

5/3/12 4:22:10  
DK W BK 680 PG 128  
DESO TO COUNTY, MS  
W-E. DAVIS, CH CLERK

**GRANTORS:**

Janis L. Britt  
7772 Walnut Hill Point  
Southaven, MS 38671  
662-520-3635 • 662-429-5277

Joseph Woodrow (Woody) Wright, Jr.  
7737 Fernwood Cove  
Southaven, MS 38671  
901-734-0609 • N/A

Karen Gayle Wright  
1514 Wilbec Road  
Memphis, TN 38118  
901-680-9235 • N/A

**GRANTEES:**

Rosspoint, LLC  
6898 Elmore Road  
Southaven, MS 38671  
901-634-1003 • N/A

Prepared by / Mary Lee Walker Brown - Bar No. 4662

Return to: Walker, Brown & Brown, P. A.  
P. O. Box 276  
2540 Highway 51 South  
Hernando, MS 38632, 662-429-5277

**Indexing Instructions:**

Lot 143, Gardens of Greenbrook Subdivision  
Section 30, Township 1 South, Range 7 West  
Recorded in Plat Book 44, Page 25  
DeSoto County, Mississippi

**WARRANTY DEED**

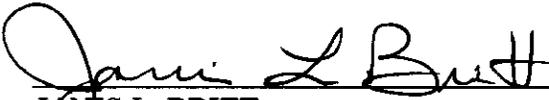
FOR AND IN CONSIDERATION of Ten Dollars (\$10.00), cash in hand paid, and other good and valuable legal consideration, the receipt and sufficiency of which is hereby acknowledged, the Grantors JANIS L. BRITT, JOSEPH WOODROW (WOODY) WRIGHT, JR. and KAREN GAYLE WRIGHT, hereby sell, convey, and warrant unto the Grantee, ROSSPOINT, LLC, the land in DeSoto County, Mississippi, being more particularly described as follows:

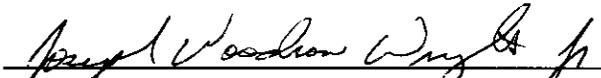
Lot 143, Gardens of Greenbrook, located in Section 30, Township 1 South, Range 7 West, City of Southaven, DeSoto County, Mississippi, as recorded in Plat Book 44, Page 25, in the office of the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation, RUTH R. WRIGHT passed away on January 8, 2011. A copy of her death certificate is attached.

By acceptance of this Deed, the parties agree that this conveyance is made subject to subdivision, health department, zoning and other regulations in effect; restrictive covenants of the subdivision; and rights of way and easements for public roads, flowage, and utilities. The warranty in this deed is subject to any prior conveyance or reservation of minerals of every kind and character, including but not limited to current or prior owners. No such reservation is made by Grantor herein however with this conveyance. Taxes for 2012 shall be paid by the Grantee when due. Possession is to be given upon delivery of this Deed.

EXECUTED this the 3<sup>rd</sup> day of May, 2012.

  
\_\_\_\_\_  
JANIS L. BRITT,  
Grantor

  
\_\_\_\_\_  
JOSEPH WOODROW (WOODY) WRIGHT, JR.  
Grantor

  
\_\_\_\_\_  
KAREN GAYLE WRIGHT,  
Grantor

STATE OF MISSISSIPPI  
COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and for the said county and state, on this 3<sup>rd</sup> day of May, 2012, within my jurisdiction, the within named JANIS L. BRITT, who acknowledged that (he) (she) (they) executed the above and foregoing instrument.

GIVEN under my hand and official seal of office this the 3<sup>rd</sup> day of May, 2012.

Mary Walker Brown  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_



STATE OF MISSISSIPPI  
COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and for the said county and state, on this 3<sup>rd</sup> day of May, 2012, within my jurisdiction, the within named JOSEPH WOODROW (WOODY) WRIGHT, JR., who acknowledged that (he) (she) (they) executed the above and foregoing instrument.

GIVEN under my hand and official seal of office this the 3<sup>rd</sup> day of May, 2012.

Mary Walker Brown  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_



STATE OF MISSISSIPPI  
COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and for the said county and state, on this 3<sup>rd</sup> day of May, 2012, within my jurisdiction, the within named KAREN GAYLE WRIGHT, who acknowledged that (he) (she) (they) executed the above and foregoing instrument.

GIVEN under my hand and official seal of office this the 3<sup>rd</sup> day of May, 2012.

Mary Walker Brown  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

3580mwb Britt et al to Rosspoint WD 2012



STATE OF TENNESSEE  
Office of Vital Records

DK W BK 680 PG 131

TENNESSEE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

STATE FILE NUMBER 011158

TYPENUMBER  
PERMANENT  
TO ACHIEVE  
FOR  
INSTRUCTIONS  
SEE HANDBOOK

82

NAME OF REGISTER

PHYSICIAN OR MEDICAL EXAMINER SIGNATURE MUST BE COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS

SEE INSTRUCTIONS ON OTHER SIDE

1. DECEASED'S NAME (First, Middle, Last) **Velma Ruth Wright**

2. SEX **Female**

3. DATE OF DEATH (Month, Day, Year) **January 9, 2011**

4. SOCIAL SECURITY NUMBER **[REDACTED]**

5. AGE (Last birthday) **87**

6. DATE OF BIRTH (Month, Day, Year) **OCT. 18, 1923**

7. BIRTHPLACE (City and State or Foreign Country) **DREW, MS**

8. MARITAL STATUS (Check only one)  
 Single  Married  Widowed  Divorced  Separated

9. PLACE OF DEATH (Check only one)  
 Home  Nursing Home  Residence  Other (Specify)

10. FACILITY NAME (If not institution, give street and number) **VA Medical Center**

11. CITY, TOWN, OR LOCATION OF DEATH **Memphis**

12. COUNTY OF DEATH **Shelby**

13. MARITAL STATUS (Married, Never Married, Widowed, Divorced) **WIDOWED**

14. SURVIVING SPOUSE (If wife, give maiden name) **NONE**

15. DECEASED'S LEGAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) **SECRETARY**

16. KIND OF BUSINESS/INDUSTRY **SUPERIOR FORWARDING**

17. RESIDENCE STATE **MS**

18. COUNTY **DESOUD**

19. CITY, TOWN OR LOCATION **SOUTHAVEN**

20. STREET AND NUMBER OR RURAL LOCATION **7687 LILLY LANE**

21. MARRIAGE CITY (State) **MS**

22. ZIP CODE **38671**

23. RACE (Specify) **WHITE**

24. DECEASED'S EDUCATION (Specify highest grade completed)  
 Elementary  Secondary (9-12)  College (1-4 or 5-7)

25. FATHER'S NAME (First, Middle, Last) **HENRY COLEMAN REYNOLDS**

26. MOTHER'S NAME (First, Middle, Maiden Surname) **LEONA RAY**

27. DECEASED'S NAME (Typical) **JANIS BRILL**

28. RELATIONSHIP TO DECEASED **DAUGHTER**

29. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **7772 WALNUT HILL POINT SOUTHAVEN MS 38671**

30. METHOD OF DISPOSITION  
 Burial  Cremation  Removal from State  Other (Specify)

31. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **FOREST HILL CEMETERY MIDTOWN**

32. LOCATION (City or Town, State) **MEMPHIS, TN**

33. SIGNATURE OF FUNERAL DIRECTOR **PATRICIA CHATWIN**

34. LICENSE NUMBER OF FUNERAL DIRECTOR **5943**

35. SIGNATURE OF EMBALMER **BRADLEY SHOOK**

36. LICENSE NUMBER OF EMBALMER **3633**

37. NAME AND ADDRESS OF FUNERAL HOME **Forest Hill Funeral Home**

38. LICENSE NUMBER OF FUNERAL HOME **1661 S. Elvis Presley Blvd Memphis, TN 38106**

39. REGISTRAR'S SIGNATURE **Andrea N. Jones**

40. DATE FILED (Month, Day, Year) **1-21-2011**

41. SIGNATURE AND TITLE OF PHYSICIAN **Dr. Harold B. Baker**

42. LICENSE NUMBER **17-14 N. Memphis**

43. DATE SIGNED (Month, Day, Year) **01/18/11**

44. 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) (Type and Print) **SARASWATHY SATHI, MD, Memphis WMC, Memphis TN 1030 Jefferson**

48. PART I. Enter the disease, injury, or complications 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. **Immunodeficiency caused by chronic infection**

49. IMMEDIATE CAUSE (Final disease or condition resulting in death) **Advanced dementia**

50. PROXIMATE CAUSE (Disease or injury the related events resulting in death) LAST

51. PART II. Other important conditions contributing to death but not resulting in the underlying cause given in Part I. **Coronary artery disease, hypothyroidism, falls, comorbid care**

52. WAS AN AUTOPSY PERFORMED?  Yes  No

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

54. MANNER OF DEATH  
 Natural  Pending Investigation  Accident  Suicide  Could not be determined  Homicide

55. DATE OF INJURY (Month, Day, Year)

56. TIME OF INJURY

57. INJURY AT WORK?  Yes  No

58. DESCRIBE HOW INJURY OCCURRED

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

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

4480198

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 erasure voids this certification.

Tennessee Code Annotated 68-3-104 et seq.; Vital Records Act of 1977. **JAN 25 2011**

*T. S. Hendricks*  
Teresa S. Hendricks  
STATE REGISTRAR

*Dorris Conner*  
Dorris Conner  
Local Registrar  
Shelby County

Date Issued

CERTIFICATION OF VITAL RECORD

