

Prepared by and Return to:
Hugh H. Armistead, Attorney
MS Bar No. 1615
6879 Crumpler Boulevard, Suite 100
Olive Branch, MS 38654
662-895-4844

KATHY BAIRD
736 Westmoreland Drive West, Mobile, AL 36609
Home No. (251) 583-6156; Business No. Same

GRANTOR,

TO

WARRANTY DEED

KEVIN P. DAIGLER, ET UX
2193 Dickens Place Drive, Southaven, MS 38672
Home No. (901) ~~652 2230~~; Business No. (662) ~~536-1428~~

GRANTEES

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, I, **KATHY BAIRD**, the undersigned Grantor, do hereby sell, convey and warrant unto **KEVIN P. DAIGLER** and wife, **JOANNA L. DAIGLER**, 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, described as follows, to-wit:

Lot 379, Section "F", Dickens Place Subdivision, situated in Section 9, Township 2 South, Range 7 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 79, at Pages 12-13, in the Office of the Chancery Clerk of DeSoto County, Mississippi.

The warranty in this Deed is subject to subdivision and zoning regulations in effect in the City of Southaven and DeSoto County, Mississippi; to rights of ways and easements for public roads and public utilities shown or not shown on the public records; to the restrictive covenants of said subdivision; and to any prior conveyances or reservation of minerals of every kind and character, including, but not limited to oil, gas, sand and gravel, in, on and under subject property.

Grantor further warrants that the subject property does not constitute any part of her homestead.

Taxes for the year 2012 are to be prorated and possession is to take place upon delivery of deed.

WITNESS MY SIGNATURE, this the 27 day of September, 2012.

Kathy Baird
KATHY BAIRD

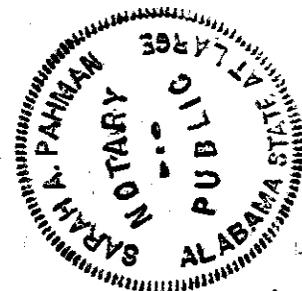
STATE OF ALABAMA

COUNTY OF Mobile

PERSONALLY APPEARED BEFORE ME, the undersigned authority in and for the said county and state, on this 27 day of September, 2012, within my jurisdiction, the within named KATHY BAIRD, who acknowledged that she executed the above and foregoing Warranty Deed.

Lenora
NOTARY PUBLIC

My Commission Expires: 09/26/11



exp - 6/30/13

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

DK W BK 691 PG

TYPE ON FRONT
WITH BLACK INK

ISSUING
DATE MAY 8 5 2006

CERTIFICATE OF DEATH

STATE FILE NUMBER 123-06-010354

DECEASED	1. NAME RONALD KEITH BAIRD		2. SEX MALE	3a. HOUR OF DEATH 4:00P	3b. DATE OF DEATH (Month, Day, Year) APRIL 30, 2006
	4. RACE (Specify White, Black, American Indian, etc.) WHITE	5a. AGE AT LAST BIRTHDAY 34	5b. MOSE 4	5c. DAYS 5	5d. HOURS 4
If death occurred in an institution, see HANDBOOK, regarding completion of appropriate forms	7a. CITY OR TOWN OF DEATH SOUTHAVEN	7b. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (if not in other, give street address, route number or other location) 2193 DICKENS PL.		7c. DATE OF BIRTH (Month, Day, Year) NOV. 24, 1971	7d. COUNTY OF DEATH DESOTO, CO.
	8. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary School, College	9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	11. SURVIVING SPOUSE (if wife, give name) KATHY FRAZIER	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) NO	
For MEMORIAL Book, enter actual location of home other than mailing address	13. ORIGIN OR DESCENT (Specify Cuban, American, Mexican, etc.) WHITE AMERICAN	14. SOCIAL SECURITY NUMBER	15a. OCCUPATION (Kind of work done) (Specify) SELF EMPLOYED	15b. KIND OF BUSINESS OR INDUSTRY SNAP ON TOOLS	
	16a. RESIDENCE—STATE MISSISSIPPI	16b. COUNTY DESOTO	16c. CITY OR TOWN SOUTHAVEN	16d. RURAL CITY LIMITS (Specify)	16e. STREET AND NUMBER OR RURAL LOCATION 2193 DICKENS PL.
PARENTS	17. FATHER—NAME JERRY BAIRD		18. MOTHER—NAME CAROLYN RHODES		
	19a. INFORMANT—NAME (Type or print) KATHY BAIRD		19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 2193 DICKENS PL. SOUTHAVEN, MS. 38671		
DISPOSITION	20a. BURIAL, CREMATION, REBURY, etc. (Specify) BURIAL	20b. CEMETERY, CREMATORIUM—NAME FOREST HILL SOUTH	20c. LOCATION (City and State) MEMPHIS, TN.	20d. EMBALMER—SIGNATURE AND NUMBER BRADLEY SHOOK 5655	
	21a. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER FOREST HILL SOUTH 920		21b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 2545 E. HOLMES RD. MEMPHIS, TN. 38118		
PRONOUNCEMENT	22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) Bill Baldwin DCMEI		22b. PRONOUNCED DEAD (Month, Day, Year) April 30, 2006		22c. PRONOUNCED DEAD (Hour) 6:00P
	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		
CERTIFIER	24a. In the best of my knowledge, death occurred due to the cause(s) and manner as stated: 1. Cause: CARDIOMYOPATHY		24b. On the basis of my examination and investigation, in my opinion, death occurred due to the cause(s) and manner as stated: 1. Cause: CARDIOMYOPATHY		
	25a. DATE SIGNED (Month, Day, Year) MAY 17, 2006		25b. TITLE DEPUTY CHIEF		
MANNER OF DEATH	26. PART I: MANNER OF DEATH CAUSED BY: (a) Cardiomyopathy		Interval between onset and death		
	(b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		Interval between onset and death		
Did Decedent Became Pregnant Within 90 Days Prior to Death? Yes <input type="checkbox"/> No <input type="checkbox"/>	27. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause (When in PART I)		27. AUTOPSY (Yes or No) Yes		28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) Yes
	29a. ACCIDENT, SUICIDE, HOMICIDE, PEACE, INVESTIGATION, OR UNDETERMINED (Specify)	29b. DATE OF INJURY (Month, Day, Year)	29c. HOUR OF INJURY	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

Brian W. Amy, MD, MHA, MPH
STATE HEALTH OFFICER

MAY 25 2006

Judy Mendenhall
STATE REGISTRAR

WARNING:

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