoing Deed as her voluntary act and deed and for the purposes therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the 3<sup>rd</sup> day of October, 2011.

Martha C. Huggins  
Notary Public

My commission expires:



WITNESS our signature(s) this the 3rd day of ~~September~~ <sup>October</sup>, 2011, though individually executed and notarized on the day and date as set out hereinbelow.

Janet Tyner  
JANET TYNER, AS NATURAL MOTHER AND  
NEXT FRIEND OF BRANDON TYNER

STATE OF Mississippi  
COUNTY OF Desoto

PERSONALLY APPEARED before me, the undersigned authority at law, in and for the State and County aforesaid, the within named, JANET TYNER, AS NATURAL MOTHER AND NEXT FRIEND OF BRANDON TYNER, who acknowledged that she signed and delivered the above and foregoing Deed as her voluntary act and deed and for the purposes therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the 3rd day of October, 2011.

Martha C. Huggins  
Notary Public

My commission expires:



WITNESS our signature(s) this the 10<sup>th</sup> day of ~~September~~ October, 2011, though individually executed and notarized on the day and date as set out hereinbelow.

W. E. Davis  
W. E. DAVIS, FOR THE BENEFIT OF  
BRANDON TYNER, A MINOR CHILD AND  
RACHEL R. TYNER, A MINOR CHILD

STATE OF Mississippi  
COUNTY OF DeSoto

PERSONALLY APPEARED before me, the undersigned authority at law, in and for the State and County aforesaid, the within named, W. E. Davis, for the benefit of and on behalf of Brandon Tyner, a minor child, and Rachel R. Tyner, a minor child, acknowledged that he, is the duly authorized Chancery Clerk of DeSoto County, Mississippi and that in said representative capacity he signed and delivered the above and foregoing Deed after first having been duly authorized so to do pursuant to the Chancery court order referenced herein.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the 10<sup>th</sup> day of October, 2011.

Lorisa K. Carlisle  
Notary Public

My commission expires:



WITNESS our signature(s) this the 7<sup>th</sup> day of ~~September~~ <sup>October</sup>, 2011, though individually executed and notarized on the day and date as set out hereinbelow.

Sandra M. Tyner  
SANDRA M. TYNER, AS NATURAL MOTHER  
AND NEXT FRIEND OF RACHEL R. TYNER

STATE OF Mississippi  
COUNTY OF DeSoto

PERSONALLY APPEARED before me, the undersigned authority at law, in and for the State and County aforesaid, the within named, SANDRA M. TYNER, AS NATURAL MOTHER AND NEXT FRIEND OF RACHEL R. TYNER, who acknowledged that she signed and delivered the above and foregoing Deed as her voluntary act and deed and for the purposes therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the 7 day of ~~September~~ <sup>October</sup>, 2011.

Lorisa K. Carlisle  
Notary Public

My commission expires:



MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

TYPE OR PRINT IN BLACK INK

FILING DATE

MAY 23 2005

CERTIFICATE OF DEATH STATE OF MISSISSIPPI

STATE FILE NUMBER

123-05-010484

DECEASED	1. NAME First: Kevin, Middle: Joseph, Last: Tyner			2. SEX Male		3a. HOUR OF DEATH 8:00p m.		3b. DATE OF DEATH (Month, Day, Year) May 6, 2005		
	4. RACE (Specify White, Black, American Indian, etc.) White		5a. AGE AT LAST BIRTHDAY 42 Years		ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY 5b. MOS (1-4), 5c. DAYS, 5d. HOURS, 5e. MINS July 16, 1962			6. DATE OF BIRTH (Month, Day, Year) July 16, 1962		
	7b. CITY OR TOWN OF DEATH Olive Branch		7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) Polk Ln.				7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER., RM. OR DOA		7e. STATE OF BIRTH Indiana	
	8. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/High School (0-12)			9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		10. SURVIVING SPOUSE (If wife, give maiden name) Janet Marie Willis		11. WAS DECASED EVER IN U.S. ARMED FORCES? (Yes or No) Yes		
12. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) American			13. SOCIAL SECURITY NUMBER [REDACTED]		14. USUAL OCCUPATION (Kind of work done, most of working life) Shipping Supervisor		15. KIND OF BUSINESS OR INDUSTRY Eaton Hydraulics			
16a. RESIDENCE—STATE MS		16b. COUNTY Desoto		16c. CITY OR TOWN Olive Branch		16d. INSIDE CITY LIMITS (Specify Yes or No) No		16e. STREET AND NUMBER OR RURAL LOCATION 12825 Pinecrest Dr.		
17. FATHER—NAME First: Larry, Middle: Tyner, Last: Tyner			18. MOTHER—NAME First: Sharon, Middle: Davis, Maiden: Davis							
19a. INFORMANT—NAME (Type or print) Janet Tyner				19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 12825 Pinecrest Dr., Olive Branch, MS 38654						
20a. BURIAL, CREMATION, REMOVAL (Specify) Burial		20b. CEMETERY, CREMATORY—NAME Memorial Park Southwoods		20c. LOCATION (City and State) Memphis, TN		21. EMBALMER—SIGNATURE AND NUMBER AARON HAZEN 1020				
21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER Brantley Funeral Home 17R			21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 6875 Cockrum St., Olive Branch, MS 38654							
22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) Bill Baldwin DCMEI				22b. PRONOUNCED DEAD (Month, Day, Year) ON May 6, 2005		22c. PRONOUNCED DEAD (Hour) AT 9:00p m.				
23a. CERTIFIER—NAME (Type or print) Jeffery Pounders				23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 4942 Pounders Rd. Nesbit, Ms. 38651						
24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE: [Signature]		24b. DATE SIGNED (Month, Day, Year)		24c. STATE LICENSE NUMBER MD		24d. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE: [Signature]		24e. TITLE Desoto DCMEI		
24f. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		24g. DATE SIGNED (Month, Day, Year) May 18, 2005								
25. PART I: IMMEDIATE CAUSE (Enter one cause only): (a) Trauma To Head & Chest DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (b) Single Car Crash (Driver) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (c)										
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) Accident		29b. DATE OF INJURY (Month, Day, Year) 5/6/2005		29c. HOUR OF INJURY 8:00p m.		29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED Lost Control, Ran into Ditch				
29e. INJURY AT WORK (Yes or No) No		29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.) Road		29g. LOCATION Polk Lane, 1 Mi N.		29h. CITY OR TOWN Olive Branch, Ms				

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

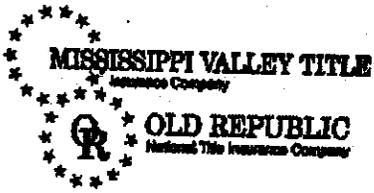
MAY 23 2005

Judy Moulder STATE REGISTRAR

WARNING:

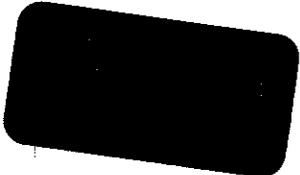
A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.





HEIRSHIP AFFIDAVIT

(Heirship of Kevin Tyler Deceased)



STATE OF Mississippi  
COUNTY OF Desoto  
Rachel Tyler

of lawful age, being first duly sworn, upon his oath deposes and says:

That he was personally well acquainted with the above decedent, during his lifetime, having known him for 17 years, and that affiant bears the following relationship to the said decedent, to wit: Niece

Affiant further states that ~~the~~ said decedent departed this life at \_\_\_\_\_, in Desoto County, State of Mississippi, on or about May, 05, being 43 years old at the date of his death.

Affiant further states that he was well acquainted with the family and near relatives of the said decedent, and with all those who would under the laws of the State of MS, be his heirs, and that the following statements and the answers to the following named questions are based upon the personal knowledge of affiant and are true and correct:

QUESTION 1 - Did the decedent leave a will? ANSWER: No

QUESTION 2 - If so, has the will been admitted to probate - at what place, and when? ANSWER: \_\_\_\_\_

QUESTION 3 - Has an administrator been appointed for the estate of said deceased? ANSWER: NO

QUESTION 4 - If so, give the County in which the said administration proceedings are pending, and the name and address of the administrator. ANSWER: \_\_\_\_\_

QUESTION 5 - Did the decedent receive the benefit of any Medicaid payments? ANSWER: Yes \_\_\_\_\_ No X  
If yes, attach copy of Division of Medicaid Waiver of Recovery pursuant to Section 43-13-317.

QUESTION 6 - Give the name and address of the surviving widow or widower of decedent. ANSWER: Ind  
12825 Pinecrest Dr. O.B. MS If not living, state date of death \_\_\_\_\_

QUESTION 7 - If the decedent was married more than once, give the name of the former husband or wife, and state whether said former spouse is dead or divorced. ANSWER: \_\_\_\_\_

QUESTION 8 - On the blank lines below, give the names and places of residence of all surviving children of deceased, together with the other information called for. ANSWER: (Give names of surviving children only)

	NAME OF CHILD	DATE OF BIRTH	IF NOT LIVING DATE OF DEATH	NAME OF HUSBAND OR WIFE	ADDRESS OR IF NOT LIVING DATE OF DEATH
1.	<u>Amber Hodgwood</u>	<u>10-11-86</u>	_____	<u>Houston Hodgwood</u>	<u>12825 Pinecrest Dr.</u>
2.	<u>BRIITANY Tyler</u>	<u>10-21-88</u>	_____	_____	<u>12825 Pinecrest Dr.</u>
3.	<u>BRANDON Tyler</u>	<u>6-2-92</u>	_____	_____	<u>12825 Pinecrest Dr.</u>
4.	_____	_____	_____	_____	_____

QUESTION 9 - Give below the names of any deceased children of the decedent, together with the other information called for. ANSWER:

	NAME OF CHILD	DATE OF BIRTH	DATE OF DEATH	SURVIVING HUSBAND OR WIFE	IF NOT LIVING DATE OF DEATH
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

QUESTION 10 - Give the names of the children of any deceased son or daughter of the decedent: ANSWER:

	NAME OF CHILD	DATE OF BIRTH	ADDRESS OR IF NOT LIVING, DATE OF DEATH	NAME OF FATHER AND MOTHER
1.				
2.				
3.				
4.				

QUESTION 11 - Did the decedent have any adopted children, or step-children taken into his home?

ANSWER: Yes  No  IF SO, WRITE THEIR NAMES, AGES, AND ADDRESSES IN THE BLANK LINES BELOW:

	NAME	AGE	ADDRESS
1.			
2.			
3.			
4.			
5.			

QUESTION 12 - Did the decedent leave any unpaid debts; and if so, give as nearly as possible, the amount of such debts, and whether they have since been paid. ANSWER: NO

QUESTION 13 - If the decedent left no children, then give below the names and addresses (together with other information called for), of his surviving father, mother, brothers and sisters: ANSWER:

	NAME	RELATIONSHIP	AGE	ADDRESS, OR IF NOT LIVING, DATE OF DEATH
1.				
2.				
3.				
4.				
5.				

QUESTION 14 - If the deceased left no children nor children of a deceased child, then give below the names of any deceased brothers and sisters of the decedent, together with the other information called for: ANSWER:

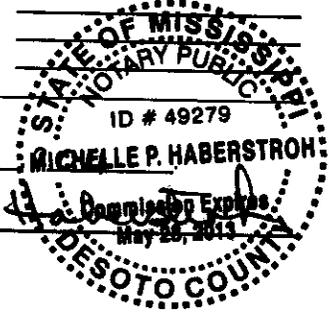
	NAME OF BROTHERS/SISTERS	DATE OF BIRTH	DATE OF DEATH	SURVIVING CHILDREN	IF NOT LIVING DATE OF DEATH
1.					
2.					
3.					
4.					

\* Rachel Tyner  
Affiant

Subscribed and sworn to before me this 18 day of September

My commission expires:  
May 28, 2013

Michelle P. Haberstroh  
Notary Public



CORROBORATION AFFIDAVIT

STATE OF MS (To be signed by some person other than the one making the foregoing affidavit.)  
COUNTY OF Desoto

Gina Rieck

of lawful age, being first duly sworn, upon his oath states: That the information given in the above and foregoing affidavit, made by Gina Rieck Rachel Tyner is true, to the personal knowledge of this affiant.

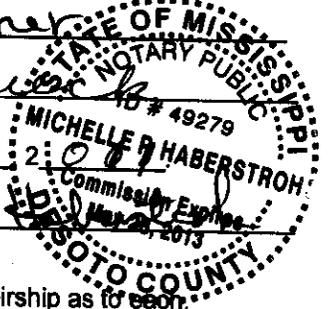
Gina Rieck  
Corroborating Affiant

Subscribed and sworn to before me this 1 day of Sept

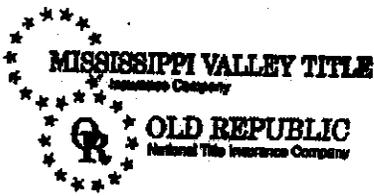
My commission expires:  
May 28, 2013

Notary

Michelle P. Haberstroh  
Public

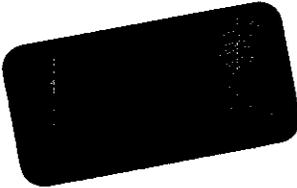


NOTE: If any of heirs of decedent have died since his death, secure separate proof of heirship as to each.



HEIRSHIP AFFIDAVIT

(Heirship of \_\_\_\_\_ Deceased)



STATE OF MS  
COUNTY OF Desoto

Gina Rieck

of lawful age, being first duly sworn, upon his oath deposes and says:

That he was personally well acquainted with the above decedent, during his lifetime, having known him for 20(30) years, and that affiant bears the following relationship to the said decedent, to-wit: brother in law

Affiant further states that the said decedent departed this life at \_\_\_\_\_, in Desoto County, State of MS, on or about May, 05 being 43 years old at the date of his death.

Affiant further states that he was well acquainted with the family and near relatives of the said decedent, and with all those who would under the laws of the State of MS, be his heirs, and that the following statements and the answers to the following named questions are based upon the personal knowledge of affiant and are true and correct:

QUESTION 1 - Did the decedent leave a will? ANSWER: No

QUESTION 2 - If so, has the will been admitted to probate - at what place, and when? ANSWER: \_\_\_\_\_

QUESTION 3 - Has an administrator been appointed for the estate of said deceased? ANSWER: No

QUESTION 4 - If so, give the County in which the said administration proceedings are pending, and the name and address of the administrator. ANSWER: \_\_\_\_\_

QUESTION 5 - Did the decedent receive the benefit of any Medicaid payments? ANSWER: Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, attach copy of Division of Medicaid Waiver of Recovery pursuant to Section 43-13-317.

QUESTION 6 - Give the name and address of the surviving widow or widower of decedent. ANSWER: JANET  
12825 Pinecrest Dr B MS If not living, state date of death \_\_\_\_\_

QUESTION 7 - If the decedent was married more than once, give the name of the former husband or wife, and state whether said former spouse is dead or divorced. ANSWER: \_\_\_\_\_

QUESTION 8 - On the blank lines below, give the names and places of residence of all surviving children of deceased, together with the other information called for: ANSWER: (Give names of surviving children only)

	NAME OF CHILD	DATE OF BIRTH	IF NOT LIVING DATE OF DEATH	NAME OF HUSBAND OR WIFE	ADDRESS OR IF NOT LIVING DATE OF DEATH
1.	<u>Amber Anderson</u>	<u>10-11-96</u>	_____	<u>Houston Hodge Wood</u>	<u>18825 Pinecrest Drive</u>
2.	<u>Brittany Turner</u>	<u>10-01-98</u>	_____	_____	<u>12825 Pinecrest Drive</u>
3.	<u>Brianna Turner</u>	<u>6-2-92</u>	_____	_____	<u>12825 Pinecrest Drive</u>
4.	<u>Brianna</u>	_____	_____	_____	_____

QUESTION 9 - Give below the names of any deceased children of the decedent, together with the other information called for: ANSWER:

	NAME OF CHILD	DATE OF BIRTH	DATE OF DEATH	SURVIVING HUSBAND OR WIFE	IF NOT LIVING DATE OF DEATH
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

QUESTION 10 - Give the names of the children of any deceased son or daughter of the decedent: ANSWER:

	NAME OF CHILD	DATE OF BIRTH	ADDRESS OR IF NOT LIVING, DATE OF DEATH	NAME OF FATHER AND MOTHER
1.				
2.				
3.				
4.				

QUESTION 11 - Did the decedent have any adopted children, or step-children taken into his home?

ANSWER: Yes \_\_\_\_\_ No  IF SO, WRITE THEIR NAMES, AGES, AND ADDRESSES IN THE BLANK LINES BELOW:

	NAME	AGE	ADDRESS
1.			
2.			
3.			
4.			
5.			

QUESTION 12 - Did the decedent leave any unpaid debts; and if so, give as nearly as possible, the amount of such debts, and whether they have since been paid. ANSWER: N/A

QUESTION 13 - If the decedent left no children, then give below the names and addresses (together with other information called for), of his surviving father, mother, brothers and sisters: ANSWER:

	NAME	RELATIONSHIP	AGE	ADDRESS, OR IF NOT LIVING, DATE OF DEATH
1.				
2.				
3.				
4.				
5.				

QUESTION 14 - If the deceased left no children nor children of a deceased child, then give below the names of any deceased brothers and sisters of the decedent, together with the other information called for: ANSWER:

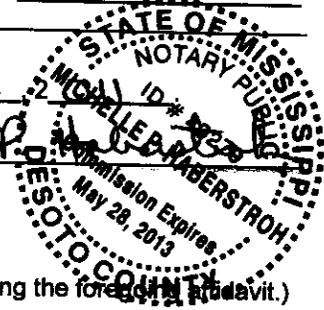
	NAME OF BROTHERS/SISTERS	DATE OF BIRTH	DATE OF DEATH	SURVIVING CHILDREN	IF NOT LIVING DATE OF DEATH
1.					
2.					
3.					
4.					

Gina Rieck  
Affiant

Subscribed and sworn to before me this 1st day of September

My commission expires: May 28, 2013

Michelle P. Habersprong  
Notary Public



CORROBORATION AFFIDAVIT

STATE OF Mississippi (To be signed by some person other than the one making the foregoing affidavit.)  
COUNTY OF DeSoto

Rachel Tynor

of lawful age, being first duly sworn, upon his oath states: That the information given in the above and foregoing affidavit, made by Rachel Tynor Gina Rieck is true, to the personal knowledge of this affiant.

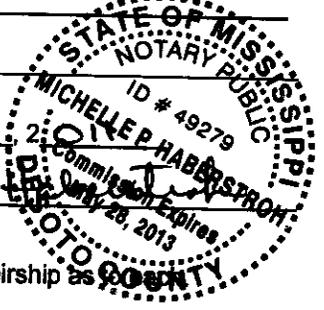
Rachel Tynor  
Corroborating Affiant

Subscribed and sworn to before me this 1st day of September

My commission expires: May 28, 2013

Notary

Michelle P. Habersprong  
Public



NOTE: If any of heirs of decedent have died since his death, secure separate proof of heirship as