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FILED

2018 JAN 16 PM 12 31

WAYNE SMITH
CHANCERY CLERK

THIS INSTRUMENT PREPARED BY:

Richard & Thomas, PLLC
132 Westover Drive
Hattiesburg, MS 39402
(601) 602-2457

RETURN TO:

Richard & Thomas, PLLC
132 Westover Drive
Hattiesburg, MS 39402
(601) 602-2457

Indexing Instructions: The property described in this instrument is situated in Lot 5, Kensington Woods Subdivision, Second Addition, Lamar County, Mississippi. Please index accordingly in the sectional index.

STATE OF MISSISSIPPI

COUNTY OF LAMAR

QUITCLAIM DEED

FOR AND IN CONSIDERATION of the sum of Ten Dollars (10.00), cash in hand paid, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned GRANTOR(S)

DECARLO HOOD and wife, CHAKA JACKSON

Address: [REDACTED]
Hattiesburg, MS 39402
Phone: [REDACTED]

does hereby grant, bargain, sell, convey and quitclaim unto GRANTEE(S)

CHAKA K. JACKSON

Address: [REDACTED]
Hattiesburg, MS 39402
Phone: [REDACTED]

the following described real property, lying and being situate in Lamar County, Mississippi, described as follows, to-wit:

[REDACTED], Lamar County, Mississippi, as per map or plat thereof on file and of record in the office of the Chancery Clerk of Lamar County, Mississippi; all together with all improvements thereon and appurtenances thereunto belonging.

Grantee shall be responsible for county and state ad valorem taxes for 2017.

The above warranty and this conveyance is made subject to prior reservations of oil, gas and other minerals by former owners.

The above warranty and this conveyance is made subject to any and all valid and outstanding oil, gas and mineral leases, exceptions, reservations and conveyances.

The above warranty and this conveyance is made subject to any and all covenants, restrictions or conditions of record or in use of the subject property, and any and all rights of way and easements for public roads and public utilities as presently laid out, constructed or in use.

WITNESS OUR SIGNATURES on this 10th day of January, A.D., 2018.

[Signature]
DECARLO HOOD
[Signature]
CHAKA JACKSON

STATE OF MISSISSIPPI

COUNTY OF LAMAR

Personally appeared before me, the undersigned authority in and for the said county and state, on this 10th day of January, A.D., 2018, within my jurisdiction, the within named DeCarlo Hood and Chaka Jackson, who acknowledged that they executed the above and foregoing instrument.

[Signature]
NOTARY PUBLIC

My Commission Expires:



CERTIFICATE OF FILING AND RECORDING
STATE OF MISSISSIPPI
LAMAR COUNTY

Wayne Smith, Chancery Clerk
L.D Book 26-L Page 21e

Indexed Recorded Abstracted

[Signature] D.C.

Mississippi Homestead Application

OFFICE COPY

Year 2019

County # 37

53987

| | | |
|---|---|--|
| 1. Name of Taxpayer: JACKSON CHAKA 2. Name of Spouse: _____ 3. Address of Taxpayer: _____ | SSN: _____ SSN: _____ City: HATTIESBURG | Municipality Code: 003 School District Code: 3 State: MS Zip: 39402 |
|---|---|--|

| | | | |
|--|---|---|---|
| 4. 1 Exemption 1 - Regular 2 - Over 65 3 - S/RR Act Disabled 4 - Dis. Plan 5 - DAV 6 - Combination Reg & Add | 5. 4 Marital Status If Separated check the following File joint income tax return Yes <input type="checkbox"/> No <input type="checkbox"/> Custody of minor child Yes <input type="checkbox"/> No <input type="checkbox"/> Occupy marital home Yes <input type="checkbox"/> No <input type="checkbox"/> | 6. 1 Title 1 - Fee 2 - Occ Joint 3 - Non Occ Joint 4 - Life Est 5 - Undiv Est 6 - Lease Expires: 7 - Trust | 7. 1 Additional Use 1 - None 2 - Rental # Rooms _____ or # Apts _____ 3 - Business Type _____ Full-time business of owner? Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--|---|---|---|

| 9. Parcel Number (list dwelling first) | Number of Parcels Listed Below: | # of Acres | In City | Join Home | In 5 Miles | Book #/Page # | DATE ACQUIRED |
|---|---------------------------------|------------|---------|-----------|------------|---------------|---------------|
| 1. _____ | 1 | LOT | YES | | | _____ | 01/16/2018 |
| 2. _____ | | | | | | | |
| 3. _____ | | | | | | | |
| 4. _____ | | | | | | | |
| 5. _____ | | | | | | | |

10. Location, name, and relationship to applicant of joint owner(s) other than spouse. If undivided estate, list heirs.

| | | |
|----------------|------------------------------------|---------------------------|
| Same Residence | Different Residence, Same Property | Non-occupying Joint Owner |
| 1. _____ | 2. _____ | 3. _____ |

11. Property was acquired by:

A. Inheritance (check one): without will _____ with will _____
 From (name): _____ who was my (relationship): _____ Date of Death: _____
 whose title was acquired by: Deed _____ Gift _____ Other _____
 Year: _____ Book No. / Page No.: _____

B. Check one if Applicable: Deed _____ Gift _____ Other MARITAL
 From (name): MARITAL CHANGE
 Date filed with Chancery Clerk: 01/16/2018
 If purchased, Section 27-33-21(f) and 27-33-31(l) require:
 Full Price \$ _____ Down Payment \$ _____

12. In accordance with Section 27-33-63(2), the applicant or applicant's spouse, as occupant(s) of this property

A. claims to be bona fide, legal resident(s) of Mississippi and this is the primary home. Yes No

B. has/have complied with the income tax laws of this state. Yes No

C. has/have complied with the road and bridge privilege tax laws of this state. Yes No

Must furnish all tag numbers of privately owned vehicles in your possession.
 LIST TAG NUMBERS: _____ How Many vehicles possessed? 00

IMPORTANT: Penalties are imposed upon violation of the Homestead Exemption Laws

Sections 27-33-31, 27-33-57 and 27-33-59 impose penalties on persons who violate the Homestead Exemption Laws of 1946. False statements, misrepresentation, concealment of material facts, fraudulent claims for exemption, the assistance of any of these acts, failure to notify the tax assessor of any changes to the homestead property are considered to be such violations. The penalties imposed include the additional assessment of double the amount of taxes lost due to a fraudulent claim, a misdemeanor charge, a charge of perjury, a felony charge, a fine of up to \$5,000, imprisonment of up to 2 years or a combination thereof.

Disclosure Statement and Privacy Act Notice

Social Security numbers are required to verify eligibility for the exemption under the Homestead Exemption Law. The Department of Revenue is authorized to collect the information pursuant to 42 U.S.C. § 405(c)(2)(C)(i). Any Applicant who refuses to provide the required information will be denied the exemption.

FOR OFFICE USE ONLY

ELIGIBILITY: FULL NONE _____ PART _____ 100.00
 Application is a: first time _____ renewal (no change) _____ replacement w/change
 The applicant herein has, IN PERSON, attested to and signed the application before me this 8th day of February, 2019

(must be signed by tax assessor, deputy or notary)

I do attest and affirm to the best of my knowledge and belief, under penalty of perjury, that the statements made and the answers given are true and correct as of January 1 of the year stated above.

By: _____
(Usual signature of applicant)

By: _____
Attorney - Agent - Guardian

If signed by anyone other than self or spouse, attach copy of authority. Section 27-33-31 (o)

Mississippi Homestead Application

OFFICE COPY

Year 2019

County # 37

53987

| | | |
|--|---------------------|----------------------------|
| 1. Name of Taxpayer Last, F. Mi. JACKSON CHAKA | SSN [REDACTED] | Municipality Code 0 0 3 |
| 2. Name of Spouse Last, F. Mi. | SSN | School District Code 3 |
| 3. Physical Address of Taxpayer [REDACTED] | City HATTIESBURG | State MS |
| | | Zip 39402 |

| | | | |
|--|--|---|--|
| 4. <u>1</u> Exemption 1 - Regular 2 - Over 65 DOB 3 - S/RR Act Disabled 4 - Dis. Plan 5 - DAV 6 - Combination Reg & Add | 5. <u>3</u> Marital Status 1 - Married 2 - Widowed 3 - Separated 4 - Divorced 5 - Single If Separated check the following: File joint income tax return Yes <input type="checkbox"/> No <input type="checkbox"/> Custody of minor child Yes <input type="checkbox"/> No <input type="checkbox"/> Occupy marital home Yes <input type="checkbox"/> No <input type="checkbox"/> | 6. <u>1</u> Title 1 - Fee 2 - Occ Joint 3 - Non Occ Joint 4 - Life Est. 5 - Undiv Est 6 - Lease Expires: 7 - Trust | 7. <u>1</u> Additional Use 1 - None 2 - Rental # Rooms _____ or # Apts _____ 3 - Business Type _____ Full-time business of owner? Yes <input type="checkbox"/> No <input type="checkbox"/> |
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|--|---------------------------------|------------|---------|-----------|------------|---------------|---------------|
| 1. [REDACTED] | 1 | LOT | YES | | | [REDACTED] | 01/16/2018 |
| 2. [REDACTED] | | | | | | | |
| 3. [REDACTED] | | | | | | | |
| 4. [REDACTED] | | | | | | | |
| 5. [REDACTED] | | | | | | | |

10. Location, name, and relationship to applicant of joint owner(s) other than spouse. If undivided estate, list heirs.

| | | |
|-------------------|---------------------------------------|------------------------------|
| 1. Same Residence | 2. Different Residence, Same Property | 3. Non-occupying Joint Owner |
| | | DECARLO HOOD (SPOUSE) |

11. Property was acquired by:

A. Inheritance (check one): without will _____ with will _____
From (name): _____
who was my (relationship): _____ Date of Death: _____
whose title was acquired by: Dead _____ Gift _____ Other _____
Year: _____ Book No. / Page No.: _____

B. Check one if Applicable: Deed _____ Gift _____ Other MARITAL
From (name): MARITAL CHANGE
Date filed with Chancery Clerk: 01/16/2018
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A. claims to be bona fide, legal resident(s) of Mississippi and this is the primary home. Yes No

B. has/have complied with the income tax laws of this state. Yes No

C. has/have complied with the road and bridge privilege tax laws of this state. Yes No

Must furnish all tag numbers of privately owned vehicles in your possession.
LIST TAG NUMBERS: FT4/510 How Many vehicles possessed? 00

IMPORTANT: Penalties are imposed upon violation of the Homestead Exemption Laws
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(must be signed by tax assessor, deputy or notary)

I do attest and affirm to the best of my knowledge and belief, under penalty of perjury, that the statements made and the answers given are true and correct as of January 1 of the year stated above.

By: _____
(Usual signature of applicant)

By: _____
Attorney - Agent - Guardian

If signed by anyone other than self or spouse, attach copy of authority. Section 27-33-31 (o)