

August 2, 2022

Re: Ernestine Washington

DOB: 1/19/1949

MEA
Madison Primary Care
804 Highway 51
Madison, Ms 39110

Eric D. Washington: Nephew

To Whom It May Concern:

This letter is to advise the Personnel/Administrative staff that the above mentioned patient is under my medical care and has a medical condition that requires close supervision. It is strongly recommended that a family member is close neighboring to this patient.

Please consider her request for the well-being of her health.

Thankyou.

A handwritten signature in black ink, appearing to read "J. King" or similar, written in a cursive style.

Madison County Board of Supervisors
Madison County, Mississippi
E-911 Administrative Office
1633 W. Peace Street
P.O. Box 608
Canton, MS 39046
(t): 601-859-6485 (f): 601-859-4743

Date: 08/05/2022

To: ERIC WASHINGTON

Re: Address for Parcel
094F-24 -004/00.00 (GPS: 32.60922 -89.849906)
Structure: T (MOBILE HOMES)
Subdivision:

Per your request, we have determined your new address to be:

291 WHIDDON RD
CANTON, MS 39046

Please find enclosed the E-911 ordinance for the maintenance of the Madison County Emergency Response System. We ask for your cooperation in marking your residence or structure as stated per the ordinance. This is very important in emergency response.

Because an address is based on an access point of a structure, please note that for some unforeseen reason the access point that this address assigned from should change, it is very important that you contact our office with the new information.

If you have any additional questions or need further assistance with this matter, please contact our office.

Sincerely,

JK/Alonie Boyd-Robichaux
Jennifer Knight
Madison County E-911 Administration

cc: Postmaster (CANTON)
Madison Co. Sheriff Dept.
Madison Co. Tax Assessor
Madison Co. GIS Dept.
Madison Co. Road Dept.
Madison Co. ESN: 207

601-862-7734

STATE OF Mississippi

COUNTY / PARISH OF MADISON

The preparer of this affidavit does not represent to have ever known the deceased nor does the preparer certify as to the affiant's statements about the deceased.

AFFIDAVIT OF DEATH AND HEIRSHIP

PERSONALLY APPEARED BEFORE ME, the undersigned authority in and for the county and state aforesaid, George S. Washington, who after being duly sworn, stated on his/her respective oath(s) as follows, to-wit:

1. His/Her address is: 938 Ratliff Ferry Road Canton, Mississippi 39046

2. That he/she knew Malinda Willis during her lifetime(s) for a period of 1 years, and that the within named Malinda Willis died intestate on or about August 31, 1932, leaving the following described real property lying and being situated in Madison County, Mississippi, to-wit:

SEE ATTACHED EXHIBIT "A" FOR LEGAL DESCRIPTION

3. That left as her heir(s)-at-law and named as follows:

- | | |
|----------|----------|
| a. _____ | g. _____ |
| b. _____ | h. _____ |
| c. _____ | i. _____ |
| d. _____ | j. _____ |
| e. _____ | k. _____ |
| f. _____ | l. _____ |

4. And further Affiant saith not.

George S. Washington

Eric Donta Washington
Affiant

SWORN TO AND SUBSCRIBED BEFORE ME, this the 30th day of June, 2022,
G.V.

Leann J. [Signature]
Notary Public

My commission Expires: June 12, 2024
49282

In the event of any breach of the payment of rent or any other allowed charge, or other breach of this Lease, LANDLORD shall have full rights to terminate this Lease in accordance with state law and re-enter and claim possession of the leased premises, in addition to such other remedies available to LANDLORD arising from said breach.

Additional Lease terms: none

Dated: May 19, 2022

LANDLORD:

Eric Washington

Sarah F Silas

Zula M Washington

George S Washington

Ernestin Washington

TENANT:

Eric Washington

Kembra J. [Signature]
49282

STATE OF Mississippi

COUNTY / PARISH OF Madison

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AFFIDAVIT OF DEATH AND HEIRSHIP

PERSONALLY APPEARED BEFORE ME, the undersigned authority in and for the county and state aforesaid, Ernestin Washington, who after being duly sworn, stated on his/her respective oath(s) as follows, to-wit:

1. His/Her address is:
299 Whiddon Road Canton, Mississippi 39046

2. That he/she knew Malinda Willis during her lifetime(s) for a period of 4 years, and that the within named Malinda Willis died intestate on or about August 31, 1932, leaving the following described real property lying and being situated in Madison County, Mississippi, to-wit:

SEE ATTACHED EXHIBIT "A" FOR LEGAL DESCRIPTION

3. That left as her heir(s)-at-law and named as follows:

- | | |
|----------|----------|
| a. _____ | g. _____ |
| b. _____ | h. _____ |
| c. _____ | i. _____ |
| d. _____ | j. _____ |
| e. _____ | k. _____ |
| f. _____ | l. _____ |

4. And further Affiant saith not.

Ernestin Washington ~~Eric Donta Washington~~
Affiant

SWORN TO AND SUBSCRIBED BEFORE ME, this the 30th day of JUNE, 2022,
E.W.

Kenneth J. [Signature]
Notary Public

My commission Expires: JUNE 12, 2024
49282

LAND LEASE

LEASE AGREEMENT, entered into between, Sarah F. Silas
Zula M. Washington George S. Washington
Ernestin Washington

_____, referred to as
LANDLORD, and ERIC WASHINGTON, referred to as TENANT, agree:
LANDLORD hereby leases to TENANT the premises described as follows:

PARCEL NO. 094F-24-004/00.00
PPIN 32931
ADDRESS: 291 Whiddon Road
Canton, Mississippi 39046

This Lease shall commence on May 19, 2022, and
be an annual lease with automatic renewals, unless otherwise terminated.

TENANT shall pay LANDLORD a total rental of \$1 (one dollar) during each said
annual term.

The following utilities are provided by LANDLORD: none

TENANT further agrees that:

Upon the expiration of the lease TENANT will return possession of the leased
premises in its present condition, reasonable wear and tear, and fire casualty excepted.
TENANT shall commit no waste to the leased premises. Tenant further agrees to provide
all general liability, workers compensation, and casualty insurance during the term of the
lease. Tenant agrees and assumes all risk associated with the loss or damages to the
premises during tenancy and hereby holds Landlord harmless from any and all liability
which may result upon the property during tenancy.

TENANT shall not assign or sub-let or allow any other person to occupy the
leased premises without LANDLORD's prior written consent.

TENANT shall not make any material or structural alterations to the leased
premises without LANDLORD's prior written consent.

TENANT shall comply with all building, zoning and health codes and other
applicable laws for said leased premises. The premises shall solely be used for residential
purposes.

TENANT is responsible for all taxes, permits, and utilities associated with the
property.

STATE OF Mississippi

COUNTY / PARISH OF Madison

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AFFIDAVIT OF DEATH AND HEIRSHIP

PERSONALLY APPEARED BEFORE ME, the undersigned authority in and for the county and state aforesaid, Zula M. Washington, who after being duly sworn, stated on his/her respective oath(s) as follows, to-wit:

1. His/Her address is:
244 Whiddon Road Canton, Mississippi 39046

2. That he/she knew Malinda Willis during her lifetime(s) for a period of 3 years, and that the within named Malinda Willis died intestate on or about August 31, 1932, leaving the following described real property lying and being situated in Madison County, Mississippi, to-wit:

SEE ATTACHED EXHIBIT "A" FOR LEGAL DESCRIPTION

3. That left as her heir(s)-at-law and named as follows:

- | | |
|----------|----------|
| a. _____ | g. _____ |
| b. _____ | h. _____ |
| c. _____ | i. _____ |
| d. _____ | j. _____ |
| e. _____ | k. _____ |
| f. _____ | l. _____ |

4. And further Affiant saith not.

Zula M. Washington

~~Eric Donta Washington~~

Affiant

SWORN TO AND SUBSCRIBED BEFORE ME, this the 30th day of JUNE, 2022,
Z.W.

[Signature]

Notary Public

My commission Expires: JUNE 12, 2024
49282

STATE OF Mississippi

COUNTY / PARISH OF Madison

The preparer of this affidavit does not represent to have ever known the deceased nor does the preparer certify as to the affiant's statements about the deceased.

AFFIDAVIT OF DEATH AND HEIRSHIP

PERSONALLY APPEARED BEFORE ME, the undersigned authority in and for the county and state aforesaid, Sarah F. Silas, who after being duly sworn, stated on his/her respective oath(s) as follows, to-wit:

1. His/Her address is: 2218 Sharon Road Canton, Mississippi 39046

2. That he/she knew Malinda Willis during her lifetime(s) for a period of 2 years, and that the within named Malinda Willis died intestate on or about August 31, 1932, leaving the following described real property lying and being situated in Madison County, Mississippi, to-wit:

SEE ATTACHED EXHIBIT "A" FOR LEGAL DESCRIPTION

3. That left as her heir(s)-at-law and named as follows:

- | | |
|----------|----------|
| a. _____ | g. _____ |
| b. _____ | h. _____ |
| c. _____ | i. _____ |
| d. _____ | j. _____ |
| e. _____ | k. _____ |
| f. _____ | l. _____ |

4. And further Affiant saith not.

Sarah F. Silas

~~Eric Donta Washington~~

Affiant

SWORN TO AND SUBSCRIBED BEFORE ME, this the 30th day of JUNE 2022,
S.F.A.

[Signature]
Notary Public ID# 49282

My commission Expires: JUNE 12, 2024

LRMINQ01 TAXING
 Library MADISON COUNTY TAX 2022
 WILLIS MALINDA (ESTATE)
 264 WHIDDON ROAD

LANDROLL INQUIRY - BASIC DATA

LRWINQ01/M5

Parcel 094F-24 -004/00.00 PPIN 32931
 Alt Parcel 0942
 Exempt Code JD 0 Tax District 5 M
 Subdivision ADDENDUM

		Neighborhood				Map	
CANTON	MS 39046	St Addr	299	WHIDDON RD			
Sect/Twn/Rng	24 09N 04E Blk						
Cls C-Acres	C-Value	U-Acres	U-Value	T-Acres	Improved	True	Assessed
1 2.00	20000			2.00	51830	71830	10775
2 24.10	9240	136.90	31670	161.00	38440	79350	11903
26.10	29240	136.90	31670	163.00	90270	151180	22678
Homestead Type	1=065 2=DAV 3=DIS 4=Reg	Reg		100	DAV		
Mtg	Group			Eligible Cl1 N (Y/N)			
New Value Added	F-Fire O-Override	Deed Bk	Pg		Ext		
Drainage Code	Benefit Price Total	Deed Date	Type				
5 FARMHAVEN FI	F	Current 2021 Yr	Added 11 12 2001				
		L 60910	CNV				
		B 90270	Chged 6 28 2021				
Levee Benefits	X =	Use1 1110 Use2	DSRJ				
F3-NEXT PARCEL F5-LEGAL F6-ADDENDUM F7-DEEDS F8-FLAGS F9-OPTIONS F24-EXIT							
F3 next record, Page-Up prev record, F13 Paperlink							

LRMINQ01 TAXINQ

LANDROLL INQUIRY - DEED BOOK REFERENCES

LRWINQ04/M5

Parcel 094F-24 -004/00.00

PPIN 32931

Book	Page	Extension	Date	Type
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F3-NEXT PARCEL F4-NAME F5-LEGAL F6-ADDENDUM F8-FLAGS F9-OPTIONS F24-EXIT
F3 Next Record, Page-Up Prev Record, F13 Paperlink

Permit/Recommendation

This document is proof that a Notice of Intent has been filed as per
Section 41-67-5, Mississippi Code of 1972, Annotated

The Mississippi State Department of Health has examined the soil and terrain of the property indicated below. The following recommendations are made using soil and site analysis principles and our best efforts. The Mississippi State Department of Health makes no warranty or representation as to any wastewater system installed. **Recommendations may be voided if grading or fill changes the soil characteristics or if plat (dwelling or private water well) is changed and/or relocated.**

If you have any questions about your Permit/Recommendation, please contact the environmentalist of record. Current Certified Installers can be verified from www.healthymms.com/wastewater or verified by environmentalists.

Applicant:	Property:	Soil and Site Evaluation:
Eric Washington 299 Whiddon Road Canton Miss 39046	291 Whiddon Road Canton 39046 Section: Township: Range: Subdivision Name Lot Number: Lot Size: 163.00 Acres 7100280 sq. ft.	Slope: 1.00 % Soil Textures: Top Soil: Heavy Loam Sub Soil: Heavy Loam Seasonal High Water 6 Inches Restriction 6 Inches Sensitive Water No

Application:	Water Supplier:	Soil and Site Evaluation:
Type of Residence Estimated Usage: 260 GPD Application Type: Notice Of Intent (Residential) + Final Approval (\$197.50)	Drinking Public	ID: 281861/222825 Date Issued: 7/1/2022 Expiration Date: 7/1/2024 Non-transferrable, valid for one (1) year from date issued. Notice of Intent filed: 5/24/2022

GPD = Gallons Per Day N/A = Not Available H = Horizontal T = Triangular

Treatment:			
Septic Tank (with baffles):	N/A	Septic Tank (without baffles):	N/A
		Advanced Treatment System (ATS):	400 GPD

Disposal:		
Maximum Depth	N/A	Backfill Required :
		12 inches minimum above the top of aggregate or prod

Aggregate (Gravel/Tire Chips) Options

Trench (2 ft wide)	N/A	Trench (3 ft wide)	N/A	Absorption Bed	N/A
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Aggregate Replacement Options

Large Diameter Pipe	Chambers
Double 6 inch N/A	Total Coverage Area Required N/A
8 inch N/A	Linear Footage Required for Selected Chamber Widths
10 inch N/A	16": N/A 22": N/A 34": N/A

Expanded Polystyrene System (EPS)	Multi-Pipe System (MPS)
3-10H: N/A 1-12H: N/A	MPS - 9 N/A MPS 3609 N/A
3-10T: N/A 2-12H: N/A	MPS - 11 N/A MPS 3611 N/A
3-12H: N/A	MPS - 13 N/A MPS 3613 N/A
	MPS - 14 N/A

ATS Specific Disposal Options	Additional Disposal Options
Drip Irrigation 434 Feet Backfill Require 12 Inches	Elevated Sand Mound
Spray Irrigation 2774 Square Feet Backfill Require N/A	Basal N/A
Overland Discharge	Absorption N/A
1 Point N/A	
2 Point N/A	
4 Point N/A	

General Placement/Location of Soil Boring(s):

Grid area for General Placement/Location of Soil Boring(s).

Notes:

Author: KENNETH EVANS

Next Steps:

Please make several copies of this document (Permit/Recommendation), and supply to the following if applicable:

- * Public utility supplying water, to receive a water meter
- * Certified well driller, if water source is from a private well
- * County Code Office (Planning Department), placement/building permit
- * Certified Installer, for installation

REMINDER: Approval of the design, construction or installation of an Individual On-site Wastewater Disposal System by the Department is required. The Certified Installer is responsible for notifying the Department 24-hours before beginning installation of your Individual On-site Wastewater Disposal System and, at that time, to schedule a time for inspection of the system with the Department.

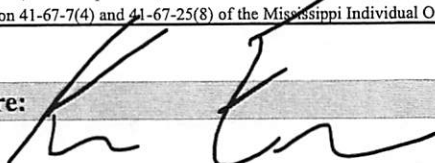
After the inspection, you must provide the Department with the following to obtain Final Approval:

- * Affidavit - Installation (From the Certified Installer)
- * Affidavit - Maintenance (From you, if an Advanced Treatment System was installed)
- * An additional fee of \$97.50 may be required for Final Approval, if not paid with initial application (Please see "Application" box on this form).

PLEASE BE AWARE, the Department cannot give Final Approval to any installation that occurs without inspection by the Department at the time of installation.

REMINDER: If any person or Certified Installer fails to obtain Final Approval or submit an Affidavit of proper installation to the Department in the installation of the system, the Department, after due notice and hearing, may levy an administrative fine not to exceed \$10,000.00. Also, if any person is operating in the state as an installer without certification by the Department, the Department, after due notice and opportunity for an administrative hearing, may impose a monetary penalty not to exceed \$10,000.00 for each violation as per Section 41-67-7(4) and 41-67-25(8) of the Mississippi Individual On-site Wastewater Disposal System Law.

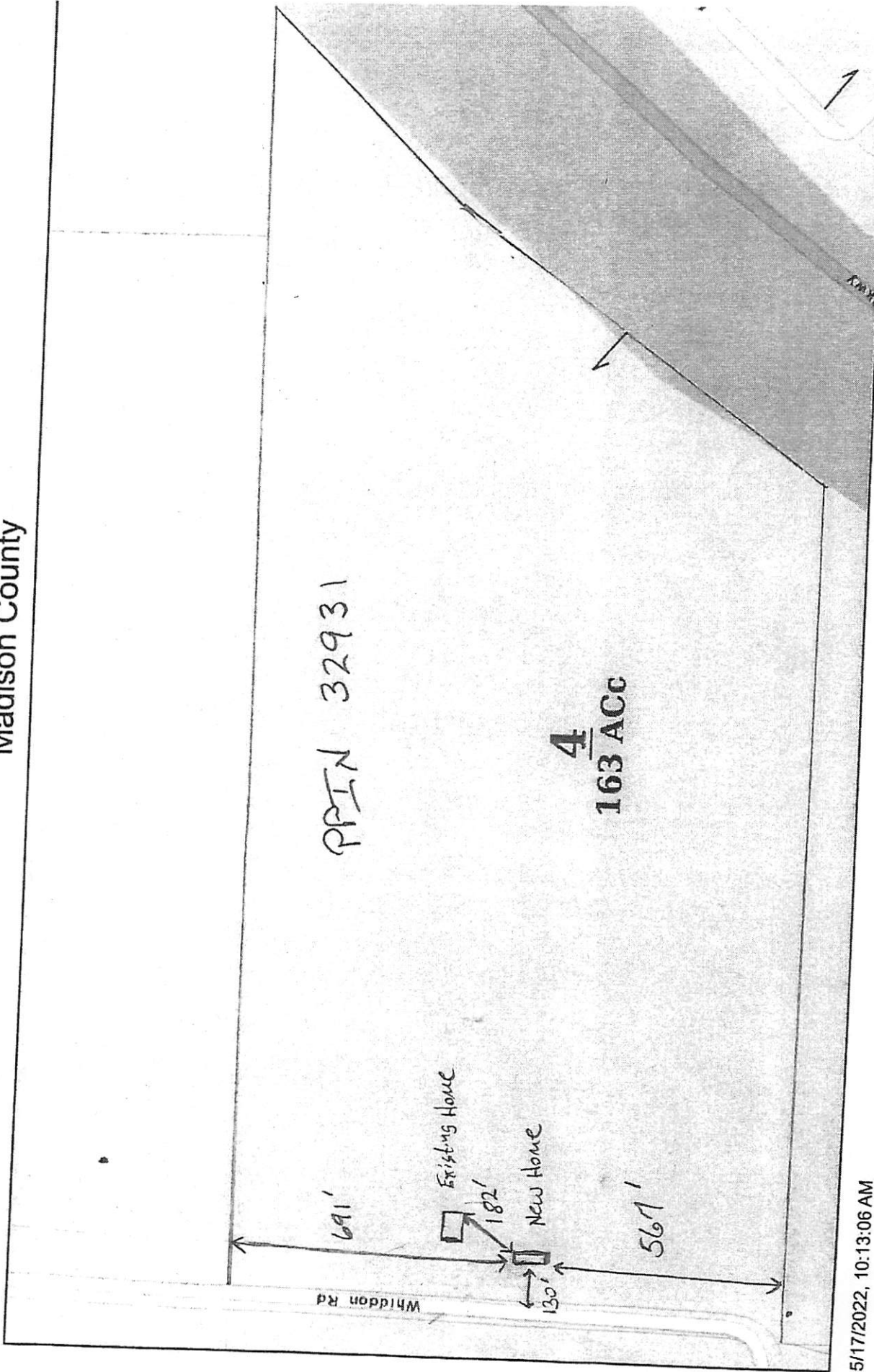
Environmentalist Signature:



Date:

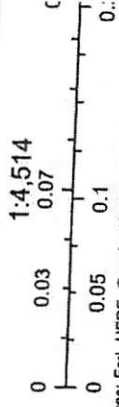
7/1/2022

Madison County



5/17/2022, 10:13:06 AM

- World Street Map
- Parcels
- CountyBoundary
- Landhook
- madison_ms_parnums
- madison_ms_all_txt



Sources: Esri, HERE, Garmin, USGS, Intermap, INCREMENTAL, Japan, METI, Esri China (Hong Kong), Esri Korea, Esri (Thailand), OpenStreetMap contributors, and the GIS User Community
Garmin, (c) OpenStreetMap contributors, and the GIS user comm