

RONNY LOTT  
MADISON COUNTY CHANCERY CLERK

**MEMORANDUM**

TO: Madison County Board of Supervisors

FROM: Ronny Lott, Chancery Clerk *RL/CP*

DATE: February 20, 2018

RE: Void 2017 Tax Sale of Homestead Chargeback Disallowance  
Joan Coker Godsey, Parcel No. 072I-30D-304

I am requesting you allow me to void the 2017 Tax Sale of homestead chargeback disallowance on Joan Coker Godsey, parcel no. 072I-30D-304. On June 1, 2016, Mississippi Department of Revenue submitted a homestead chargeback against Ms. Godsey. Upon discovery, the property was sold to Luis Ortiz and Amada Eufemia Castro in 2015 and recorded in deed Book 3169 at Page 948. Pursuant to the AG's Opinion dated September 29, 2006 and MS Code Ann. §27-33-37I), the homestead chargeback is a personal liability against Ms. Joan Coker Godsey and would not apply to Luis Ortiz & Amada Eufemia Castro.

Thank you.

Homestead Notice of Adjustment

4510/61

DEPARTMENT OF  
**REVENUE**  
STATE OF MISSISSIPPI



Date: June 01, 2016  
Letter ID: L0331005568  
Period: December 31, 2015  
Account #: 1027-8683



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

GODSEY JOAN COKER  
313 LONGMEADOW CRT N  
RIDGELAND MS 391570000

Reimbursement Year: 2015

Parcel#: 0721-30D-304/00.00

School District: Madison County Schools

BOOK 3376 PAGE 213 DOC 79 T1  
INST # 790298 MADISON COUNTY MS.  
This instrument was filed for  
record 8/09/16 at 2:33:27 PM  
RONNY LOTT, C.C. BY: KAA D.C.

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.

12. Applicant or applicant's spouse was allowed exemption on other property. §27-33-21 (c)

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](http://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

# Notice Certification

Date: June 01, 2016  
Letter ID: L0331005568  
Period: December 31, 2015

This certifies that the Board of Supervisors for MADISON County considered the Notice of the Department of Revenue of its disallowance of the Homestead Exemption for the below applicant. The Board entered into its minutes its determination concerning whether to accept or object to this action.

Applicant Name	Parcel #	School District
GODSEY JOAN COKER 313 LONGMEADOW CRT N RIDGELAND MS 391570000	0721-30D-304/00.00	Madison County Schools

BOOK 3376 PAGE 214  
###

### Agree and Accept

The Board has met and entered into its minutes an order directing that the MADISON County Tax Collector re-assess and list the above property as subject to all taxes. The tax is due and payable on or before the next February 1, following the date of this notice.

*So certified and confirmed by the Clerk of the MADISON Board of Supervisors,*

Clerk *Ronny Lettice by Kamol PC*  
(Board Clerk Signature)



The meeting of the MADISON Board of Supervisors was held 7/18/16  
(Enter date)

*If in agreement, a copy of this completed document must be provided to the MADISON County Tax Collector.*

### Disagree and Object

The Board has met and entered into its minutes an order of its intent to file an objection with the Department of Revenue concerning this action.

*So certified and confirmed by the Clerk of the MADISON Board of Supervisors,*

Clerk \_\_\_\_\_  
(Board Clerk Signature)

The meeting of the MADISON Board of Supervisors was held \_\_\_\_\_  
(Enter date)

*If in disagreement, a copy of this completed document must be provided to the Department of Revenue, Office of Property Tax. A copy of the order of the Board of Supervisors providing the reason for the objection must be attached along with any documentation necessary to support the objection.*



Prepared by:  
Paige L. Purvis, Esq.  
2630 Ridgewood Road, Suite E  
Jackson, MS 39216  
(601) 988-6000  
File No. 14-801

Return to:  
Paige L. Purvis, P.A.  
2630 Ridgewood Road, Suite E  
Jackson, MS 39216  
(601) 988-6000  
File No. 14-801

12<sup>00</sup> #610

INDEXING INSTRUCTIONS: Lot 61, Longmeadow Subdivision, Part II.  
PROPERTY ADDRESS: 313 N Longmeadow Court, Ridgeland, MS 39157  
PARCEL NUMBER: 0721-30D-304/00.00

STATE OF MISSISSIPPI  
COUNTY OF MADISON  
FIRST JUDICIAL DISTRICT

**WARRANTY DEED**

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00), cash in hand paid, and other good and valuable considerations, the receipt and sufficiency of which are hereby acknowledged, We (I)

**JOAN C. GODSEY**  
3024 East Fairway  
Brandon, MS 39047  
(601) 317-0902

widow of **VERNON DORWIN GODSEY**, deceased (Death Certificate attached hereto as Exhibit A) Grantor, does hereby sell, convey, bargain and warrant to

**LUIS ORTIZ and wife,**  
**AMADA EUFEMIA CASTRO**  
313 N. Longmeadow Court  
Ridgeland, MS 39157  
(601) 573-5103

Grantee, as **joint tenants with full rights of survivorship and not as tenants in common**, the following described land and real property situated and located in the First Judicial District of **Madison** County, Mississippi, more particularly and certainly described as follows:

**Lot 61, Longmeadow Subdivision, Part II, a subdivision according to a map**

IT IS AGREED and understood that the taxes for the current year have been prorated as of this date on an estimated basis. When said taxes are actually determined, if the proration as of this date is incorrect, the Grantor(s) agree to pay to the Grantee(s) or his/her/their assigns, any amount which is a deficit on an actual proration. Likewise, Grantee(s) agree to pay to the Grantor(s) any amount overpaid by Grantor(s).

I (we) hereby certify that the 2015 property taxes does/does not qualify for the homestead exemption benefit. Further, I (we) have or have not surrendered possession and/or occupancy of the premises prior to **December 31, 2014**.

JCH (initial)

WITNESS THE UNDERSIGNED SIGNATURE, on this the 30<sup>th</sup> day of January, 2015.

Joan C. Godsey  
JOAN C. GODSEY

STATE OF MISSISSIPPI  
COUNTY OF HINDS

PERSONALLY APPEARED BEFORE ME, the undersigned authority in and for the jurisdiction above stated, the within named **JOAN C. GODSEY**, who(m) stated and acknowledged to me that he/she/they did sign and deliver the above and foregoing instrument on the date and for the purposes therein stated.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the 30<sup>th</sup> day of January, 2015.

Courtney Evans  
NOTARY PUBLIC

MY COMMISSION EXPIRES:  
\_\_\_\_\_





# STATE OF MISSISSIPPI

## MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS



10481833

EILING: **CERTIFICATE OF DEATH** STATE FILE NUMBER: **123- 2012-06688-1**  
DATE: **AUG 20 2012** STATE OF MISSISSIPPI

1. DECEDENT'S LEGAL NAME (Mr, Miss, Mrs, Last) <b>VERNON DORWIN GODSEY</b>		2. SEX <b>M</b>	3a. HOUR OF DEATH <b>1950 P</b>	3b. DATE OF DEATH (Month, Day, Year) <b>08-12-2012</b>
4. RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input checked="" 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"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Asian Indian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Other Asian (Specify): _____ <input type="checkbox"/> Other Pacific Islander (Specify): _____ <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled tribe or principal tribe) _____ <input type="checkbox"/> Other (Specify): _____				
5a. AGE AT LAST BIRTHDAY <b>71</b> Years	ONLY IF UNDER 1 YEAR 5b. MOS. 5c. DAYS	ONLY IF UNDER 1 DAY 5d. HOURS 5e. MINS	6. DATE OF BIRTH (Month, Day, Year) <b>February 14, 1941</b>	
7. BIRTH PLACE (State or Foreign Country) <b>Mississippi</b>				
8. PLACE OF DEATH (Check only one box) <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____				
9a. FACILITY NAME (If not a facility, give street address, route number, or other location) <b>ST. DOMINIC JACKSON MEM. HOSPITAL - 25S</b>		9b. CITY, TOWN OR LOCATION OF DEATH <b>JACKSON</b>	9c. ZIP CODE <b>39216</b>	9d. COUNTY OF DEATH <b>HINDS</b>
10. DECEDENT'S EDUCATION - Check the box that best describes the highest degree or levels of school completed at time of death. <input type="checkbox"/> 8 <sup>th</sup> grade or less <input type="checkbox"/> 9 <sup>th</sup> -12 <sup>th</sup> grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college, no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input checked="" type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) <input type="checkbox"/> Unknown				
11. MARITAL STATUS AT TIME OF DEATH <input checked="" 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		12. SURVIVING SPOUSE (If wife, give maiden name) <b>Joan Coker</b>		13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) <b>Yes</b>
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. <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify): _____				
15. USUAL OCCUPATION (Kind of work done most of working life) <b>Supervisor</b>		16. KIND OF BUSINESS OR INDUSTRY <b>USDA</b>		
17a. RESIDENCE - STATE <b>Mississippi</b>	17b. COUNTY <b>Madison</b>	17c. CITY OR TOWN <b>Ridgeland</b>	17d. ZIP CODE <b>39157</b>	17e. STREET AND NUMBER OR RURAL LOCATION (Include apartment number) <b>313 Longmeadow Ct. N.</b>
18. FATHER'S NAME (First, Middle, Last) <b>Dick M. Godsey</b>		19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>Minnie Phillips</b>		
20a. INFORMANT - NAME (Type or print) <b>Joan Coker Godsey</b>		20b. RELATIONSHIP TO DECEDENT <b>Wife</b>	20c. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) <b>313 Longmeadow Ct. N., Ridgeland, Ms. 39157</b>	
21a. DISPOSITION OF BODY (Specify, Burial, Cremation, Removal, etc.) <b>Burial</b>		21b. CEMETERY/CREMATORY - NAME <b>Natchez Trace Cem.</b>	21c. LOCATION (City and State) <b>Madison, Ms.</b>	21d. FUNERAL DIRECTOR'S SIGNATURE AND LICENSE NUMBER <b>Lela Reynolds FD17711</b>
22a. FUNERAL HOME (Who first assumed custody of body) <b>Natchez Trace P.H. 45-T</b>		22b. FUNERAL HOME LICENSE NUMBER <b>FE0520</b>	22c. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) <b>P.O. Box 28, Madison, Ms. 39130</b>	
22a. FUNERAL HOME (If body was transferred prior to disposition)		22c. MAILING ADDRESS (Street and number, City or town, State, ZIP Code)		
23a. PERSON WHO PRONOUNCED DEATH - NAME AND TITLE (Type or print) <b>JAMES D. SEAMAN RN NURSING SUPERVISOR</b>		23b. PRONOUNCED DEAD (Month, Day, Year) <b>ON 08-12-2012</b>	23c. PRONOUNCED DEAD (Time) <b>AT 1950 P</b>	
24a. NAME OF CERTIFYING PHYSICIAN OR CORONER (Type or print) <b>J. SNOWES</b>		24b. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) <b>971 Lakeland Drive, Ste. 1057, Jackson, Ms. 39216</b>		
25a. SIGNATURE <i>[Signature]</i>		25b. DATE SIGNED (Month, Day, Year) <b>8/12/12</b>	25c. STATE LICENSE NUMBER <b>08755</b>	25d. MD/DO
26a. SIGNATURE <i>[Signature]</i>		26b. DATE SIGNED (Month, Day, Year)		
27. 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>Cardiac Arrest</b>		28. AUTOPSY (Yes or No)		
DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): <b>Coronary Atherosclerosis</b>		28a. AUTOPSY (Yes or No)		
DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): <b>Cardiovascular Injury</b>		28b. AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? (Yes or No)		
DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): <b>Ischemic Brain Injury</b>		29. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)		
27. PART II: OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. <b>Ischemic Brain Injury</b>				
30. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		31. IF FEMALE: <input type="checkbox"/> NOT pregnant within the past year <input type="checkbox"/> PREGNANT at the time of death <input type="checkbox"/> Not pregnant, BUT PREGNANT WITHIN 42 DAYS OF DEATH <input type="checkbox"/> Not pregnant, BUT PREGNANT 43 DAYS TO 1 YEAR BEFORE DEATH <input type="checkbox"/> 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 <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify): _____				
32f. INJURY AT WORK (Yes or No)		32g. PLACE OF INJURY (Specify House, Farm, Street, Factory, Office building, etc.)	32h. LOCATION (Street or route number)	32i. City or town
		32j. State		

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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

8/24/2012 *Judy Moulder*  
Judy Moulder  
STATE REGISTRAR





PTAX01 - B  
Tax Year 2017

County of Madison  
TAX RECEIPT INQUIRY

Copyright 1994  
F M Software

2/15/2018

Receipt	Parcel Number	Tax Distr Num	Ex Code	Mills
R 990311	072I-30D-304/00.00	360		107.7600
PTAX01-24 PARCEL HAS UNREDEEMED TAX SALE - SEE CHANCERY CLERK				*SEVERE*
DELINQUENT TAX DUE - CHANCERY CLERK				

Name	Value	Tax
GODSEY JOAN COKER	Total Valuation. . .	
Description	Exempt Credit. . . 7500-	808.20-
-----	All Exempt Credit.	
313 LONGMEADOW CRT N	Net Ad Valorem Tax. . . . .	808.20

RIDGELAND MS 39157

LOT 61 LONG MEADOW PART 2	Total Tax . . . . .	808.20
***	Total Paid (see below). . . . .	867.77
**	Interest Due. . . . .	.00
*2015 HS CHGBK; APPLICANT OR APPLICANT'S SPOUSE HAS FAILED TO COMPLY WITH INCOME TAX LAWS OF MS**	Amount Due. . . . .	*PRINTED*

INSTALLMENTS

	Date	Interest	Batch	Taxes
1	9/25/17	56.57	SAL	808.20
2				
3				

Enter=Next | F1=Search | F3=End | F7=End