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Risty Heffner, Chancery Court Clerk  
DeSoto County, MS  
COBBORNE, DC

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

JO ELLEN COX  
7528 Bethel Road, Olive Branch, MS 38654  
Home/Business Telephone No. (662) 975-7133

GRANTOR,

TO

WARRANTY DEED

ROBERT A. BROWN, ET UX,  
7468 Bethel Road, Olive Branch, MS 38654  
Home/Business Telephone No. (901) 297-2000

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, **JO ELLEN COX**, the undersigned Grantor, do hereby sell, convey and warrant unto **ROBERT A. BROWN and wife, TANGELA L. BROWN**, 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:

**Lots 16 and 17, Section "B", A. E. Allison Subdivision**, situated in Section 20, Township 2 South, Range 6 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 7, at Page 42, in the Office of the Chancery Clerk of DeSoto County, Mississippi.

**LESS AND EXCEPT: A tract of land being part of Lots 16 and 17 of the said A. E. Allison Subdivision, Section "B", and more particularly described as follows:**

Commencing at an iron pin found at the Northwest corner of Lot 16 of said A. E. Allison Subdivision, Section "B", thence North 89 degrees 02 minutes 48 seconds East along the North line of Lots 16 and 17 a distance of 414.70 feet (call = 414.86 feet) to an iron pin found; thence South 00 degrees 14 minutes 20 seconds East along the East line of Lot 17 a distance of 315.21 feet to an iron pin set; thence South 89 degrees 02 minutes 48 seconds West a distance of 414.52 feet to an iron pin set on the West line of Lot 16; thence North 00 degrees 16 minutes 22 seconds West a distance of 315.21 feet to the Point of Beginning and containing 3.0 acres subject to existing easements, right of ways, subdivision and zoning regulations in effect in DeSoto County, Mississippi.

The warranty in this Deed is subject to subdivision and zoning regulations in effect in 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.

By way of information, Grantor is the surviving spouse of Gerald Robert Cox, who departed this life on December 13, 2016, a copy of his death certificate being attached hereto as evidence thereof.

Taxes for the year 2017 are to be prorated and possession shall take place upon delivery of deed.

WITNESS MY SIGNATURE, this the 31<sup>st</sup> day of May, 2017.

Jo Ellen Cox  
JO ELLEN COX

STATE OF MISSISSIPPI

COUNTY OF DESOTO

PERSONALLY APPEARED BEFORE ME, the undersigned authority in and for the said county and state, on this 31<sup>st</sup> day of May, 2017, within my jurisdiction, the within named **JO ELLEN COX**, who acknowledged that she executed the above and foregoing Warranty Deed.

Katherine Hopkins  
NOTARY PUBLIC



## STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH  
VITAL RECORDS

12395559

FILING DATE: JAN 03 2017 CERTIFICATE OF DEATH STATE OF MISSISSIPPI STATE FILE NO: 123-2017-019319

1. DECEASED'S LEGAL NAME (Print, Surname, Last) <b>Gerald Robert Cox</b>		1 SEX <b>M</b>	11. MONTH OF DEATH <b>8:18 am</b>	12. DATE OF DEATH (Month, Day, Year) <b>December 13, 2016</b>
2. RACE (Check one or more races to indicate who the decedent considered himself or herself to be) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Korean <input type="checkbox"/> Asian Indian <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Other Pacific Islander (Specify) _____				
3. PLACE OF BIRTH (Print, Surname, First, Middle, Last) <input type="checkbox"/> American born in Alaska (Specify the place of birth if reported other than in parentheses) <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Foreign born (Specify the country of birth) <input type="checkbox"/> Other (Specify) _____				
4. AGE AT LAST BIRTHDAY <b>79</b>	5. DATE OF BIRTH (Month, Day, Year) <b>October 26, 1937</b>	6. BIRTH PLACE (Country, State, County) <b>Lincoln, NE</b>		
7. PLACE OF DEATH <input type="checkbox"/> Home <input type="checkbox"/> Hospital <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Long-term care facility <input type="checkbox"/> Other (Specify) _____		8. DATE OF DEATH (Month, Day, Year) <b>December 13, 2016</b>		
9. FACILITY NAME (If care in facility, give street address, room number, or other location) <b>North Delta Hospice</b>		10. CITY, TOWN OR LOCATION OF DEATH <b>Southaven</b>		
11. DEATH CERTIFICATE NUMBER <b>38671</b>		12. COUNTY OF DEATH <b>DeSoto</b>		
13. DECEASED'S EDUCATION - Check one box that best describes the decedent's highest degree or level of education completed or in progress. <input type="checkbox"/> 7 years or less <input type="checkbox"/> 8-12 years, no diploma <input type="checkbox"/> High school diploma or GED completed <input type="checkbox"/> Some college, no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MEd, MEd, MEd) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LL.S., JD) <input type="checkbox"/> Unknown				
14. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown				
15. DECEASED'S RELIGION (Check one box that best describes the decedent's religion or spiritual beliefs, or both, if different from those reported on the decedent's last will and testament) <input type="checkbox"/> No Religion/Atheist/Agnostic <input type="checkbox"/> Yes, Christian <input type="checkbox"/> Yes, Muslim <input type="checkbox"/> Yes, Jewish <input type="checkbox"/> Yes, Hindu <input type="checkbox"/> Yes, Buddhist <input type="checkbox"/> Yes, Other (Specify) _____				
16. SOCIAL SECURITY NUMBER <b>2142</b>				
17. RESIDENCE - STATE <b>MS</b>	18. COUNTY <b>DeSoto</b>	19. ZIP CODE <b>38654</b>	20. STREET AND NUMBER OR RURAL LOCATION (Include apartment number) <b>7528 Bethel Rd.</b>	
21. FATHER'S NAME (Print, Surname, Last) <b>Charles Cox</b>		22. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (Print, Surname, Last) <b>Neva Cloister</b>		
23. DECEASED'S RELATIONSHIP TO DECEASED <b>Wife</b>		24. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) <b>7528 Bethel Rd. Olive Branch, MS 38187</b>		
25. DISPOSITION OF BODY (Specify, burial, cremation, donation, etc.) <b>Transit Memphis Svc. Center, Memphis, TN</b>		26. FUNERAL HOME (Name and address, City or town, State, ZIP Code) <b>Transit Memphis Svc. Center, Memphis, TN</b>		
27. FUNERAL HOME (Name and address, City or town, State, ZIP Code) <b>Transit Memphis Svc. Center, Memphis, TN</b>		28. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) <b>P.O. Box 17069, Memphis, TN 38187</b>		
29. FUNERAL HOME (Name and address, City or town, State, ZIP Code) <b>Transit Memphis Svc. Center, Memphis, TN</b>		30. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) <b>P.O. Box 17069, Memphis, TN 38187</b>		
31. PERSON WHO FURNISHED DEATH - NAME AND TITLE (Type or print) <b>Makshar Holts - RN</b>				
32. NAME OF CERTIFYING PHYSICIAN OR CORNER (Type or print) <b>Jeffery Pounders</b>				
33. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) <b>4942 Pounders Rd, Neshit, MS 38651</b>				
34. DATE OF DEATH (Month, Day, Year) <b>December 13, 2016</b>				
35. TIME OF DEATH (Month, Day, Year) <b>8:18 am</b>				
36. CAUSE OF DEATH (Print, Surname, First, Middle, Last) <b>Hepatocellular Carcinoma</b>				
37. PART II - OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given on PART I <input type="checkbox"/> Due to, or as a consequence of (Enter one cause only) <input type="checkbox"/> Due to, or as a consequence of (Enter two causes only) <input type="checkbox"/> Due to, or as a consequence of (Enter three causes only)				
38. AUTOPSY (Type or print) <b>NO</b>				
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99. AUTOPSY (Type or print) <b>NO</b>				
100. AUTOPSY (Type or print) <b>NO</b>				

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

1/10/2017 *Judy Moulder*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.

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