

LS 6/25/12 10:29:25
LS DK W BK 683 PG 526
SS DESOTO COUNTY, MS
W.E. DAVIS, CH CLERK

Prepared by ~~XXXXXXXXXX~~

The Blackburn Law Firm, PLLC
8429 Industrial Drive
Olive Branch, MS 38654
662-895-6116

Grantor:
Nina S. Glass

Address:
8878 Parkview Oaks Cr
Olive Branch, MS 38654

Phone: 662-893-2469
- SAME

Grantee:
Donald Murphy &
Teresa Murphy

Address:
9219 Lakeside Drive
Olive Branch, MS 38654

Phone: 901-433-7377
- SAME

RETURN TO:
JONES WALKER
P. O. BOX 1456
OLIVE BRANCH, MS 38654-1456
(662) 895-2996

Indexing Instructions: Lot 88, The Plantation, Phase II, Section "B", Plantation Lakes, PUD (R-2) located in Section 22, Township 1 South, Range 6 West, Plat Book 45, Pages 28-30, DeSoto County, Mississippi.

WARRANTY DEED

NINA S. GLASS,

GRANTOR

TO

DONALD MURPHY, ET UX,

GRANTEE

FOR AND IN CONSIDERATION of the sum of TEN DOLLARS (\$10.00) cash in hand paid and other good valuable consideration, the receipt of all of which is hereby acknowledged, **NINA S. GLASS**, does hereby sell, convey and warrant unto **DONALD MURPHY and wife, TERESA MURPHY**, as tenants by the entirety with full rights of survivorship and not as tenants in common, the land lying and being situated in DeSoto County, Mississippi, more particularly described as follows, to-wit:

Lot 88, The Plantation, Phase II, Section "B", Plantation Lakes, P.U.D. (R-2) located in Section 22, Township 1 South, Range 6 West, DeSoto County, Mississippi as recorded in Plat Book 45, Pages 28-30 in the Office of the Chancery Clerk of DeSoto County, Mississippi.

4

By way of explanation, Nina S. Glass, received sole interest in the above described real property by way of survivorship. James V. Glass departed this life on 5-3-2003. A copy of his death certificate is attached hereto for reference.

The above described real property is conveyed subject to road rights of way, public utility easements and zoning, subdivision, and health department regulations of the City of Olive Branch, County, Mississippi; subject to any matters which might be revealed by an accurate current survey; subject to any prior reservation or conveyance of oil, gas or mineral rights of any kind or character whatsoever; subject to covenants, limitations, and restrictions of said subdivision as found on plat of said subdivision of record in Plat Book 45, Pages 28-30, and/or elsewhere, of the records of County, Mississippi; and subject to taxes for the year 2012 and all subsequent years.

Taxes for the year 2012 are being pro-rated on an estimated basis as part of this closing, Grantor shall be liable and responsible to Grantee for any shortage in such amount which may be determined upon publication of said taxes. Grantee, its heirs, successors, and assigns shall be liable for the taxes for all subsequent years.

IN TESTIMONY WHEREOF, witness the signature of the Grantor on this the 18 day of June, 2012.

Nina S. Glass
NINA S. GLASS

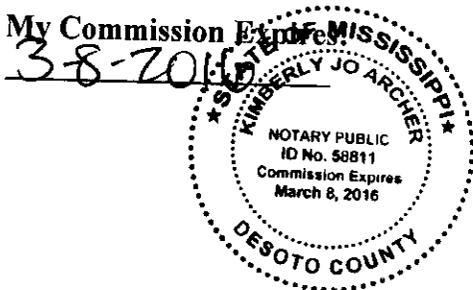
STATE OF MISSISSIPPI

COUNTY OF DESOTO

PERSONALLY appeared before me, the undersigned authority of law in and for this jurisdiction, the within named NINA S. GLASS, who acknowledged to me that she executed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned as his/her free and voluntary act and deed and for the purposes therein expressed.

GIVEN under my hand and official seal on this the 18 day of June, 2012.

Kimberly Jo Archer
NOTARY PUBLIC



E/PRINT
IN
VANET
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ANDBOOK



TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

DK # BK 683 PG 528

STATE FILE
NUMBER

1. DECEDENT'S NAME (First, Middle, Last) **JAMES V. GLASS**

2. SEX **MALE** 3. DATE OF DEATH (Month, Day, Year) **MAY 3, 2003**

4. SOCIAL SECURITY NUMBER **79** 5a. AGE-LAST BIRTHDAY (Years) **79** 5b. UNDER 1 YEAR **MOB.** 5c. UNDER 1 DAY **HOURS MIN.** 6. DATE OF BIRTH (Month, Day, Year) **OCT. 9, 1923** 7. BIRTHPLACE (City and State or Foreign Country) **LAKE COUNTY, TENNESSEE**

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 No 9a. PLACE OF DEATH (Check only one) **HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)**

9b. FACILITY NAME (If not institution, give street and number) **BAPTIST HOSPITAL EAST** 9c. CITY, TOWN, OR LOCATION OF DEATH **MEMPHIS** 9d. COUNTY OF DEATH **SHELBY**

10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) **MARRIED** 11. SURVIVING SPOUSE (If wife, give maiden name) **SUE EDGIN** 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) **OWNER/OPERATOR** 12b. KIND OF BUSINESS/INDUSTRY **JIM'S AUTO PAINT & BODY SHOP**

13a. RESIDENCE-STATE **MISSISSIPPI** 13b. COUNTY **DESOTO** 13c. CITY, TOWN OR LOCATION **OLIVE BRANCH** 13d. STREET AND NUMBER OR RURAL LOCATION **9219 LAKESIDE DRIVE**

13e. INSIDE CITY LIMITS? 1 Yes 2 No 13f. ZIP CODE **38654** 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes No Specify, if yes: 15. RACE—American Indian, Black, White, etc. (Specify) **WHITE** 16. DECEDENT'S EDUCATION (Specify only highest grade completed) **8**

17. FATHER'S NAME (First, Middle, Last) **JESSE EDWARD GLASS** 18. MOTHER'S NAME (First, Middle, Maiden Surname) **PEARL SWINDLE**

19a. INFORMANT'S NAME (Type/Print) **SUE GLASS** 19b. RELATIONSHIP TO DECEASED **SPOUSE** 19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **9219 LAKESIDE DRIVE OLIVE BRANCH, MS 38654**

20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **FOREST HILL EAST CEMETERY** 20c. LOCATION—City or Town, State **MEMPHIS, TN**

21a. SIGNATURE OF FUNERAL DIRECTOR **P. CHAD SMITH** 21b. LICENSE NUMBER OF FUNERAL DIRECTOR **5043** 21c. SIGNATURE OF EMBALMER **ROY BLAYLOCK** 21d. LICENSE NUMBER OF EMBALMER **3586**

22a. NAME AND ADDRESS OF FUNERAL HOME **FOREST HILL FUNERAL HOME 2440 WHITTEN ROAD MEMPHIS, TN 38133** 22b. LICENSE NUMBER OF FUNERAL HOME **918**

23. REGISTRAR'S SIGNATURE **Mary Ann Bradshaw Deputy** 24. DATE FILED (Month, Day, Year) **MAY 20 2003**

25a. PHYSICIAN: To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated. 1. SIGNATURE AND TITLE OF PHYSICIAN **John Adams, Jr. MD** 25b. LICENSE NUMBER **MD 16559** 25c. DATE SIGNED (Month, Day, Year) **5/13/03**

25a. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated. 2. SIGNATURE AND TITLE OF MEDICAL EXAMINER

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) **DR. JOHN ADAMS, JR. 1325 WOLF PARK DRIVE SUITE 102 GERMANTOWN, TENNESSEE 38138**

28. PART I. Enter the diseases, injuries, 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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. **Bowel Ischemia** DUE TO (OR AS A CONSEQUENCE OF): **one day**

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

b. DUE TO (OR AS A CONSEQUENCE OF):

c. DUE TO (OR AS A CONSEQUENCE OF):

d. DUE TO (OR AS A CONSEQUENCE OF):

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

29a. WAS AN AUTOPSY PERFORMED? 1 Yes 2 No 29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No

30. MANNER OF DEATH 1 Natural 2 Accident 3 Suicide 4 Homicide 5 Pending investigation 6 Could not be determined

31a. DATE OF INJURY (Month, Day, Year) 31b. TIME OF INJURY **M** 31c. INJURY AT WORK? 1 Yes 2 No 31d. DESCRIBE HOW INJURY OCCURRED

31e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

DECEDENT

PARENTS

INFORMANT

DISPOSITION

REGISTRAR

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE MUST BE AND SIGN U. CERTIFICATION 48 HOURS.

INSTRUCTIONS OTHER SIDE

CAUSE OF DEATH

MEMPHIS & SHELBY COUNTY HEALTH DEPARTMENT-814 JEFFERSON AVE.,
MEMPHIS, TENNESSEE. THIS IS TO CERTIFY that this is a true and correct copy of
the record filed with the Tennessee Vital Records by the Memphis and Shelby County
Health Department.

SEAL

Date Issued **MAY 23 2003**

by *Kenneth Al Johnson*
Kenneth Johnson, Registrar
Vital Records Section