


RONNY LOTT
MADISON COUNTY CHANCERY CLERK

MEMORANDUM

TO: Madison County Board of Supervisors

FROM: Ronny Lott, Chancery Clerk 

DATE: February 21, 2017

RE: Reverse 2015 Homestead Chargeback Disallowance
Charles Harold McGraw, Parcel No. 072H-28A-056

I am requesting permission to reverse the 2015 Homestead Chargeback Disallowance on Charles Harold McGraw, parcel no. 072H-28A-056. Mr. McGraw passed away in April, 2014. Ms. McGraw has filed an amended application.

Thank you in advance for your consideration to allow me to reverse this chargeback.

Homestead Notice of Adjustment

8530 Lot 48

DEPARTMENT OF REVENUE STATE OF MISSISSIPPI



Date: February 21, 2016
Letter ID: L1653028480
Period: December 31, 2015
Account #: 1027-8683



RONNY LOTT
MADISON COUNTY BOARD OF SUPERVISORS
PO BOX 404
CANTON MS 39046-0404

MCGRAW CHARLES HAROLD
P O BOX 450 3048 TIDEWATER
RIDGELAND MS 391580000

BOOK 3343 PAGE 474 DOC 79 TY W
INST # 784617 MADISON COUNTY MS.
This instrument was filed for
record 5/26/16 at 2:07:33 PM
RONNY LOTT, C.C. BY: ILB D.C.

Reimbursement Year: 2015
Parcel#: 072H-28A-056/00.00
School District: Madison County Schools

This is notice that the Department is making an adjustment to the County's Homestead Exemption reimbursement. The above applicant is not qualified for Homestead Exemption.

05. Applicant does not meet definition of Head of Family. §27-33-13

- Charles Deceased - 4/24 2014

If the applicant has any questions about an income tax debt, they may review their account information online through the Taxpayer Access Point at www.dor.ms.gov. If the applicant has any questions about residency status or does not have Internet access, they may call 601-923-7618 for assistance.

Please complete the enclosed Notice Certification and forward to the appropriate offices as directed.

You may provide a copy of this notice to the applicant. Please note that the applicant must file any objection to this action with the Clerk of the MADISON County Board of Supervisors (Chancery Clerk's office), not the Department. The applicant has 30 days from the date of this letter to file the objection with the Clerk. If not filed in the time provided, the decision to disallow the applicants homestead exemption is final.

Sincerely,
Tax Administrator

Enclosure: Notice Certification

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HCMHSQ01 TAXCY HOMESTEAD EXEMPTION MASTER FILE MAINTENANCE HCWHSO91/M5
 Account 6139 Renewed Y Print Flag (Y/N) Application Date 1992
 Applicant MCGRAW CHARLES HAROLD - *Deceased* 5 (blank=SSN,
 Spouse MCGRAW PEGGY B *4/24/14* I=ITIN, E=Exempt)
 Street Addr P O BOX 450 3048 TIDEWATER Added 20011112 CNV
 City/St/Zip RIDGELAND MS 39158 *No Real Property* Changed 00000000
 Exemption 2 1=Reg 2=065 3=S/RR Act 4=Dis Plan 5=DAV 6=Comb Joint Owner
 Marital 1 1=Married 2=Widowed 3=Separated 4=Divorced 5=Single Adj Cnty 2
 Title 1 1=Fee 2=Joint Occ 3=Joint Non-Oc 4=Life Est 5=Undiv 6=Lease 7=Trust 3
 Addl Use 1 1=None 2=Rental 3=Business Adjoining County
 Previous Acct No: Rent CL Land Building Not
 Parcel Number Owner Y/N 1 Value Value Reg 100 DAV Alwd
 072H-28A-056/00.00 100.00 N Y 4000 11117 7500 7617

*PER MDOR
Death Report*

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 F1-7 TO SHOW PARCEL DETAIL F10-NEXT SCREEN F13-HEIRS/COMMENTS F14-PAPERLINK
 Please RETURN For next record - of 1-7 for detail

*No Reply in 2015
TRY again 2016*

Landroll

McGraw Charles Harold

*†
Peggy B.*

①

Postcard 2016 2/3/16

8530

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 WILLIAMSBURG HOMES, INC., a Mississippi corporation administratively dissolved by the Secretary of State of the State of Mississippi on February 16, 1990, and BRENT L. JOHNSTON and GEORGE H. GREGORY, individually and as the sole and only shareholders of WILLIAMSBURG HOMES, INC., (collectively "Grantors") do hereby release and forever quitclaim to CHARLES HAROLD MCGRAW and WIFE, PEGGY B. MCGRAW, as joint tenants with full rights of survivorship and not as tenants in common, ("Grantees"), all of the interest of Grantors, if any, to that certain real property with appurtenances thereon which is situated in Madison County, Mississippi and more particularly described as follows, to-wit:

LOT 48, TREASURE COVE, PART III, a subdivision according to a map or plat thereof which is on file and of record in the office of the Chancery Court of Madison County at Canton, Mississippi, in Plat Cabinet B Slot 33, reference to which is hereby made in aid of and as a part of this description.

There are no warranties or representations made with this conveyance.

WITNESS OUR SIGNATURES, this the 28th day of Sept., 1993.

WILLIAMSBURG HOMES, INC.

Brent L. Johnston
Brent L. Johnston, President
George H. Gregory
George H. Gregory,
Vice President

Brent L. Johnston
Brent L. Johnston, Individually

Brent L. Johnston
Brent L. Johnston,
Representative and Shareholder
of Williamsburg Homes, Inc.

George H. Gregory
George H. Gregory, Individually

George H. Gregory
George H. Gregory,
Representative and Shareholder
of Williamsburg Homes, Inc.

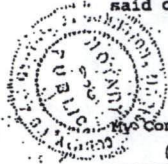
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STATE OF MISSISSIPPI
COUNTY OF Madison

PG#V 0326-083

Personally appeared before me, the undersigned authority in and for the said county and state, on this 29th day of September, 1993, within my jurisdiction, the within named BRENT L. JOHNSTON, who acknowledged that he is President of WILLIAMSBURG HOMES, INC., a Mississippi corporation, and that for and on behalf of the said corporation, and as its act and deed he executed the above and foregoing instrument, after first having been duly authorized by said corporation so to do.

Cynthia D. Johnston
NOTARY PUBLIC



My Commission expires:

Jan 10, 1997

STATE OF MISSISSIPPI
COUNTY OF Madison

Personally appeared before me, the undersigned authority in and for the said county and state, on this 24th day of ~~September~~ September, 1993, within my jurisdiction, the within named BRENT L. JOHNSTON, who acknowledged that he executed the above and foregoing instrument.

Cynthia D. Johnston
NOTARY PUBLIC



My Commission expires:

Jan 10, 1997

STATE OF MISSISSIPPI
COUNTY OF Madison

Personally appeared before me, the undersigned authority in and for the said county and state, on this 29th day of September, 1993, within my jurisdiction, the within named BRENT L. JOHNSTON, who acknowledged that he is a shareholder of WILLIAMSBURG HOMES, INC., a Mississippi corporation, and that in said representative capacity he executed the above and foregoing instrument, after first having been duly authorized so to do.

Cynthia D. Johnston
NOTARY PUBLIC



My Commission expires:

Jan 10, 1997

STATE OF ALABAMA
COUNTY OF JEFFERSON

Personally appeared before me, the undersigned authority in and for the said county and state, on this 17th day of ~~September~~ October, 1993, within my jurisdiction, the within named GEORGE H. GREGORY, who acknowledged that he is President of WILLIAMSBURG HOMES, INC., a Mississippi corporation, and that for and on behalf of the said corporation, and as its act and deed he executed the above and foregoing instrument, after first having been duly authorized by said corporation so to do.

Paula D. Stewart
NOTARY PUBLIC



My Commission expires:

8/14/94

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STATE OF ALABAMA
COUNTY OF JEFFERSON

0326-084

Personally appeared before me, the undersigned authority in and for the said county and state, on this 17th day of October, 1993, within my jurisdiction, the within named GEORGE H. GREGORY, who acknowledged that he executed the above and foregoing instrument.

Judith Ann Pruitt
NOTARY PUBLIC

My Commission expires:

8/14/94

STATE OF ALABAMA
COUNTY OF JEFFERSON

Personally appeared before me, the undersigned authority in and for the said county and state, on this 26th day of September, 1993, within my jurisdiction, the within named GEORGE H. GREGORY, who acknowledged that he is a shareholder of WILLIAMSBURG HOMES, INC., a Mississippi corporation, and that in said representative capacity he executed the above and foregoing instrument, after first having been duly authorized so to do.

Judith Ann Pruitt
NOTARY PUBLIC

My Commission expires:

8/14/94

GRANTORS:

Williamsburg Homes, Inc.
Post Office Box 838
Ridgeland, Mississippi 39158
(601) 856-6307

Brent L. Johnston
Post Office Box 838
Ridgeland, Mississippi 39158
(601) 856-6307

George H. Gregory
Post Office Box 360331
Birmingham, Alabama 35236-0331
(205) 823-9795

GRANTEES:

Charles H. McGraw
Feggy B. McGraw
3048 Tidewater Circle
Madison, Mississippi 39110
(601) 856-2879



STATE OF MISSISSIPPI, COUNTY OF MADISON:

I certify that the within instrument was filed for record in my office this 9th day of Nov, 1993, at 9 o'clock A M., and was duly recorded on the NOV 09 1993 Book No. 326, Page 82

STEVE DUNCAN, CHANCERY CLERK

BY: J. Davis D.C.

(17)

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

72H-28A-056 #78453



11213791

FILING DATE MAY 05 2014 CERTIFICATE OF DEATH STATE OF MISSISSIPPI STATE FILE NUMBER 123- 2014-059383

1. DECEDENT'S LEGAL NAME (First, Middle, Last) Charles Harold McGraw 2. SEX M 3a. HOUR OF DEATH 0410A 3b. DATE OF DEATH (Month, Day, Year) April 24, 2014

4. RACE (Check one or more races to indicate what the decedent considered himself or herself to be) White Black or African American Chinese Filipino Japanese Korean Vietnamese Native Hawaiian Samoan Asian Indian Guamanian or Chamorro Other Asian (Specify) American Indian or Alaska Native (Name of the enrolled tribe or principal tribe) Other Pacific Islander (Specify) Other (Specify)

5a. AGE AT LAST BIRTHDAY 88 Years ONLY IF UNDER 1 YEAR 3b. MOS 3c. DAYS 6. DATE OF BIRTH (Month, Day, Year) Aug. 31, 1925 7. BIRTH PLACE (State or Foreign Country) MS

8. PLACE OF DEATH (Check only one box) IF DEATH OCCURRED IN A HOSPITAL If death occurred somewhere other than a hospital Hospice facility Nursing home/Long term care facility Decedent's home Other (Specify)

9a. FACILITY NAME (If not a facility, give street address, route number, or other location) Hospice Ministries 9b. CITY, TOWN OR LOCATION OF DEATH Ridgeland 9c. ZIP CODE 39157 9d. COUNTY OF DEATH Madison

10. DECEDENT'S EDUCATION - Check the box that best describes the highest degree or level of school completed at time of death 8th grade or less 9th - 12th grade, no diploma High school graduate or GED completed Some college, no degree Associate degree (e.g., A.A., A.S.) Bachelor's degree (e.g., BA, AB, BS) Master's degree (e.g., MA, MS, MEng, MEd, MEd, MBA) Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) Unknown

11. MARITAL STATUS AT TIME OF DEATH Married Married, but separated Widowed Divorced Never married Unknown 12. SURVIVING SPOUSE (If wife, give maiden name) Peggy Brent 13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) Yes

14. DECEDENT OF HISPANIC ORIGIN? Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino. No, not Spanish/Hispanic/Latino Yes, Mexican, Mexican American, Chicano Yes, Puerto Rican Yes, Cuban Yes, other Spanish/Hispanic/Latino (Specify)

15. SOCIAL SECURITY NUMBER 16a. USUAL OCCUPATION (Kind of work done most of working life) Owner 16b. KIND OF BUSINESS OR INDUSTRY Rental Company

17a. RES. COUNTY Madison 17b. CITY OR TOWN Madison 17c. ZIP CODE 39110 17d. STREET AND NUMBER OR RURAL LOCATION (Exclude apartment numbers) 3048 Tidewater Cir. 17e. INSIDE CITY LIMITS (Yes or No) Yes

18. FATHER'S NAME (First, Middle, Last) James A. McGraw, Sr. 19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Clementine Nolan

20a. INFORMANT - NAME (Type or print) Peggy McGraw 20b. RELATIONSHIP TO DECEDENT Spouse 20c. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) 3048 Tidewater Cir, Madison, MS 39110

21a. DISPOSITION OF BODY (Specify: Burial, Cremation, Removal, etc.) Burial 21b. CEMETERY/CREMATORY - NAME Parway Mem. Cem. 21c. LOCATION (City and State) Ridgeland, MS 22a. FUNERAL DIRECTOR - SIGNATURE AND LICENSE NUMBER R.A.E. Ryan / F52209

22b. FUNERAL HOME (Who first assumed custody of body) Wright and Ferguson 25W 22c. FUNERAL HOME LICENSE NUMBER FE-22 22d. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) P.O. Box 409, Jackson, MS 39205

22e. FUNERAL HOME (If body was transferred prior to disposition) 22f. MAILING ADDRESS (Street and number, City or town, State, ZIP Code)

23a. PERSON WHO PRONOUNCED DEATH - NAME AND TITLE (Type or print) Veronica Simmons RN 23b. PRONOUNCED DEAD (Month, Day, Year) ON 4-24-14 23c. PRONOUNCED DEAD (Time) AT 0410A

24a. NAME OF CERTIFYING PHYSICIAN OR CORONER (Type or print) Gary Ann Houston MD 24b. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) 450 Tash City Blvd Ridgeland, MS 39157

25a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE [Signature] MD/DO [Signature] 25b. DATE SIGNED (Month, Day, Year) 24 April 2014 25c. STATE LICENSE NUMBER 08260 25d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) 25e. DATE SIGNED (Month, Day, Year)

26. CAUSE OF DEATH PART I - Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, shock, or heart failure without showing the etiology. List only one cause on each line. DO NOT USE ABBREVIATIONS. Interval between onset and death. (a) Respiratory Failure (b) CHF (c) (d)

27. PART II: OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. 28a. AUTOPSY (Yes or No) 28b. AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? (Yes or No) 29. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)

30. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes Probably No Unknown 31. IF FEMALE, NOT pregnant within the past year PREGNANT at the time of death Not pregnant BUT PREGNANT WITHIN 42 DAYS OF DEATH Not pregnant, BUT PREGNANT 43 DAYS TO 1 YEAR BEFORE DEATH Unknown if pregnant within the past year

32a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify) 32b. DATE OF INJURY (Month, Day, Year) 32c. TIME OF INJURY 32d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED

32e. IF TRANSPORTATION INJURY, SPECIFY Driver/Operator Passenger Pedestrian Other (Specify)

32f. INJURY AT WORK (Yes or No) 32g. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.) 32h. LOCATION: Street or route number City or town State

Mississippi State Department of Health Revised 01/2012 Form 511

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

5/6/2014

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.

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THIS IS WATERMARKED PAPER. DO NOT ACCEPT WITHOUT FIRST HOLDING TO LIGHT TO VERIFY WATERMARK.