

Prepared by & Return to:

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

Grantor:

Ella Burford Darnell

Address:

5573 Sycamore Road  
Coldwater, MS 38618

Phone: 662-233-4827

N/A

Grantee:

Laura Darnell Power

Address:

123 Cotton  
Leland, MS 38756

Phone: 662-233-4827

N/A

***INDEXING INSTRUCTIONS: Lot 4, Ella's Place Subdivision, Unrecorded Plat, Southeast 1/4, Section 36, Township 3 South, Range 6 West, DeSoto County, Mississippi***

**QUITCLAIM DEED**

**ELLA BURFORD DARNELL,**

**GRANTOR**

**TO:**

**LAURA DARNELL POWER,**

**GRANTEE**

FOR AND IN CONSIDERATION of the sum of Ten (\$10.00) Dollars cash in hand paid and other good and valuable considerations, the receipt, adequacy and sufficiency of which is hereby acknowledged, I, **ELLA BURFORD DARNELL**, Grantor, do hereby grant, bargain, sell, quitclaim and convey unto my granddaughter, **LAURA DARNELL POWER**, Grantee, the following described property lying and being situated in DeSoto County, Mississippi, being more particularly described as follows, to-wit:

A 3.03, more or less, acre tract of land located in the Southeast Quarter of Section 36, Township 3 South, Range 6 West, DeSoto County, Mississippi being also known as Lot 4, Ella's Place Subdivision, on the unrecorded plat of said subdivision, a copy of which is attached hereto for reference.

This conveyance is made subject to all applicable building restrictions, restrictive covenants, and easements of record.

Being the same property devised to Ella Burford Darnell by and through the Last

Will and Testament of James Howard Darnell. James Howard Darnell departed this life on September 17, 1982 and his Last Will was administered in the Chancery Clerk's Office of Tate County, Mississippi, cause number P82-9-111. A copy of his death certificate is attached hereto for reference.

By way of explanation, Ella Darnell, Ella Burford Darnell, Ella B. Darnell, Ella Lorraine Darnell and Ella L. Darnell are all one and the same

TO HAVE AND TO HOLD the above quitclaimed premises, together with all and singular the hereditament and appurtenances thereunder belonging or in any wise appertaining to said Grantee, her assigns and heirs, forever.

THIS INSTRUMENT WAS PREPARED WITHOUT THE BENEFIT OF SURVEY, TITLE EXAMINATION OR SERVING AS CLOSING AGENT, FROM INFORMATION FURNISHED TO THE BLACKBURN LAW FIRM, PLLC. THE BLACKBURN LAW FIRM, PLLC, PREPARER OF THIS DEED, MAKES NO WARRANTIES AS TO TITLE TO THE PROPERTY OR TO THE ACCURACY OF INFORMATION FURNISHED.

WITNESS the signature of the said Grantor, on this the 26 day of December, 2012.

Ella Burford Darnell  
ELLA BURFORD DARNELL

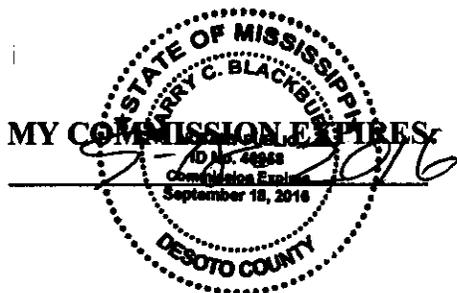
STATE OF MISSISSIPPI

COUNTY OF DESOTO

PERSONALLY appeared before me, the undersigned authority of law in and for said County and State, the within named **ELLA BURFORD DARNELL** who acknowledged that she executed and delivered the above and foregoing Quitclaim Deed on the day and year therein mentioned as her free and voluntary act and deed and for the purposes therein expressed.

GIVEN under my hand and official seal of office, this the 26 day of December, 2012.

[Signature]  
NOTARY PUBLIC





PRELIMINARY/FINAL PLAT OF

# ELLA'S PLACE

SECTION 36, TOWNSHIP 3 SOUTH, RANGE 6 WEST  
DESO TO COUNTY, MISSISSIPPI

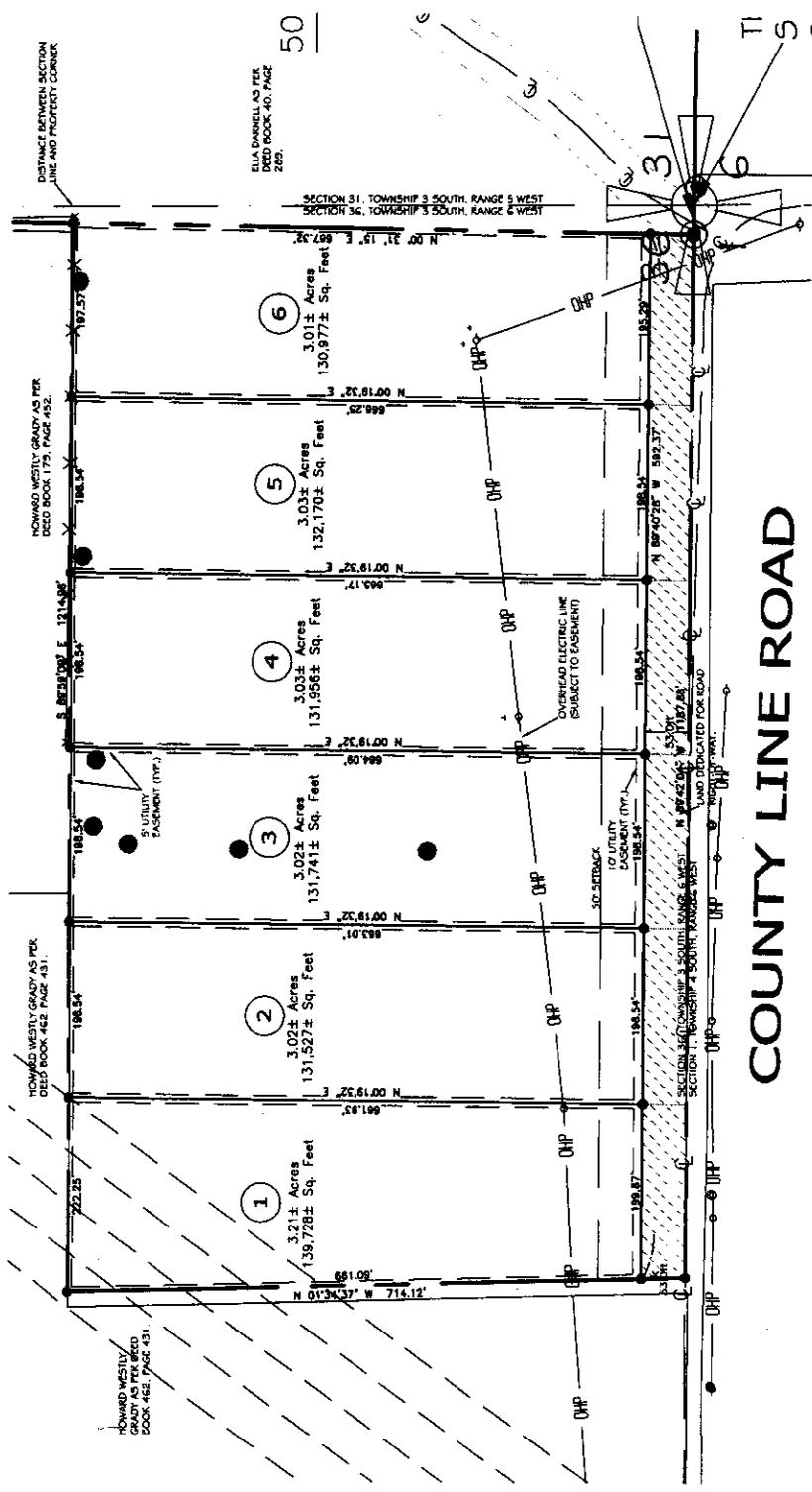
SCALE: 1" = 100'

JANUARY, 2007

ZONING: A  
TOTAL AREA: 19.8 ACRES  
TOTAL LOTS: 6

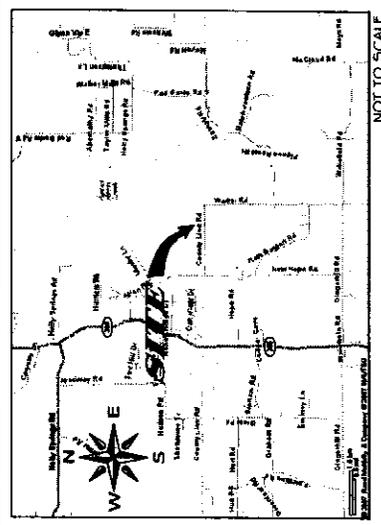
DEVELOPER  
**ELLA DANKELL**  
5973 STAMORE ROAD  
COLDWATER, MS 38618

**RUSSELL & COMPANY, LLC**  
SURVEYORS  
ENGINEERS  
LAND PLANNERS  
REGISTRATION NO. 1000000000  
PHONE: 662-791-7414



## COUNTY LINE ROAD

### VICINITY MAP



- NOTES:  
1. DIMENSIONAL SETBACKS ARE AS FOLLOWS:  
A. 5'0" FRONT  
B. 4'0" REAR  
C. 15' SIDE
2. A 10 FOOT WIDE UTILITY EASEMENT IS REQUIRED ON ALL STREET FRONTAGE AND 5' ALONG EACH REAR LOT LINE. A 5 FOOT WIDE UTILITY EASEMENT IS REQUIRED ALONG EACH SIDE OF EACH LOT LINE.
3. THIS PROPERTY IS NOT LOCATED IN A 100 YEAR FLOOD HAZARD AREA, ACCORDING TO FEMA MAP NO. 28083C0270 G, DATED JUNE 4, 2007.
4. IRON PINS ARE SET ON THE PROPERTY CORNERS.
5. ALL BOUNDARIES ARE REFERENCED TO MISSISSIPPI STATE PLANE COORDINATES IN 2011 WEST, AND ON GRID NORTH BY GPS OBSERVATION.
6. THIS PROPERTY HAS BEEN ZONED 'A' AND ALL SETBACKS AND EASEMENTS REFLECT THE REQUIREMENTS THEREOF.
7. THIS SURVEY ONLY SHOWS VISIBLE EVIDENCE THAT MAY REQUIRE EASEMENTS TO UNCOVER ALL RECORDED EASEMENTS. A TITLE SEARCH WOULD BE REQUIRED.

NOT TO SCALE

# STATE OF MISSISSIPPI

## MISSISSIPPI STATE BOARD OF HEALTH OFFICE OF PUBLIC HEALTH STATISTICS VITAL RECORDS

### CERTIFICATE OF DEATH

STATE FILE NUMBER **123-**

REGISTRAR'S NUMBER

1. DECEASED—NAME First Middle Last  
**James Howard Darnell** 2. SEX **Male** 3. DATE OF DEATH (Month, Day, Year)  
**September 17, 1982**

4. RACE (Specify White, Black, American Indian, etc.) **White** 5a. AGE AT LAST BIRTHDAY **56** Years ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY 5b. MOS. 5c. DAYS 5d. HOURS 5e. MINS. 6. DATE OF BIRTH (Month, Day, Year) **August 17, 1926** 7a. COUNTY OF DEATH **Tate**

7b. CITY OR TOWN OF DEATH **Coldwater** 7c. HOSPITAL OR OTHER INSTITUTION—NAME AND NUMBER (If not in either, give street address, route number, or other location) **Route 3, Box 270** 7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM., OR DOA **N.A.**

8. STATE OF BIRTH **Mississippi** 9. CITIZEN OF WHAT COUNTRY **U.S.A.** 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 11. SURVIVING SPOUSE (If wife, give maiden name) **Ella Burford** 12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) **Yes**

13. ORIGIN OR DESCENT (Specify German, Cuban, Afro-American, Mexican, etc.) **American** 14. SOCIAL SECURITY NUMBER **4** 15a. USUAL OCCUPATION (Kind of work done most of working life) **Farmer** 15b. KIND OF BUSINESS OR INDUSTRY **Own Farm**

16a. RESIDENCE—STATE **Mississippi** 16b. COUNTY **Tate** 16c. CITY OR TOWN **Coldwater** 16d. INSIDE CITY LIMITS (Specify Yes or No) **No** 16e. STREET AND NUMBER OR RURAL LOCATION **Route 3, Box 270**

17. FATHER—NAME First Middle Last **Robert Lee Darnell** 18. MOTHER—NAME First Middle Maiden **Annie Fore**

19a. INFORMANT—NAME (Type or print) **Mrs. Ella Burford Darnell** 19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) **Route 3, Box 270 Coldwater, Mississippi 38618**

20a. BURIAL CREMATION, REMOVAL (Specify) **Burial** 20b. CEMETERY, CREMATORY—NAME **Mt. Zion Cemetery** 20c. LOCATION (City and State) **Independence, Ms.** 21a. EMBALMER—SIGNATURE AND NUMBER **Harry Jones, Jr. 1072**

21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER **C.O. Pate Funeral Home 69P** 21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) **P.O. Box 247 Senatobia, Mississippi 38668**

22a. CERTIFIER—NAME (Type or print) **A.D. Powell, M.D.** 22b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) **Box J Coldwater, Ms. 38618**

23a. To the best of my knowledge, death occurred at the time, date, and place and due to the cause stated. SIGNATURE **A.D. Powell, MD** 24a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, and place and due to the cause stated. SIGNATURE, TITLE **Harry Jones, Jr.**

23b. DATE SIGNED (Month, Day, Year) **9/20/82** 23c. HOUR OF DEATH **6 A.M.** 24b. DATE SIGNED (Month, Day, Year) 24c. HOUR OF DEATH

23d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) 24d. PRONOUNCED DEAD (Month, Day, Year) 24e. PRONOUNCED DEAD (Hour)

25. PART I: IMMEDIATE CAUSE (Enter one cause only) (a) **D.O.A. Possible Myocardial Infarction** Interval between onset and death **Immediate**

(b) **Hypertensive Cardiovascular Disease** Interval between onset and death **14 hr.**

(c) Interval between onset and death

26. PART II: OTHER SIGNIFICANT CONDITIONS— Conditions contributing to death but not related to cause given in PART I (a) 27. AUTOPSY (Yes or No) **NO** 28. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes or No) **NO**

29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING 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

30a. REGISTRAR SIGNATURE **Virginia V. Phillips** 30b. DATE CERTIFICATE RECEIVED (Month, Day, Year) **Sept 28, 1982**

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

**Alton B. Cobb, M.D.**  
Alton B. Cobb, M.D.  
STATE HEALTH OFFICER

OCTOBER 4, 1982

**David Lohrlich**  
David Lohrlich  
STATE REGISTRAR

