

BE IT REMEMBERED that the Board of Supervisors of Clay County, Mississippi, met at the Courthouse in West Point, MS, on the 24th day of January, 2013, at 9 00 a m and present were Lynn Horton, Luke Lummus, President, R B Davis, Shelton Deanes, and Floyd McKee Also present were Amy G Berry, Clerk of the Board, Bob Marshall, Board Attorney, and Eddie Scott, Sheriff, when and where the following proceedings were as determined to wit,

NO _____

**IN THE MATTER OF ADOPTING AND AMENDING THE AGENDA FOR THE
BOARD OF SUPERVISORS MEETING HELD ON JANUARY 24, 2013**

There came on this day for consideration the matter of adopting and amending the agenda for the Board of Supervisors meeting held on January 24, 2013

It appears to this Board the items listed below need to be added to the agenda for further consideration and discussion

- Appointment of Volunteer Fire Coordinator
- Authorize the purchase and payment of an Ice Maker for the Jail
- Adopt a Resolution commending the Life and Service of David Gibbs

After motion by Floyd McKee and second by Luke Lummus this Board doth vote unanimously for the said items listed above to be added to the agenda for further consideration by this Board and that such agenda to be adopted and approved as amended

SO ORDERED this the 24th day of January, 2013



President

NO _____

**IN THE MATTER OF SPREADING ON THE MINUTES A CERTIFICATE OF
COMPLETION OF TRAINING FOR THE CIRCUIT CLERK, ROBERT D
HARRELL, JR**

There came on this day for consideration the matter of spreading on the minutes a Certificate of Completion of Training for the Circuit Clerk, Robert D Harrell, Jr

After motion by Lynn Horton and second by R B Davis this Board doth vote unanimously to spread on the minutes the Certificate of Completion of Training for the Circuit Clerk, Robert D Harrell, Jr

SO ORDERED this the 24th day of January, 2013

A handwritten signature in cursive script, appearing to read "Shelton Dean", is written over a horizontal line.

President



Certificate of Attendance

The University of Mississippi Law Center
Awards this Certificate to

Robert "Bob" D. Harrell, Jr.

for having attended the
Circuit Court Clerk Seminar
Cabot Lodge Millsaps ~ Jackson, Mississippi
January 16-18, 2013

conducted by the
Mississippi Judicial College

Linda E. Barclay
Program Manager

Cynthia J. ...
Director

NO. _____

**IN THE MATTER OF SPREADING ON THE MINUTES THE CIRCUIT COURT
ORDER SETTING THE SALARY FOR A LAW CLERK III**

There came on this day for consideration the matter of spreading on the minutes the Circuit Court order setting the salary for a Law Clerk III

After motion by Luke Lummus and second by Lynn Horton this Board doth vote unanimously to authorize the spreading on the minutes the Circuit Court Order setting the salary for a Law Clerk III

SO ORDERED this the 24th day of January, 2013



President

300

IN THE SIXTEENTH DISTRICT CIRCUIT COURT, MISSISSIPPI

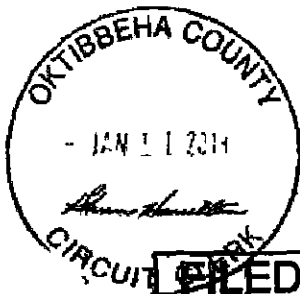
IN RE ORDER SETTING SALARY FOR LAW CLERK III

There having come on for consideration the matter of raising the salary of Brandon Langford, Law Clerk III for the Sixteenth District Circuit Court, and it is hereby ordered by the undersigned Judge Lee J Howard, Judge James T Kitchens, Jr, and Judge Lee S Coleman, Circuit Judges of the Sixteenth Circuit Court District, that the annual salary for Brandon Langford is raised to \$ 48,250 00 per year, plus benefits Said salary is to become effective January 1, 2013 and, pursuant to Mississippi Code Annotated § 9-1-36, as amended, is to be funded from the support staff funds designated for the payment of law clerks of the undersigned Circuit Judges of the Sixteenth District, with 40% of the salary coming from Judge Howard's funds, 40% of the salary coming from Judge Kitchen's funds, and 20% of Judge Coleman's funds

The Circuit Clerk of Oktibbeha County is to enter this order upon its official minutes and send copies of this order to the Circuit Clerks of Noxubee, Clay, and Lowndes Counties, and a certified copy to the Administrative Office of Courts

SO ORDERED, this the 9th day of January, 2013

MB179
pg 300



[Signature]
CIRCUIT JUDGE
[Signature]
CIRCUIT JUDGE
[Signature]
CIRCUIT JUDGE

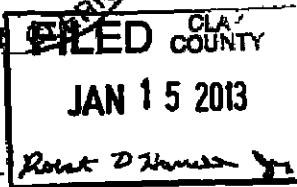


Exhibit A

141/692

NO _____

**IN THE MATTER OF ACCEPTING AND APPROVING THE PAUPER BURIAL
AFFIDAVIT TO OPEN AND CLOSE CERTAIN GRAVES**

There came on this day for consideration the matter of accepting and approving the pauper burial affidavit to open and close a certain grave

It appear to this Board a pauper burial affidavit has been submitted to this Board as attached hereto as Exhibit A requesting the opening and closing of a certain grave

After motion by Shelton Deanes and second by Lynn Horton this Board doth vote unanimously to approve the pauper burial affidavit as attached hereto as Exhibit A to this order to open and close the said grave

SO ORDERED this the 24th day of January, 2013



President



Clay County Board of Supervisors

P O Box 815
West Point, Mississippi 39773
Phone (662) 494-3313
Fax (662) 492-4059
Website claycountymiss.com
E-mail tware@claycountymiss.gov

District 1
Lynn D Horton Vice President
District 2
Luke Lummas
District 3
R B Davis President
District 4
Shelton Deanes
District 5
Floyd McKee

STATE OF MISSISSIPPI
COUNTY OF CLAY

AFFIDAVIT OF PAUPER ASSISTANCE FOR BURIAL

I, Annie Chandler, DO SOLEMNLY AFFIRM THAT Willie Clarence Gillespie DID DECEASE AND DEPART THIS LIFE ON THE 15th DAY OF JANUARY 2013 AND THAT I AM SOLELY RESPONSIBLE FOR BURIAL OF THE SAID Willie Clarence Gillespie. I ALSO AFFIRM THAT Willie Clarence Gillespie QUALIFIES UNDER THE LAWS OF THE STATE OF MISSISSIPPI AS A PAUPER AND NEEDS ASSISTANCE AND THAT THE DECEASED DOES NOT HAVE ANY BURIAL INSURANCE OR FUNDS WITH WHICH TO TAKE CARE OF THE FUNERAL EXPENSES

SO AFFIRMED, THIS THE 15th DAY OF JANUARY 2013
Annie Chandler

STATE OF MISSISSIPPI
COUNTY OF CLAY

PERSONALLY APPEARED BEFORE ME, THE UNDERSIGNED AUTHORITY OF LAW IN AND FOR SAID COUNTY AND STATE, THE WITHIN NAMED Annie Chandler WHO ACKNOWLEDGED THAT she SIGNED AND DELIVERED THE ABOVE AND FOREGOING INSTRUMENT ON THE DAY AND YEAR THEREIN STATED

GIVEN UNDER MY HAND AND SEAL OF OFFICE, THIS THE 15th DAY OF January 2013



Amy G. Berry
NOTARY PUBLIC
Deborah Myer

MY COMMISSION EXPIRES
Chancery Clerk & Ex Officio Notary Public
My Commission Expires Jan 4 2016

A RESOLUTION OF THE BOARD OF SUPERVISORS OF CLAY COUNTY, MISSISSIPPI TO NAME THAT PORTION OF U S HIGHWAY 45 ALTERNATE WHICH RUNS THROUGH CLAY COUNTY, MISSISSIPPI AS THE "TURNER/GIBBS MEMORIAL HIGHWAY"

WHEREAS, Bennie L Turner served the people of Clay County, Mississippi with distinction for many years, including his election to the Senate of the State of Mississippi for District 16 in November, 1992, in which capacity he served with great distinction, character, honor and wisdom until his death, and

WHEREAS, David Gibbs likewise served the citizens of Clay County, Mississippi with great honor, wisdom, character and distinction for many years, including his service as a member of the House of Representatives of the State of Mississippi for District 36 from 1992 until his death, and

WHEREAS, U S Highway 45 Alternate runs through Clay County, Mississippi, commencing at the south boundary of the Monroe County line and extending southward through the City of West Point and Clay County to the south boundary line of Clay County, and it is the desire of the Board of Supervisors of Clay County, Mississippi to honor Senator Turner and Representative Gibbs in a way which will commemorate their outstanding service to the citizens of Clay County, Mississippi


NOW THEREFORE, BE IT RESOLVED that the Clay County Board of Supervisors does hereby submit and request the Senate and House of Representatives of the State of Mississippi and the Mississippi Department of Transportation to name that portion of U S Highway 45 Alternate which extends from the Monroe County line southward to the south Clay County line as the "Turner/Gibbs Memorial Highway" in honor of Senator Turner and Representative Gibbs

Upon motion by Floyd McKee and seconded by Luke Lummus, with all members voting unanimously, the above Resolution was duly adopted, on this the 24th day of January, 2013



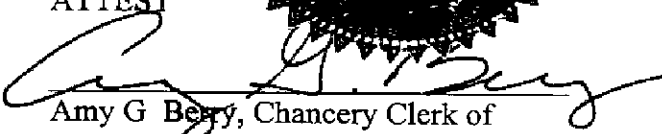
BOARD OF SUPERVISORS OF CLAY
COUNTY, MISSISSIPPI

BY


Shelton Deanes, President

487

ATTEST


Amy G Berry, Chancery Clerk of
Clay County, Mississippi

NO _____

**IN THE MATTER OF AUTHORIZING THE PURCHASE OF A NEW ICE MAKER
FOR THE JAIL**

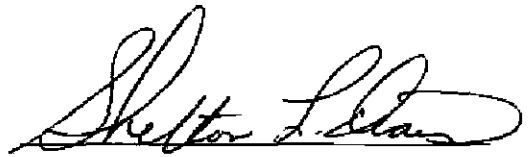
There came on this day for consideration the matter of authorizing the purchase of a new ice maker for the Jail

It appears to this Board the Sheriff is requesting to delete the current ice maker located in the kitchen at the Jail, asset no BG373, due to it no longer working and functioning properly to produce ice for the jail, and,

It appears to this Board the Sheriff is presenting a quote from Central Restaurant Products to purchase a new ice maker for the jail in the amount of \$3,214 00 which was not a budgeted purchase and would require the Sheriff's budget to be amended in order for the said purchase to be authorized

After motion by R B Davis and second by Luke Lummus this Board doth vote unanimously to authorize the deletion of asset no BG373, due to it no longer working and functioning properly, and to amend the Sheriff's budget to authorize the purchase of a new ice maker from Central Restaurant Products in the amount of \$3,214 00 as attached hereto as Exhibit A

SO ORDERED this the 24th day of January, 2013



President

7/17/2018
FAOFEM
Delete

Other Furniture/Equipment File Maintenance

11 10 30
AMY
Key # 2167

Description ICE MACHINE (SCOTSMAN)

Location JAIL KITCHEN

Vendor HOTEL RESTRAUNT SUPPLY CO Serial # 08031320011240

Property # BG373 Project # Current Value 2086.00

*Department # 151 BUILDINGS & GRO Objective # 87 OTHER FURNITURE

*Acquisition P PURCHASED *Disposal

Ledger? Y (Y/N)

*Asset Type. OFE OTHER FURNITURE Useful Life 7 Years

Salvage % 10 Salvage \$ 209 Cap Threshold 5000

GASB Eligible? N (Y/N) Depreciate? N (Y/N)

Accumulated Depreciation

Cap Value 2086 00 Date 5/10/2008

Remarks

Enter=Accept *F4=Prompt F8=Transactions F10=Delete F12=Cancel/No Update

432

Central®

RESTAURANT PRODUCTS

PO Box 78070 • Indianapolis IN 46278-0070
Phone 800 222-5107 • Fax 800 882-0086

Invoice

Invoice# 10996544
Date 01/28/13
Customer# 091063
Page 1 of 1

Clay Co Sheriff's Office
PO Box 142
Attn Accounts Payable
West Point MS 39773-0142

Ship To
Clay Co Sherff Dept
330 West Broad St
PO# 33158
West Point MS 39773

ENTERED

Thank you for ordering from Central!

Order Number	Order Date	Terms	Product Consultant				
10754643	01/25/13	GOVT Net 15 Days	MIKE KERN ext 8290				
Customer PO		Ship Via	Contact				
33158		YRC Freight	Michael Weaver				
Product/Description	Ordered	Shipped	B/O	Price	U/M	Extension	
346-019-TOP ICE MACHINE CUBER HEAD 505# AIR COOLED TOP DISCHARGE ->TOP	1	1	0	2315 00	EA	2315 00	
346-022 BIN FOR #346-017 THROUGH #346- 020, 510# STORAGE CAPACITY SER#11111280012179,	Clay County, MS 1	1	0	899 00	EA	899 00	
<p>RECEIVED DATE JAN 31 2013</p> <p>Date Rec _____ Docket Date <u>Feb</u> Vendor # <u>1351</u> Vendor Name <u>Central Rest.</u> Invoice # <u>10996544</u> Inv Date <u>1-28-13</u> P O # <u>33158</u> Fund <u>Clay Co</u> Exp # <u>001519213014</u> Amount <u>3214.00</u> Signature _____</p>							
Merchandise Total	Misc. Charge	Tax	Shipping	Subtotal	Deposit Applied	Invoice Total	
3214 00	0 00	0 00	0 00	3214 00	0 00	3214 00	

***** Upon Receipt of your Merchandise *****

Please inspect your delivery carefully. We take great pride and care in the packaging and delivery of your products. In the unfortunate event that something is damaged or has to be returned, please call your product consultant at 800.222.5107. Please save all shipping cartons and packaging until you are sure everything is in good working order. Claims must be reported within 15 days of receiving your delivery. All returns are subject to inspection before a credit is issued and may be assessed a restocking charge. A monthly finance charge of 1.5% will be charged on all past due balances. Our federal tax id number is 03-0605365

*** All prices above are in US dollars. All payments to Central are required to be made in US dollars.***

41

PURCHASE ORDER
CLAY COUNTY
WEST POINT, MS
662-494-3124

Requisition # 15106

OPEN

PO # 33158
Date 1/24/2013

Vendor # 1351

Bill to:
CLAY CO. JAIL
330 W BROAD ST
P O BOX 142
WEST POINT

MS 39773-0000

CENTRAL RESTAURANT PRODUCTS

7750 GEORGETOWN ROAD
INDIANAPOLIS IN 46268-7486

Ship to
CLAY COUNTY SHERIFF'S DEPT.
330 W BROAD STREET
P O BOX 142
WEST POINT MS 39773-0000

Bid Date

Contract Date

QUANTITY	DESCRIPTION	PRICE	TOTAL
1 00	ICE MAKER-MODEL #346-019 001- -	2315.00	2315.00
1 00	BIN FOR ICE MAKER-MODEL # 001- - 346-022 001- - APPROVED BY THE BOX ON 1- 001- -	899 00	899.00

TOTAL AMOUNT OF PURCHASE ORDER 3214 00


Purchase Clerk

ORIGINAL DATE OF PRINT 1/24/2013 11 28 57

Quotation

Quotation# 10882244
 Date 01/24/13
 Customer# 091063
 Page 1 of 1

Clay Co Sheriff's Office
 PO Box 142
 Attn Accounts Payable
 West Point MS 39773-0142

Ship To
 Clay Co Sherfff Dept
 330 West Broad St
 PO# 33158
 West Point,MS 39773

Remit Payment To PO Box 78070 Indianapolis, IN 46278-0070.

Quote Date	Quote Expires	Payment Terms	Customer PO	Contact	
01/24/13	01/31/13	GOVT Net 15 Days	33158	Michael Weaver	
Product Consultant	Ship Via	Freight Terms			
MIKE KERN ext 8290	FEDEX GRD 3RD PTY #127540322	FOB ORIGIN/PREPAID AND ADD			
Item	Product/Description	Quantity	Price	U/M	Extension
1	346-019-TOP ICE MACHINE CUBER HEAD 505# AIR COOLED TOP DISCHARGE LOCATION TOP	1	2315 00	EA	2315 00
2	346-022 BIN FOR #346-017 THROUGH #346- 020 510# STORAGE CAPACITY ** Building Relationships One Order at a Time! **	1	899 00	EA	899 00
Merchandise	Handling	Misc. Charge	Tax	Freight	Quote Total
3 214 00	0 00	0 00	0 00	0 00	3 214 00

LEASE TO OWN
 for as low* as
\$102.62 per month!

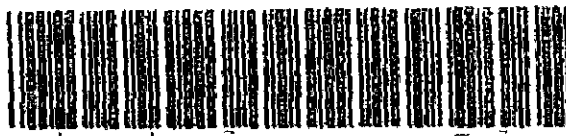
Above rate is based on a 36-month lease for businesses in existence 2+ years. The above amount does not include sales tax or documentation fees. For more detailed information please visit our website at www.centralrestaurant.com/leasing. Lease to own rates are subject to change and credit approval. Lease option applies to qualifying credit and equipment only.

Accepted By (Printed) _____ Signature _____ Date _____

By signing above you are agreeing all product and totals are accurate. If purchase is to be made via credit card, signature by cardholder is required indicating authorization to charge card and process order. All prices above are in US dollars. All payments to Central are required to be made in US dollars. **** Upon Receipt of your Merchandise **** Please inspect your delivery carefully. In the unfortunate event that something is damaged or has to be returned please call your product consultant. Please save all shipping cartons and packaging. Claims must be reported within 15 days of receiving your delivery. All returns are subject to inspection before a credit is issued and may be assessed a restocking charge. Please return defective items promptly to avoid being charged for the replacement item. Custom manufactured, special orders and used items are not returnable.
 *** Central is OPEN until 8 00 pm (Eastern Time) ***

2/13

SHIP DATE 08-13	DESTINATION 462-3	RATE CODE /I2	ITEM/TENDER NO 83883..4	PAGE 02 OF 02
DEPT NO 5158			ADV CAVL CODE	ORG 324
CENTRAL RESTAURANT PRODUCTS 750 GEORGETOWN RD INDIANAPOLIS IN 46268			SEV CAVL CODE	
MAY COUNTY CO OP 32 W BROAD ST POINT MS 39773			SERVICE EXCEP CONS. CODE	



PRO NO

YRC TARIFFS LIMIT CARRIER'S LIABILITY. ALL FREIGHT RECEIVED IN GOOD ORDER AND SHRINKWRAP/BANDING INTACT UNLESS NOTED

RECEIVED BY - PRINTED NAME _____ DATE _____

SIGNED _____ TIME _____

BL NO 1754643-1	PRO NO	324-324197-6	PRO NO
324-324197-6			

QU	PKG	HM	DESCRIPTION OF ARTICLES	CODE	WEIGHT (LB.)	RATE	CHARGES
			PD=33158	PODP			

CONSIGNEE'S COPY

- LIFTGATE
- SORT/SEGREGATION
- LIMITED ACCESS
- INSIDE DELIVERY
- RESIDENTIAL DELIVERY

**CENTRAL Restaurant Products**

7750 Georgetown Road
 Indianapolis, IN 46268-4135
 PHONE. 800-222-5107 or 317-876-1010
 FAX. 800-882-0086 or 317-337-1100

(Packing List)**00069891****B#1**

Order# 10754643-1
 Date 01/28/13
 Time 09 18 34
 Location 01
 Customer# 091063
 Page 1 of 1



091063
 Clay Co Sherff's Office
 PO Box 142
 Attn Accounts Payable
 West Point MS 39773-0142
 662-494-3313

Ship to
 Clay Co Sherff Dept
 330 West Broad St
 PO# 33158
 West Point MS 39773

Fill By _____ Ship By _____

Required Date	Product Consultant	Terms	Order Date		
01/26/13	MIKE KERN	GOVT Net 15 Days	01/25/13		
Customer PO	Ship Via	Freight Terms	Contact		
33158	YELLOW FRT (YRC) 3rd PT	FOB ORIGIN/PREPAID AND ADD	Michael Weaver		
Product/Description	Ordered	U/M	Picked	B/O	Price/Extension
346-022 BIN FOR #346-017 THROUGH #346-020 510# STORAGE CAPACITY SER# <u>111'250012179</u>	1	EA	1	0	899 00 899 00
346-019-TOP ICE MACHINE CUBER HEAD 505# AIR COOLED TOP DISCHARGE	1	EA	1	0	2315 00 2315 00

(Packing List)
 this is not a bill

***** RETURN OF DAMAGED MERCHANDISE *****

If concealed damage or noted damage has occurred, save the shipping cartons and packaging. You must request an inspection by the carrier immediately and file a claim after inspection to rectify damages to your product. You may confirm claim damages by certified mail with return receipt requested within 15 days. Please do not return damaged items as they cannot be accepted without a **CENTRAL RETURN AUTHORIZATION NUMBER**. If damaged items were delivered by UPS or RPS please contact us and your local UPS or RPS carrier office. No returns will be accepted without an authorization number. Unless an item is defective all returns must be shipped pre-paid in resalable condition, and are subject to inspection for damage or misuse prior to issuance of a credit or refund. Refunds may be subject to a minimum of 15% restocking charge. The undersigned/signer hereby grants a **PURCHASE MONEY SECURITY** interest in the items listed above to Central Products, Inc. and authorizes Central Products, Inc. to file a UCC 1 with the Indiana Secretary of State to perfect its lien in the items until paid in full. Buyer agrees to pay the Seller interest at 1 1/2% per month (18% annum) together with court costs, reasonable attorney fees and all other collection costs which the Seller may incur in enforcing the terms of this agreement, all without relief from valuation and appraisal laws.


Warranty Registration Form

Please fill out a separate registration form for each unit purchased
(ice machine storage bin, and/or compressor unit)

Your Details (this is the information about where the ice machine is actually installed) **PLEASE PRINT LEGIBLY**

Business Name _____
 Contact Name _____ Title _____
 Street Address _____
 City _____ State _____ Zip Code/Postal Code _____
 Telephone _____ FAX _____ E mail _____

Heard

Product Information	PRODUCT INFORMATION
Model Number	MODEL NUMBER ICE0400HT4
Serial Number	SERIAL NUMBER 11111280011407
	

Install Date

VERY IMPORTANT!

Was this unit purchased or leased? Purchased Leased

Who sold (or leased) this equipment? _____

Address _____

City _____ State _____ Zip Code/Postal Code _____

Who installed the ice machine? Ice O Matic Factory Authorized Service Tech / Distributor
 In House Maintenance Plumber Self Installed Other

Water Filter Registration

The Ice-O-Matic water filter registration program extends the warranty on the ICE cuber evaporator ONLY to seven years parts and labor. A water filtration system must be installed when the cuber is installed and the filter cartridges changed every six (6) months. The serial number of the new water filter must be reported to Ice O Matic to main the program.

Do you wish to be enrolled in the water filter extended warranty program? Yes No

If yes what is the serial number of the original water filter cartridge used with this cuber? _____

Market Information

What type of business? (check one)

- Small office / home office
- Chain Restaurant (15+ locations)
- School/University/Cafeteria
- Independent Restaurant
- Office (100+ people)
- Other (please specify) _____
- Hotel/Motel
- Hospital
- Convenience Store
- Supermarket

Did the service person recommend an Ice O Matic product? Yes No

Would you recommend Ice O Matic to a friend? Yes No

Did this ice machine replace an old ice machine? Yes No

If this machine replaced an older unit what brand was the old unit?
 Cornelius Hoshizaki Ice O Matic Kold Draft
 Manitowoc Scotsman Vogt Other

How did you learn about Ice O Matic?

- Prior Ownership
- Distributor
- Yellow Pages
- Referral
- Direct Mail
- Other (please specify) _____
- Web site
- Magazine
- Dealer
- Trade Show

Product Evaluation

(Excellent = Perfect No Issues / Good = Very Minor Defects / Average = Defects Noticed Not Objectionable / Poor = Defects Objectionable)

	Excellent	Good	Average	Poor	Unacceptable
Overall Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fit of Panels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operation of Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operation of Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Were there problems with the product or the buying process? _____

What improvements would you like to see? _____

Comments _____

9081326 01 Rev B

REMOVE TO EXPOSE ADHESIVE

RECEIVING REPORT
 CLAY COUNTY
 West Point, MS 39773

3150b

Vendor Central Restaurant

Date Received 1-30-13

TO BE FILLED IN BY PURCHASE CLERK
 Purchase Requisition Number _____
 Purchase Order Number 33158

Shipped From Indianapolis IN

Shipped Via Delivery

Quantity Received	Description of Commodities or Services Received
1	Bin for Storage Capacity # 346-017
1	Ice Machine Cuber Head # 346-019
	Model # B55PSB → Bin
	S/N # 1111280012179
	Model # ICE0400HT4 → Cuber Head
	S/N # 1111280011407

Received By Michael A. Wheeler
 Receiving Clerk, Inventory Custodian, or Deputy

Agrees with Purchase Order Except as Noted
Dina Cole
 Clerk (Purchase Dept. or Accounting Dept.)

INSTRUCTIONS

- 1 A receiving report shall be prepared and should be delivered (Copy 3) to the purchase clerk no later than noon on the third regular business day after receipt of the commodities or services
- 2 Copy 1 shall be sent to the clerk of the board of supervisors
- 3 Copy 2 shall be sent to the Requisitioning Department (or inventory control clerk if applicable)
- 4 The clerk of the board shall attach the purchase requisition, purchase order and receiving report to the vendor's properly itemized invoice prior to entry upon the docket of claims.
- 5 Copy 4 shall be retained in the office of the receiving clerk

WHITE Clerk of Board of Supervisors / CANARY Requisition Department / BLUE Purchase Clerk File / PINK Office of Receiving Clerk

NO _____

IN THE MATTER OF APPROVING THE VOLUNTEER FIRE
COORDINATOR FOR THE YEAR 2013

There came on this day for consideration the matter of approving the Volunteer Fire Coordinator for the year 2013

After motion by Luke Lummus and second by R.B Davis, this Board doth vote unanimously to employ Robert W Parker as Volunteer Fire Coordinator and paid at the current salary of \$367 74 per month plus any matching benefits in which he is eligible for

SO ORDERED this the 24th day of January, 2013



PRESIDENT

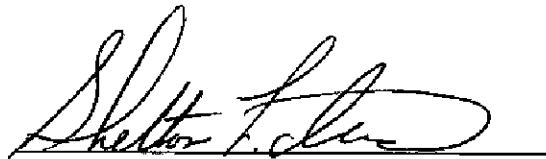
NO _____

**IN THE MATTER OF ACCEPTING AND SPREADING ON THE MINUTES THE
RESIGNATION LETTER RECEIVED FROM THE COUNTY PROSECUTING
ATTORNEY, ANGELA TURNER LAIRY**

There came on this day for consideration the matter of accepting and spreading on the minutes the resignation letter received from the County Prosecuting Attorney, Angela Turner Lairy

After motion by Luke Lummus and second by Lynn Horton this Board doth vote unanimously to accept and spread on the minutes the resignation letter as attached hereto as Exhibit A received from Angela Turner-Lairy resigning from her position as County Prosecuting Attorney due to her being elected as Senator in a special election for Senate District 16

SO ORDERED this the 24th day of January, 2013



President

From the Desk of Angela Turner Lairy

P O Drawer 1500
West Point, Mississippi
(662) 494-6611

January 23, 2013

Mr Robert Harrell
Circuit Clerk of Clay County, Mississippi
P O Box 364
West Point, Mississippi 39773

Ms Amy Berry
Chancery Clerk of Clay County, Mississippi
P O Box 815
West Point, Mississippi 39773

Members of the Clay County Board of Supervisors
P O Box 815
West Point, Mississippi 39773

Re Resignation

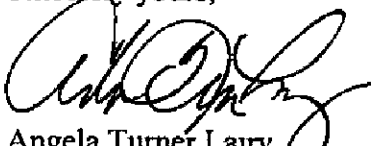
Dear Sirs/Madam

Please accept this correspondence as formal notification that I am resigning from the position of Prosecuting Attorney for Clay County, Mississippi, effective immediately

I appreciate the opportunity given to me by the voters of this County, as well as the support and professionalism exhibited by those individuals serving in various offices of County government. Should a problem arise, please feel free to contact me at (662) 494-6611 or (662) 295-9792

With best wishes, I am

Sincerely yours,


Angela Turner Lairy

NO _____

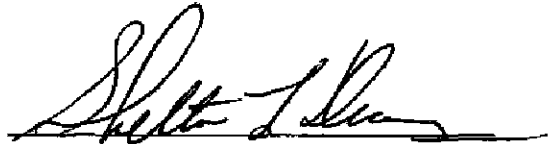
IN THE MATTER OF AUTHORIZING PAYMENT FOR CERTAIN CLAIMS

There came on this day for consideration the matter of authorizing payment for certain claims

It appears to this Board as attached hereto as Exhibit A are two claims to pay Constable Sherman Ivy, \$2,009 57, and Lewis Stafford, \$ 1,766 01, for the Monthly Gross Fee income for the month of January 2013 and West Point Water and light bills for various county buildings which must be paid today in order for the county to not be charged late fees

After motion by Lynn Horton and second by Luke Lummus this Board doth vote unanimously to authorize the payment of the claims as attached hereto as Exhibit A

SO ORDERED this the 24th day of January, 2013



President

**Calculation of Estimated Contributions/Wages For Constables
January 2013**

Calculation

	Lewis Stafford	Sherman Ivy	
Gross Fee Income *	\$2,675 00	\$2,275 00	(Input)
Minimum Withholding Rate	11%	11%	
Estimated Contributions	<u>\$294 25</u>	<u>\$250 25</u>	
Estimated Contributions	\$294 25	\$250 25	
Divided by PERS EE/ER	21 93%	21 93%	
Estimated Wages To Be Reported To PERS	<u>\$1,341 77</u>	<u>\$1,141 13</u>	
Estimated Wages	\$1,341 77	\$1,141 13	
Multiplied by PERS EE Rate	9 00%	9 00%	
Estimated PERS EE Contributions	<u>\$120 76</u>	<u>\$102 70</u>	
Estimated Wages	\$1,341 77	\$1,141 13	
Multiplied by PERS ER Rate	14 26%	14 26%	
Estimated PERS ER Contributions	<u>\$191 34</u>	<u>\$162 73</u>	

****Summary of Wages and Contributions to be reported to PERS For Constables ****

Estimated Wages	\$1,341 77	\$1,141 13	
Estimated PERS EE Contributions	\$120 76	\$102 70	223 46
Estimated PERS ER Contributions	\$191 34	\$162 73	354 06
Total Estimated Contributions	<u>\$312 10</u>	<u>\$265 43</u>	

****Funds to be Paid to Constables****

Gross Fee Income	\$2,675 00	\$2,275 00
Less Total Estimated PERS EE/ER Contributions	<u>\$312 10</u>	<u>\$265 43</u>
Net Gross	\$2,362 90	\$2,009 57
Medical Insurance Reimbursement	\$596 89	\$0 00
Total Gross Due	<u>\$1,766 01</u>	<u>\$2,009 57</u>

Need an order to transfer to Payroll Clearing fund \$ 577 52 to remit with Retirement Contributions

* Gross Fee Income is turned in to comptroller by the Justice Court Deputy

Failure to receive bill does not relinquish responsibility for payment



**CITY OF WEST POINT
WATER & LIGHT DEPARTMENT**
300 E BROAD STREET
P O BOX 1117
WEST POINT, MS 39773-1117
Business Hours - 8 00 AM 5 00 PM
Monday thru Friday
Phone 662-494-1432

ACCOUNT NUMBER	022-0048-3
CUSTOMER NAME SERVICE ADDRESS	CLAY CTY BOARD OF SUPERV 138 SOUTH DIVISION
METER READING DATE	Jan 3 2013
DAYS BILLED	35

SERVICE	PRESENT READING	PREVIOUS READING	AMOUNT USED	AMOUNT
ELECTRIC (KILOWATT HOURS)	9581	9520	2440	290 71
WATER (ONE UNIT = 100 GALLONS)	15685	15656	29	54 00
SEWER (ONE UNIT = 100 GALLONS)				60 00
TOTAL CURRENT CHARGES				404 71
BALANCE FORWARD (PAST DUE)				0 00

AMOUNT FROM PREVIOUS BILL	LATE CHARGES	PAYMENTS & ADJUSTMENTS	OTHER DEBITOR CREDITS	BALANCE FORWARD (PAST DUE)	CURRENT CHARGES	NET AMOUNT DUE
318 10	0 00	318 10-	0 00	0 00	404 71	404 71

DEMAND 16 0

RECEIVED ON THIS DATE

HELPING HANDS DONATION YES _____
AND FORWARD BY MAIL OR IN PERSON TO THE WEST POINT WATER & LIGHT DEPARTMENT THANK YOU

JAN 18 2013
CUSTOMER SIGNATURE-PLEASE COMPLETE
Clay Co Chancery Office

022-0048-3

COMPARE YOUR USAGE

PERIOD	DAYS	FEET USED	PAID PER DAY	WATER USED (FEET)	AVERAGE GAL PER DAY
CURRENT	35	2440	70	2900	8
LAST MONTH	28	1640	59	2100	7
YEAR AGO	30	1960	65	1500	5

PLEASE DETACH AND RETURN BOTTOM PORTION IF PAYING BY MAIL



**CITY OF WEST POINT
WATER & LIGHT DEPARTMENT**
300 E BROAD ST
P O BOX 1117
WEST POINT MS 39773-2917

ADDRESS SERVICE REQUESTED

RECEIVED ON THIS DATE

JAN 18 2013

Clay Co Chancery Office

CUSTOMER ACCOUNT NO.	022-0048-3
NET AMOUNT DUE:	404 71
PENALTY:	Jan 30 2013
LATE CHARGES:	18 61
AMOUNT DUE AFTER PENALTY:	423 32

This bill is now due and payable. Service is subject to disconnection without further notice if unpaid 10 days from the penalty date.

ENCLOSURE \$

000164

****AUT 5-DIGIT 39773 164 T1 1 164 1 AV 0.350
CLAY CITY BOARD OF SUPERV
PO BOX 815
WEST POINT MS 39773-0815

CITY OF WEST POINT
WATER & LIGHT DEPARTMENT
PO BOX 1117
WEST POINT MS 39773-1117



Failure to receive bill does not constitute
CITY OF WEST POINT
WATER & LIGHT DEPARTMENT
 300 E BROAD STREET
 P O BOX 1117
 WEST POINT, MS 39773-1117
 Business Hours - 8 00 AM 5 00 PM
 Monday thru Friday
 Phone 662-494-1432



ACCOUNT NUMBER	022-0310 1
CUSTOMER SERVICE ADDRESS	CLAY COUNTY OFFICE BLDG 220 W BROAD ST
METER READING DATE	Jan 3 2013
DAYS DUPLICATE	35

SERVICE	PRESENT READING	PREVIOUS READING	AMOUNT USED	AMOUNT
ELECTRIC (KILOWATT HOURS)	36327	31976	4351	506 66
TOTAL CURRENT CHARGES BALANCE FORWARD (PAST DUE)				506 66 0 00

AMOUNT FROM PREVIOUS BILL	LATE CHARGES	AMOUNT PAID	OTHER DEBIT	AMOUNT PAID FORWARD	AMOUNT CHARGED	NET AMOUNT DUE
286 87	0 00	286 87	0 00	0 00	506 66	506 66

HELPING HANDS DONATION YES _____ AMOUNT _____
 CUSTOMER SIGNATURE-PLEASE COMPLETE
 AND FORWARD BY MAIL OR IN PERSON TO THE WEST POINT WATER &
 LIGHT DEPARTMENT THANK YOU
RECEIVED ON THIS DATE
JAN 18 2013
 Clay Co Chancery Office

022-0310 1

COMPARE YOUR USAGE

PERIOD	DAYS	AMOUNT USED	PERCENT	PERIOD	PERCENT
CURRENT	35	4351	124	N/A	N/A
LAST MONTH	28	2358	84	N/A	N/A
YEAR AGO	30	1510	50	N/A	N/A

PLEASE DETACH AND RETURN BOTTOM PORTION IF PAYING BY MAIL.

CITY OF WEST POINT
WATER & LIGHT DEPARTMENT
 300 E BROAD ST
 P O BOX 1117
 WEST POINT MS 39773 2917
 ADDRESS SERVICE REQUESTED

RECEIVED ON THIS DATE
JAN 18 2013
 Clay Co Chancery Office

ACCOUNT NUMBER	022-0310-1
NET AMOUNT DUE	506 66
DATE DUE	Jan 30 2013
AMOUNT PAID	15 07
AMOUNT DUE AFTER PENALTY DATE	521 73

AMOUNT ENCLOSED \$ _____

This bill is now due and payable. Service is subject to disconnection without further notice if unpaid 10 days from the penalty date.

000166

****AUT D**5-DIGIT 39773 166 T1 1 166 1 AV 0 350
 CLAY COUNTY OFFICE BLDG
 PO BOX 815
 WEST POINT MS 39773-0815

CITY OF WEST POINT
WATER & LIGHT DEPARTMENT
 PO BOX 1117
 WEST POINT MS 39773-1117



Failure to receive bill does not relinquish responsibility for payment



**CITY OF WEST POINT
WATER & LIGHT DEPARTMENT**
300 E BROAD STREET
P O BOX 1117
WEST POINT, MS 39773-1117
Business Hours - 8 00 AM 5 00 PM
Monday thru Friday
Phone 662-494-1432

ACCOUNT NUMBER	022-0300-4
CUSTOMER NAME	CLAY CTY SHERIFF DEPT
SERVICE ADDRESS	WEST BROAD
METER READING DATE	Jan 3 2013
DAYS BILLED	35

SERVICE	PRESENT READING	PREVIOUS READING	AMOUNT USED	AMOUNT
ELECTRIC (KILOWATT HOURS)	23664	23431	9320	1,068 15
WATER (ONE UNIT = 100 GALLONS)	40656	40591	65	42 30
SEWER (ONE UNIT = 100 GALLONS)				43 95
TOTAL CURRENT CHARGES				1,154 40
BALANCE FORWARD (PAST DUE)				0 00

AMOUNT FROM PREVIOUS BILL	LATE CHARGES ADDED	PAYMENTS & ADJUSTMENTS	OTHER DEBITS/CREDITS	BALANCE FORWARD (PAST DUE)	CURRENT CHARGES	NET AMOUNT DUE
766 98	0 00	766 98	0 00	0 00	1,154 40	1,154 40

RECEIVED ON THIS DATE
JAN 18 2013

DEMAND 4 48

HELPING HANDS DON. TO ~~Clay Co. Chancery Office~~
CUSTOMER SIGNATURE-PLEASE COMPLETE
AND FORWARD BY MAIL OR IN PERSON TO THE WEST POINT WATER &
LIGHT DEPARTMENT THANK YOU

022-0300-4

COMPARE YOUR USAGE

	PERIOD	AVG. PER DAY	AVG. PER HOUR	AVG. PER MINUTE
CURRENT	35	9320	266	6500
LAST MONTH	28	5960	213	3200
YEAR AGO	30	7560	252	3700

PLEASE DETACH AND RETURN BOTTOM PORTION IF PAYING BY MAIL



**CITY OF WEST POINT
WATER & LIGHT DEPARTMENT**
300 E BROAD ST
P O BOX 1117
WEST POINT MS 39773-2917
ADDRESS SERVICE REQUESTED

RECEIVED ON THIS DATE
JAN 18 2013
Clay Co Chancery Office

CUSTOMER ACCOUNT NO.	022-0300-4
NET AMOUNT DUE	1,154 40
REMISSION DATE	Jan 30 2013
LATE CHARGES	25 00
AMOUNT DUE AFTER PENALTY DATE	1,179 40

This bill is now due and payable. Service is subject to disconnection without further notice if unpaid 10 days from the penalty date.

AMOUNT ENCLOSED \$

000165

***AUI 0**5-DIGIT 39773 165 T1 1 165 1 AV 0 350
CLAY CTY SHERIFF DEPT
ATTN JMY BERRY
PO BO 815
WEST POINT MS 39773-0815

CITY OF WEST POINT
WATER & LIGHT DEPARTMENT
PO BOX 1117
WEST POINT MS 39773-1117

5-118

Failure to receive bill does not relinquish responsibility for payment

050-1189-3

CLAY CTY BOARD OF SUPER
WASHINGTON ST

Jan 2 2013

33



**CITY OF WEST POINT
WATER & LIGHT DEPARTMENT**
300 E BROAD STREET
P O BOX 1117
WEST POINT, MS 39773-1117
Business Hours - 8 00 AM 5 00 PM
Monday thru Friday
Phone 662-494-1432

ELECTRIC (KILOWATT HOURS)
WATER (ONE UNIT = 100 GALLONS)
SEWER (ONE UNIT = 100 GALLONS)

7856
769327

7792
769281

5120
46

632.95
35.84
38.06

*Pd. 12,488.25
1-17-13*

TOTAL CURRENT CHARGES
BALANCE FORWARDED (PAST DUE)

706.85
756.99

NET AMOUNT DUE

736.67 20.32 0.00 0.00 756.99 706.85 1,463.84

HELPING HANDS DONATION YES _____ AMOUNT _____
(CUSTOMER SIGNATURE PLEASE COMPLETE)
NO FORWARD BY MAIL OR IN PERSON TO THE WEST POINT WATER & LIGHT DEPARTMENT THANK YOU

050 1189-3

COMPARE YOUR USAGE

	THIS MONTH	LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO
CURRENT	33	5120	155	4600	139
LAST MONTH	30	5440	181	4600	153
YEAR AGO	30	5280	176	4700	157

PLEASE DETACH AND RETURN BOTTOM PORTION IF PAYING BY MAIL



CITY OF WEST POINT
WATER & LIGHT DEPARTMENT
300 E BROAD ST
P O BOX 1117
WEST POINT MS 39773 2917
ADDRESS SERVICE REQUESTED

CUSTOMER ACCOUNT NO.	050-1189-3
NET AMOUNT DUE:	1 463 84
PENALTY DATE	Jan 20 2013
LATE CHARGES	20 02
AMOUNT DUE AFTER PENALTY DATE	1,483 86

RECEIVED ON THIS DATE

JAN 14 2013

Clay Co. City Utility Office

This bill is now due and payable. Service is subject to disconnection without further notice if unpaid 10 days from the penalty date. **

AMOUNT ENCLOSED: \$

000025



SINGLE-PIECE 25 T1 1 25 1 SP 0 450
CLAY CTY BOARD OF SUPER
DHS
PO BOX 81
WEST POINT MS 39773 0815



CITY OF WEST POINT
WATER & LIGHT DEPARTMENT
PO BOX 1117
WEST POINT MS 39773 1117





**CITY OF WEST POINT
WATER & LIGHT DEPARTMENT**
300 E BROAD STREET
P O BOX 1117
WEST POINT, MS 39773-1117
Business Hours - 8 00 AM 5 00 PM
Monday thru Friday
Phone 662-494-1432

ACCOUNT NUMBER	050-1185-1
CUSTOMER SERVICE ADDRESS	CLAY CO OFFICE BUILDING 218 W BROAD ST
DATE	Jan 2 2013
READING	33

ELECTRIC (KIL OWATT HOURS)	6836	6642	67900	6,758 49
OUTDOOR LIGHT	0	0	2303	277 22
WATER (ONE UNIT = 1 00 GALLONS)	420145	412457	7688	2,634 12
SEWER (ONE UNIT = 1 00 GALLONS)				2,407 08
TOTAL CURRENT CHARGES				12,076 91
BALANCE FORWARD (PAST DUE)				13,339 48

pd. 1-17-13 727.07

AMOUNT PAID	12 928 14	411 34	0 00	0 00	13,339 48	12,076 91	25,416 39
-------------	-----------	--------	------	------	-----------	-----------	------------------

DEMAND 140 0

HELPING HANDS DONATION YES AMOUNT

CUSTOMER SIGNATURE PLEASE COMPLETE

SEND FORWARD BY MAIL OR IN PERSON TO THE WEST POINT WATER & LIGHT DEPARTMENT THANK YOU

050 1185 1

COMPARE YOUR USAGE

PERIOD	DAYS	WATER	SEWER	ELECTRIC	TOTAL
CURRENT	33	67900	2058	768800	23
LAST MONTH	30	63000	2100	997400	33
YEAR AGO	30	74900	2497	1042800	34760

PLEASE DETACH AND RETURN BOTTOM PORTION IF PAYING BY MAIL

**CITY OF WEST POINT
WATER & LIGHT DEPARTMENT**
300 E BROAD ST
P O BOX 1117
WEST POINT MS 39773 2917

RECEIVED ON THIS DATE
JAN 14 2013

ADDRESS SERVICE REQUESTED

Clay Co Chancery Office

CUSTOMER ACCOUNT NO.	050-1185-1
NET AMOUNT DUE:	25 416 39
PENALTY DATE:	Jan 20 2013
LATE CHARGES:	343 50
AMOUNT DUE AFTER PENALTY DATE:	25,759 89

This bill is now due and payable. Service is subject to disconnection without further notice if unpaid 10 days from the penalty date. **

AMOUNT ENCLOSED: \$

030034

*****SINGLE-PIECE 34 T1 1 34 1 SP 0 450
CLAY CO OFFICE BUILDING
PO BOX 815
WEST POINT MS 39773-0815

CITY OF WEST POINT
WATER & LIGHT DEPARTMENT
PO BOX 1117
WEST POINT MS 39773 1117


NO _____

**IN THE MATTER OF AUTHORIZING THE PRESIDENT TO EXECUTE THE
ASSURANCE OF COMPLIANCE FORM AS REQUIRED UNDER THE FEDERAL
FLOOD CONTROL ACT FOR THE U S CORP OF ENGINEERS**

There came on this day for consideration the matter of authorizing the President to execute the Assurance of Compliance form as required under the Federal Flood Control Act for the U S Corp of Engineers

After motion by Lynn Horton and second by Luke Lummus this Board doth vote unanimously to authorize the President to execute the Assurance of Compliance Form as attached hereto as Exhibit A

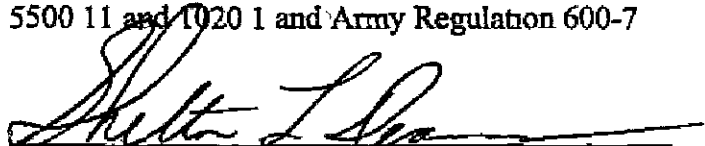
SO ORDERED this the 24th day of January, 2013

A handwritten signature in black ink, appearing to read "Shelton L. Dean", written over a horizontal line.

President

TO CORPS OF ENGINEERS
DEPARTMENT OF THE ARMY
U S DEPARTMENT OF DEFENSE

This is to advise you that Clay County is in compliance with and will continue to comply with the provisions of Title VI of the Civil Rights Act of 1964, as amended (42 U S C Section 2000d), the Age Discrimination Act of 1975, as amended (42 U S C Section 6102), the Rehabilitation Act of 1973, as amended (29 U S C Section 794), and all requirements imposed or pursuant to the Directive of the Department of Defense (32 CFR Part 300) issued as Department of Defense Directives 5500 11 and 1020 1 and Army Regulation 600-7



President

Clay County Board of Supervisors

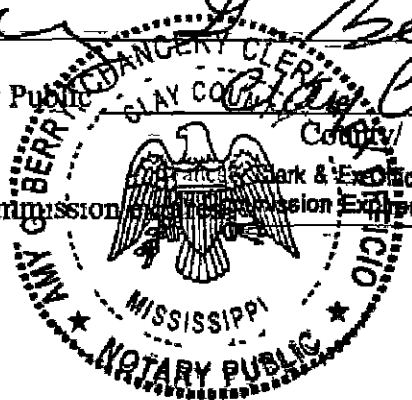
1/24/13
Date

Subscribed and sworn to before me this

24th day of January, 2013


Notary Public Clay County, MS
County/ State

My commission expires Jan. 4, 2016



NO _____

IN THE MATTER OF AUTHORIZING THE SALE OF ASSET NO WF149

There came on this day for consideration the matter of the sale of asset no WF149

It appears to this Board fixed asset no WF149, a 1988 International Truck, is currently titled to Clay County and is reported on the county's fixed asset mobile equipment ledger, and,

It appears that in October 1993 the Montpelier Volunteer Fire Department Unit 300 titled the said truck to the County in order for the truck to be covered under the County's general liability policy as stipulated in the volunteer fire contracts, and,

It appears to this Board the truck is old and no longer used by the Montpelier Volunteer Fire Unit and the said Fire Chief, Bennie Clark, is requesting this Board to sale the said truck and for the sales proceeds to be paid from the County to the Montpelier Volunteer Fire Unit since the Volunteer Fire unit purchased the truck years ago

After motion by Luke Lummus and second by R B Davis this Board doth vote unanimously to authorize the sale of asset no WF149, 1988 International Truck, and for the said sale to take place on February 28, 2013, at 10 00 a m on front steps of the Clay County Courthouse

SO ORDERED this the 24th day of January, 2013



President

EQUIPMENT RECORD
CLAY COUNTY

INVENTORY # WF 149
PURCHASE ORDER 54
CHECK # _____

ITEM Truck
MAKE International
SERIAL # 1HTLDUXN6JH566096
MODEL 1988
PURCHASED FROM Montpelier Volunteer Fire Dept.
DATE 10/1/93 VALUE 17,500⁰⁰
LOCATION OF INVENTORY Montpelier VFD Unit 300

ENTERED ON INVENTORY _____
TAGGED _____
ADDITION FILE _____
DELETION FILE _____

CERTIFICATE OF TITLE

STATE OF MISSISSIPPI

VEHICLE IDENTIFICATION NUMBER: INTF04XN6JH266098
 MAKE: INTEL YEAR: 88 MODEL: 195 BODY: CC TITLE NUMBER: 6422213-01
 TITLE DATE: 11/06/93 NEW/USED: 00 TYPE OF VEHICLE: R ASSESSMENT: TK-TM 000 ORIGINAL

OWNER:
 CLAY COUNTY
 CLAY COUNTY COURTHOUSE
 WEST POINT MS 39273

MILEAGE: 000000
 ODOMETER, IF THE NOT INCLUDED

1ST LIENHOLDER (IF OWNED BY OTHER):
 CLAY COUNTY
 CLAY COUNTY COURTHOUSE
 WEST POINT MS 39273

2ND LIENHOLDER:

LIEN SATISFACTION: THE UNDERSIGNED HOLDER OF ABOVE MENTIONED LIEN ON THE MOTOR VEHICLE DESCRIBED HEREON HEREBY ACKNOWLEDGES SATISFACTION THEREON

1ST LIENHOLDER: _____ SIGNATURE AND TITLE: _____

2ND LIENHOLDER: _____ SIGNATURE AND TITLE: _____

THIS TITLE IS ISSUED THIS _____ DAY OF _____ 1993



ISSUED BY MY HAND THIS
 04 NOVEMBER 1993
 93706220003 00202
 STATE TAX COMMISSION

THE MISSISSIPPI STATE TAX COMMISSION certifies that the application data made the period named herein is registered by this office as the owner of the vehicle described above and that the title is subject to any and all liens and security interests as may subsequently be filed with the State Tax Commission. This certificate of title is subject to the provisions of the Mississippi Motor Vehicle Lien Law, Section 23-1-1, Mississippi Code of 1972, and is subject to the provisions of the Motor Vehicle Lien Law, Section 23-1-1, Mississippi Code of 1972.

[Signature]
 CHAIRMAN

CONTROL NUMBER: 118884510

VOID IF ALTERED

510

NO _____

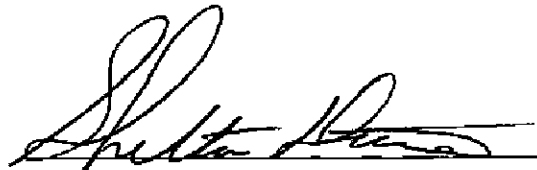
**IN THE MATTER OF AUTHORIZING THE PRESIDENT TO EXECUTE THE
CORRECTION/DELETION TO THE HOMESTEAD EXEMPTION APPLICATIONS
FORMS AS PRESENTED BY THE TAX ASSESSOR/COLLECTOR**

There came on this day for consideration the matter of authorizing the President to execute the Correction/Deletion to the Homestead Exemption Applications Forms as presented by the Tax Assessor/Collector

It appears to this Board as attached hereto as Exhibit A the Tax Assessor/Collector, Paige Lamkin, has presented a batch of Correction/Deletion to the Homestead Exemption Applications and is requesting this Boards consideration and approval of the said changes

After motion by Luke Lummus and second by R B Davis this Board doth vote unanimously to accept the Correction/Deletion to the Homestead Exemption Applications Forms as presented by the Tax Assessor/Collector and authorizes the President to execute the said forms as attached hereto as Exhibit A

SO ORDERED this the 24th day of January, 2013



President

FOR MSTC USE ONLY

DELETION () CORRECTION (X)

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO _____

YEAR 2012

NAME 1 Doss James D
 (last name) (first name) (middle name)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION

<p>MUNICIPALITY _____ SCHOOL DISTRICT _____</p> <p>NAME 1 <u>Doss</u> <u>James</u> <u>D</u> (LAST) (FIRST) (MIDDLE)</p> <p>NAME 2 _____ (LAST) (FIRST) (MIDDLE)</p> <p>ADDRESS <u>538 hillcrest RD.</u> (STREET) <u>West Point MS 39773</u> (CITY) (STATE) (ZIP)</p> <p>PARCEL NUMBER(S) _____</p> <p>A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR, LIST CORRECTED NUMBER BELOW</p>	<p>SSN _____</p> <p>SSN _____</p> <p>EXEMPTION CODE NO <u>2</u></p> <table style="width: 100%;"> <tr> <td>1 Regular</td> <td>4 Dr Cert</td> </tr> <tr> <td>2 Over 65</td> <td>5 DAV</td> </tr> <tr> <td>3 Letter</td> <td>6 Comb Reg & Add</td> </tr> </table> <p style="text-align: center;">REASON FOR CORRECTION/DELETION</p> <p style="font-size: 1.2em; text-align: center;">Delete from State System - deceased</p>	1 Regular	4 Dr Cert	2 Over 65	5 DAV	3 Letter	6 Comb Reg & Add
1 Regular	4 Dr Cert						
2 Over 65	5 DAV						
3 Letter	6 Comb Reg & Add						

AUTHORIZATION

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the Correction of the lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27-33-1 et seq Mississippi Code of 1972, and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been advised of this correction

SIGNED Paige Lankin

(FOR A DELETION)

Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above From the Supplemental Roll of allowed exemption for this county according to Section 27-33-1 et seq Mississippi Code of 1972

SIGNED Shelby

Witness my signature and official seal This the 24th day of January, 2013

SIGNED Ray E. Bey

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

LN 0000098 SECONDARY SS# 000000000 AD C01: 00 AD C02. 00 AD C03. 00

NAME. DOSS JAMES D

ADDRESS RT 5 BOX 393
CITY WEST POINT
STATE MS
ZIP 39773 0000

COUNTY 13 EXEMPTIONS. 2 CENTURY 19 YEAR: 97
UN CD 000 SCH CD: 1 MARITAL STATUS. 2 TITLE INFO 1
ADDITIONAL USE. 1 DELETE BYTE. NUMBER OF PARCELS 1 CK DGT: 4

DESCRIPTION. 082C216B 0230000

State

Homestead Transaction File Maintenance

Application Seq# 01

Current Year
Parcel Number
Owner Name
Address
City, St, Zip
Legal Description
Tax District

082C216B 0230000
DOSS CHRISTINE G ESTATE
538 HILLCREST RD
WEST POINT 39773
WESTWOOD SUB
3110 Total Acres

Assessments
Class I
Class II 10028
Total 10028

Application Name DOSS CHRISTINE G ESTATE
House/Other Name

Regular Homestead Code
Regular Percentage
Special Homestead Code
Special Percentage
Applicant's SS#
Spouse/Other SS#
Area Code & Phone
Comments/Notes
Exempt Code *Marital Status *Title

Regular Homestead Value
Special Homestead Value
*Additional Not Allowed
*Not allowed code
TOTAL Homestead Value

ADJUSTMENTS

Partial Ownership
*Add'l Use *Adjoining County
00

Enter=Edit, Info * F4=Prompt F5=Update F10=Delete F12=Exit

County

**CORRECTION /DELETION
OF THE
HOMESTEAD EXEMPTION APPLICATION**


FOR MSTC USE ONLY

DELETION () CORRECTION (X)

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO _____

NAME 1 Faulkner Coleen Lee YES 
(last name) (first name) (middle name)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION

MUNICIPALITY _____ SCHOOL DISTRICT West Point

NAME 1 Faulkner Coleen _____
(LAST) (FIRST) (MIDDLE)

SSN 

SSN _____

NAME 2 _____
(LAST) (FIRST) (MIDDLE)

EXEMPTION CODE NO 2

ADDRESS 3003 Hwy 50 W
(STREET)
West Point MS 39173
(CITY) (STATE) (ZIP)

- 1 Regular
- 2 Over 65
- 3 Letter
- 4 Dr Cert
- 5 DAV
- 6 Comb Reg & Add

PARCEL NUMBER (S) _____

REASON FOR CORRECTION/DELETION
Delete from State
System - New deed -
Virginia Myers

A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR
IT CORRECTED NUMBER BELOW

Please sign where
highlighted and
Certified.
Ken

521

AUT

(FOI

Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the Correction of the lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33-1 et seq Mississippi Code of 1972, and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been Notified of this correction

SIGNED Pauigi Hamkin

(FOR A DELETION) - X

Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above From the Supplemental Roll of allowed exemption for this county according to Section 27 33-1 et seq Mississippi Code of 1972

SIGNED [Signature]

Witness my signature and official seal, This the 24th day of January 2013

SIGNED [Signature]

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

10/02/2012

REAL PROPERTY APPRAISAL
Homestead Transaction File Maintenance

14:29:32

Current Year X
Parcel Number
Landowner Name
Address
City, St, Zip
Legal Description
Tax District

081D 17A 0080000
MYERS VIRGINIA L
3003 HWY 50 WEST
WEST POINT MS 397730000
S 17 T 17 R 06
3110 Total Acres 50

Application Seq# 01

Assessments
Class I 4817
Class II
Total 4817

Application Name MYERS VIRGINIA LYNNE RUSSOM
Spouse/Other Name MYERS JAMES AARON

Regular Homestead Code R ADJUSTMENTS
Regular Percentage 100 Regular Homestead Value 4817
Special Homestead Code - Special Homestead Value -
Special Percentage - *Additional Not Allowed -
Applicant's SS# [REDACTED] *Not allowed code -
Spouse/Other SS# [REDACTED] TOTAL Homestead Value 4817

Area Code & Phone 662 278 1112
Comments/Notes
Exempt Code *Marital Status *Title Partial Ownership
1 REGULAR 1 MARRIED 1 FEE *Add'l Use *Adjoining County
Enter=Edit Info * F4=Prompt F5=Update 1 NONE 00 F10=Delete F12=Exit

County

HOMESTEAD BROWSE SCREEN

LN: 0000130 SECONDARY SS#: 000000000 AD C01: 00 AD C02: 00 AD C03: 00

NAME: FAULKNER COLLEN LEE

ADDRESS: RT 1 BOX 157
CITY: WEST POINT
STATE: MS
ZIP: 39773 0000

COUNTY: 13 EXEMPTIONS: 2 CENTURY 19 YEAR: 94
UN CD: 000 SCH CD: 1 MARITAL STATUS: 5 TITLE INFO: 1
ADDITIONAL USE: 1 DELETE BYTE: NUMBER OF PARCELS: 1 CK DGT: 4

DESCRIPTION: 081-D-17-A-00800.00

Done

**CORRECTION /DELETION
OF THE
HOMESTEAD EXEMPTION APPLICATION**

FOR MSTC USE ONLY

DELETION ()

CORRECTION

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO _____

NAME 1 ELLIS James Franklin YEAR 2012
(last name) (first name) (middle name) (social security no)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION

MUNICIPALITY _____		SCHOOL DISTRICT <u>West Point</u>	
NAME 1 <u>ELLIS</u> <u>James</u> <u>Franklin</u> (LAST) (FIRST) (MIDDLE)		SSN <u>[REDACTED]</u>	
NAME 2 _____ (LAST) (FIRST) (MIDDLE)		SSN _____	
ADDRESS _____ (STREET)		EXEMPTION CODE NO <u>2</u>	
_____ (CITY) (STATE) (ZIP)		1 Regular 4 Dr Cert 2 Over 65 5 DAV 3 Letter 6 Comb Reg & Add	
PARCEL NUMBER (S) _____ A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR, IT CORRECTED NUMBER BELOW _____ Please sign where highlighted and certify <u>Keri</u>		REASON FOR CORRECTION/DELETION <u>James is deceased -</u> <u>remove from state</u> <u>system - not in</u> <u>county roll</u>	

54

I, the undersigned, being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county, do hereby attest to the fact that the Correction of the lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27-33-1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction

SIGNED Paige Rankin

(FOR A DELETION)
Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county, I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above from the Supplemental Roll of allowed exemption for this county according to Section 27-33-1 et seq Mississippi Code of 1972.

SIGNED [Signature]

Witness my signature and official seal, This the 24th day of January 2013

SIGNED [Signature]

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

Homestead Transaction File Maintenance

Application Seq# 01

Current Year
Parcel Number
Landowner Name
Address
City, St, Zip
Legal Description
Tax District

084 07 0010000
VINZANT CAROL ELLIS ET AL
104 OAKMONT RD
STARKVILLE 39759
S 07 T 17 R 07
1010 Total Acres 4 00

Assessments
Class I
Class II 8991
Total 8991

Application Name VINZANT CAROL ELLIS ET AL
Spouse/Other Name

Regular Homestead Code
Regular Percentage
Special Homestead Code
Special Percentage
Applicant's SS#
Spouse/Other SS#
Area Code & Phone
Comments/Notes
Exempt Code *Marital Status *Title
Regular Homestead Value
Special Homestead Value
*Additional Not Allowed
*Not allowed code
TOTAL Homestead Value
ADJUSTMENTS

Partial Ownership
*Add'l Use *Adjoining County
00

Enter=Edit Info * F4=Prompt F5=Update F10=Delete F12=Exit

County

LN: 0000121 SECONDARY SS#: 000000000 AD C01: 00 AD C02: 00 AD C03: 00

NAME: ELLIS JAMES FRANKLIN JR.

ADDRESS: RT 6 BOX 57
CITY: WEST POINT
STATE: MS
ZIP: 39773 0000

COUNTY: 13 EXEMPTIONS: 2 CENTURY: 19 YEAR: 94
SCH CD: 024 SCH CD: 1 MARITAL STATUS: 2 TITLE INFO: 1
ADDITIONAL USE: 1 DELETE BYTE NUMBER OF PARCELS: 2 CK DGT: 0

DESCRIPTION: 084-07-00100-00
084-A-08-A-00200-00

Clear

5

10/02/2012

REAL PROPERTY APPRAISAL

14 23 27

Homestead Transaction File Maintenance

Application Seq# 01

Current Year X
Parcel Number
Indowner Name
Address
City, St, Zip
Legal Description
Tax District

084A 08A 0020000
ELLIS JAMES F III ET AL
104 OAKMONT RD
STARKVILLE 39759
S 08 T 17 R 07
1010 Total Acres 75 50

Assessments
Class I
Class II 1501
Total 1501

Application Name ELLIS JAMES F III ET AL
House/Other Name _____

Regular Homestead Code	-			<u>ADJUSTMENTS</u>
Regular Percentage	_____	Regular Homestead Value	_____	-
Special Homestead Code	-	Special Homestead Value	_____	-
Special Percentage	_____	*Additional Not Allowed	_____	
Applicant's SS#	_____	*Not allowed code	_____	
Spouse/Other SS#	_____	TOTAL Homestead Value	_____	
Area Code & Phone	_____			
Comments/Notes	_____			
Exempt Code	*Marital Status *Title	Partial Ownership	_____	
		*Add'l Use	*Adjoining County	
			<u>00</u>	
Enter=Edit Info	* F4=Prompt	F5=Update	F10=Delete	F12=Exit

County

**CORRECTION /DELETION
OF THE
HOMESTEAD EXEMPTION APPLICATION**

FOR MSTC USE ONLY

DELETION () CORRECTION (X)

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO _____

YEAR 2012

NAME 1 Fulgham Tandy Edward
(last name) (first name) (middle name)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION

MUNICIPALITY _____		SCHOOL DISTRICT <u>West Point</u>	
NAME 1 <u>Fulgham Tandy E</u> (LAST) (FIRST) (MIDDLE)		SSN _____	
NAME 2 <u>Fulgham Dicie Harris</u> (LAST) (FIRST) (MIDDLE)		SSN <u>[REDACTED]</u>	
ADDRESS <u>1234 White Cove</u> (STREET)		EXEMPTION CODE NO <u>1</u>	
<u>West Point MS 39173</u> (CITY) (STATE) (ZIP)		1 Regular 4 Dr Cert 2 Over 65 5 DAV 3 Letter 6 Comb Reg & Add	
PARCEL NUMBER (S) _____		REASON FOR CORRECTION/DELETION	
A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR CORRECTED NUMBER BELOW		Remove from state system - new deed + H.S applicants - Linda + Bobby Miller.	
Please sign where highlighted and certify by Heri			

A

(I
B

I, _____ of the above named County I do hereby attest to the fact that the
Correction of the lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq
Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been
informed of this correction

SIGNED Paige Rankin

(FOR A DELETION)

Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county I do hereby certify that the Board of
Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above
From the Supplemental Roll of allowed exemption for this county according to Section 27 33 2 et seq Mississippi Code of 1972

SIGNED [Signature]

Witness my signature and official seal This the 24th day of January, 2013

SIGNED [Signature]

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

**CORRECTION /DELETION
OF THE
HOMESTEAD EXEMPTION APPLICATION**

FOR MSTC USE ONLY

DELETION () CORRECTION (X)

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO _____

YEAR 2012

NAME 1 Davis James R
(last name) (first name) (middle name)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION

MUNICIPALITY _____		SCHOOL DISTRICT <u>WEST POINT</u>	
NAME 1 <u>Davis James R</u> (LAST) (FIRST) (MIDDLE)	SSN _____	SSN _____	
NAME 2 <u>Davis Louis Madeline</u> (LAST) (FIRST) (MIDDLE)	EXEMPTION CODE NO <u>2</u>		
ADDRESS <u>16223 Firetower RD</u> (STREET)	1 Regular 4 Dr Cert		
<u>West Point MS 39178</u> (CITY) (STATE) (ZIP)	2 Over 65 5 DAV		
	3 Letter 6 Comb Reg & Add		
PARCEL # _____	REASON FOR CORRECTION/DELETION		
A PARTIAL CORRECTION	Remove from State System		
Please sign where highlighted and certify here	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		

AUTHORIZATION

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the Correction of the lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been Notified of this correction

SIGNED Paige Lambert

(FOR A DELETION)

Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above From the Supplemental Roll of allowed exemption for this county according to Section 27 33 1 et seq, Mississippi Code of 1972

SIGNED [Signature]

Witness my signature and official seal This the 24th day of January, 2013

SIGNED [Signature]

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

FOR MSTC USE ONLY

DELETION () CORRECTION (X)

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO _____

YEAR 2012
 (social security no.)

NAME 1 Wray James Marion
 (last name) (first name) (middle name)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION

MUNICIPALITY _____ SCHOOL DISTRICT West Point

NAME 1 Wray James Marion
 (LAST) (FIRST) (MIDDLE)

SSN [REDACTED]
 SSN [REDACTED]

NAME 2 Wray Dorothy Whitmize
 (LAST) (FIRST) (MIDDLE)

EXEMPTION CODE NO 1

ADDRESS 503 Court St
 (STREET)
West Point MS 39173
 (CITY) (STATE) (ZIP)

- 1 Regular
- 2 Over 65
- 3 Letter
- 4 Dr Cert
- 5 DAV
- 6 Comb Reg & Add

PARCEL NUMBER (S) _____
 A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR
 LIST CORRECTED NUMBER BELOW

REASON FOR CORRECTION/DELETION

Remove from state system - new deed - new owners - James + Dorothy are deceased

Please sign when highlighted area correct.
 Peri

AUTH

(FOR Being Corrected) I, the undersigned, being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county, do hereby attest to the fact that the information above is needed to fully comply with Section 27 33-1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction.

SIGNED Paige Rankin

(FOR A DELETION) Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county, I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above from the Supplemental Roll of allowed exemption for this county according to Section 27 33-1 et seq, Mississippi Code of 1972.

SIGNED [Signature]
 Witness my signature and official seal, This the 24th day of January, 2013
 SIGNED [Signature]

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected	

**CORRECTION /DELETION
OF THE
HOMESTEAD EXEMPTION APPLICATION**

FOR MSTC USE ONLY

DELETION () CORRECTION (X)

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO _____

YEAR 2012

NAME 1 White Helen lee
(last name) (first name) (middle name)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION

MUNICIPALITY _____

SCHOOL DISTRICT West Point

NAME 1 White Helen lee
(LAST) (FIRST) (MIDDLE)

SSN _____

SSN _____

NAME 2 _____
(LAST) (FIRST) (MIDDLE)

EXEMPTION CODE NO 2

ADDRESS 216 W Jordan
(STREET)
West Point MS
(CITY) (STATE) (ZIP)

- 1 Regular
- 2 Over 65
- 3 Letter
- 4 Dr Cert
- 5 DAV
- 6 Comb Reg & Add

PARCEL NUMBER (S) _____

REASON FOR CORRECTION/DELETION

IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR
PLEASE CORRECT HERE

New owners - delete
Helen from state
System - Sherry
Jeffcoat his H-S
here

Please sign where
highlighted area
certify
here

53

AUTH

(FOR CORRECTION)
Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the
Correction of the lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq
Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been
informed of this correction

SIGNED Paigi Rankin

(FOR A DELETION)
Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county I do hereby certify that the Board of
Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above
From the Supplemental Roll of allowed exemption for this county according to Section 27-33-1 et seq Mississippi Code of 1972

SIGNED Shelton L. ...

Witness my signature and official seal, This the 24th day of January 2013

SIGNED Q. L. Bey

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

FOR MSTC USE ONLY

DELETION () CORRECTION (X)

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO _____

YEAR 2012

NAME 1 Lee Andrew 0
 (last name) (first name) (middle name)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION

MUNICIPALITY _____		SCHOOL DISTRICT <u>West Point</u>	
NAME 1 <u>Lee</u> <u>Daisy</u> <u>Lorene</u> (LAST) (FIRST) (MIDDLE)		SSN [REDACTED]	
NAME 2 _____ (LAST) (FIRST) (MIDDLE)		SSN [REDACTED]	
ADDRESS <u>P O Box 154</u> (STREET) <u>Cedar Bluff MS 39741</u> (CITY) (STATE) (ZIP)		EXEMPTION CODE NO <u>2</u> 1 Regular 4 Dr Cert 2 Over 65 5 DAV 3 Letter 6 Comb Reg & Add	
PARCEL NUMBER (S) _____ A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR IF CORRECTED, SEE PAGE _____ Please sign where highlighted and certify here		REASON FOR CORRECTION/DELETION <u>Delete from State System - new deed has been recorded in the name of LBEY</u>	

AUT

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(FOR A CORRECTION)
 Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the Correction of the lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33-1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been Notified of this correction

SIGNED Paige Hamkin

(FOR A DELETION)
 Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above From the Supplemental Roll of allowed exemption for this county according to Section 27 33-1 et seq Mississippi Code of 1972

SIGNED Shelton L. ...

Witness my signature and official seal This the 24th day of January 2013

SIGNED ...

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

**OF THE
HOMESTEAD EXEMPTION APPLICATION**

FOR MSTC USE ONLY

DELETION () CORRECTION (X)

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO _____

YEAR 2012
[Redacted Social Security Number]

NAME 1 Glass C W
(last name) (first name) (middle name) (social security no)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION

MUNICIPALITY _____		SCHOOL DISTRICT <u>West Point</u>	
NAME 1 <u>Glass C W</u> (LAST) (FIRST) (MIDDLE)		SSN [Redacted]	
NAME 2 _____ (LAST) (FIRST) (MIDDLE)		SSN _____	
ADDRESS <u>2205 Louis Keller rd</u> (STREET)		EXEMPTION CODE NO <u>2</u>	
<u>West Point MS 31173</u> (CITY) (STATE) (ZIP)		1 Regular 4 Dr Cert 2 Over 65 5 DAV 3 Letter 6 Comb Reg & Add	
PARCEL NUMBER(S) _____ A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR IT CORRECTED NUMBER BELOW		REASON FOR CORRECTION/DELETION	
Please sign where highlighted and certify here		<u>CW is deceased - remove from state system - New deed</u>	

AUTHORIZATION

(FOR A CORRECTION)
Being a duly authorized _____

I do hereby attest to the fact that the Correction of the lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction

SIGNED 5/13/13
Paige Hamken

(FOR A DELETION)

Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above From the Supplemental Roll of allowed exemption for this county according to Section 27 33 1 et seq, Mississippi Code of 1972

SIGNED [Signature]
Witness my signature and official seal This the 21st day of January 2013
SIGNED [Signature]

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

FOR MSTC USE ONLY

DELETION () CORRECTION (X)

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO. _____

NAME 1 Pinkerton James Wiley YEAR 2012
 (last name) (first name) (middle name)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION

UNICIPALITY _____		SCHOOL DISTRICT <u>West Point</u>	
NAME 1 <u>Pinkerton James W</u> (LAST) (FIRST) (MIDDLE)		SSN [REDACTED]	
NAME 2 _____ (LAST) (FIRST) (MIDDLE)		SSN _____	
ADDRESS <u>2120 Pinkerton RD</u> (STREET)		EXEMPTION CODE NO <u>2</u>	
<u>West Point MS 39773</u> (CITY) (STATE) (ZIP)		1 Regular 4 Dr Cert 2 Over 65 5 DAV 3 Letter 6 Comb Reg & Add	
PARCEL NUMBER (S) _____		REASON FOR CORRECTION/DELETION	
A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR		Remove from	
TCC _____		State System - deceased	
Please sign and _____		_____	
Certify when _____		_____	
Return _____		_____	
Here _____		_____	

535

Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the Correction of the lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972, and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been Notified of this correction

SIGNED Purge Hamken

(FOR A DELETION)
 Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above From the Supplemental Roll of allowed exemption for this county according to Section 27-33-1 et seq, Mississippi Code of 1972.

SIGNED [Signature]

Witness my signature and official seal, This the 24th day of January 2012

SIGNED [Signature]

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

**CORRECTION /DELETION
OF THE
HOMESTEAD EXEMPTION APPLICATION**

FOR MSTC USE ONLY

DELETION () CORRECTION (X)

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO. _____

YEAR 2012
[Redacted Social Security No.]

NAME 1 Rainey David E
(last name) (first name) (middle name)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION

UNICIPALITY _____		SCHOOL DISTRICT <u>West Point</u>	
NAME 1 <u>Rainey David E</u> (LAST) (FIRST) (MIDDLE)		SSN [Redacted]	
NAME 2 <u>Rainey Nanette Dodson</u> (LAST) (FIRST) (MIDDLE)		SSN [Redacted]	
ADDRESS <u>807 Hwy 50 W</u> (STREET)		EXEMPTION CODE NO <u>1</u>	
<u>West Point MS 39773</u> (CITY) (STATE) (ZIP)		1 Regular 4 Dr Cert 2 Over 65 5 DAV 3 Letter 6 Comb Reg & Add	
PARCEL NUMBER (S) _____		REASON FOR CORRECTION/DELETION	
PARCEL NUMBER CORRECTED N <u>We need who signed and certified to delete here</u>		<u>Both are deceased - remove from state system</u>	

AUTHORIZATION

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the Correction of the lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been advised of this correction

SIGNED Paige Rankin

(FOR A DELETION)

Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above From the Supplemental Roll of allowed exemption for this county according to Section 27-33 1 et seq Mississippi Code of 1972

SIGNED Shelton L. Rankin

Witness my signature and official seal This the 24th day of January 2013

SIGNED Angela Bey

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

FOR MSTC USE ONLY

DELETION () CORRECTION (X)

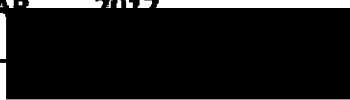
ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO _____

YEAR 2012

NAME 1 Kilgore Elmarie Cousin
 (last name) (first name) (middle name)



FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION

MUNICIPALITY _____		SCHOOL DISTRICT <u>West clay</u>	
NAME 1 <u>Kilgore Elmarie C</u> (LAST) (FIRST) (MIDDLE)		SSN _____	
NAME 2 <u>Kilgore Clemmie Lee</u> (LAST) (FIRST) (MIDDLE)		SSN _____	
ADDRESS <u>23244 Cousin RD</u> (STREET) <u>Woodland MS 39114</u> (CITY) (STATE) (ZIP)		EXEMPTION CODE NO <u>1</u>	
PARCEL NUMBER (S) _____		REASON FOR CORRECTION/DELETION	
A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR IT CORRECTED NUMBER BELOW		Remove from	
_____ <u>We need the 61002</u> _____		State System	
_____ <u>to be signed over</u> _____		_____	
_____ <u>Certified to</u> _____		_____	
_____ <u>Delete</u> _____		_____	
_____ <u>Here</u> _____		_____	

AUTH

(FOR) Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the Correction of the lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972, and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been Notified of this correction

SIGNED Paige Lamkin 537

Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above From the Supplemental Roll of allowed exemption for this county according to Section 27 33-1 et seq, Mississippi Code of 1972.

SIGNED [Signature]

Witness my signature and official seal This the 20th day of January 2012

SIGNED [Signature]

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

N. 0132109 SECONDARY SS# 425802105 AD C01 00 AD C02. 00 AD C03. 00

NAME KILGORE ELMARIE COUSIN
KILGORE CLEMMIE LEE
ADDRESS RT 1 BX 157
CITY WOODLAND
STATE MS
ZIP 39776 0000

COUNTY 13 EXEMPTIONS 1 CENTURY 19 YEAR: 91
UN CD 000 SCH CD 0 MARITAL STATUS 0 TITLE INFO: 1
ADDITIONAL USE 1 DELETE BYTE NUMBER OF PARCELS 1 CK DGT: 8

DESCRIPTION 023-33-00500-00

State

Homestead Transaction File Maintenance

Application Seq# 01

Current Year
 Parcel Number 023 33 0050000
 Landowner Name COUSINS JEFFIE L ESTATE ET AL
 Address 23544 COUSIN RD -
 City, St, Zip WOODLAND 39776
 Legal Description S 33 T 15 R 03
 Tax District 5000 - Total Acres .160 00

Assessments
 Class I _____
 Class II _____
 Total 9522

Application Name COUSINS JEFFIE L ESTATE ET AL
 Spouse/Other Name C/O KILGORE ELMARIE

Regular Homestead Code _____
 Regular Percentage _____
 Special Homestead Code _____
 Special Percentage _____
 Applicant's SS# _____
 Spouse/Other SS# _____
 Area Code & Phone _____
 Comments/Notes _____

Regular Homestead Value _____
 Special Homestead Value _____
 *Additional Not Allowed _____
 *Not allowed code _____
 TOTAL Homestead Value _____

ADJUSTMENTS

Exempt Code *Marital Status *Title

Partial Ownership
 *Add'l Use *Adjoining County
 00

Enter=Edit Info * F4=Prompt F5=Update F10=Delete F12=Exit

County

Homestead Transaction File Maintenance

Application Seq# 01

Current Year
Parcel Number
Indowner Name
Address
City, St, Zip
Legal Description
Tax District

083C114A 0150000
CANTRELL JOHN A JR & PATRICIA
1115 E BROAD ST
WEST POINT 39773
LOTS 4 5 6 & 7 & PT LOT 3
3110 Total Acres

Assessments
Class I
Class II 20423
Total 20423

Application Name CANTRELL JOHN A JR & PATRICIA
House/Other Name

Regular Homestead Code
Regular Percentage
Special Homestead Code
Special Percentage
Applicant's SS#
Spouse/Other SS#
Area Code & Phone
Comments/Notes
Exempt Code *Marital Status *Title
Regular Homestead Value
Special Homestead Value
*Additional Not Allowed
*Not allowed code
TOTAL Homestead Value
ADJUSTMENTS

Partial Ownership
*Add'l Use *Adjoining County
00

F10=Delete F12=Exit
Enter=Edit Info * F4=Prompt F5=Update

County

N. 0000065 SECONDARY SS# 000000000 AD C01 00 AD C02 00 AD C03 00

ME CANTRELL JOHN A JR

ADDRESS 1115 E BROAD
CITY WEST POINT
STATE MS
ZIP 39773 0000

COUNTY 13 EXEMPTIONS 1 CENTURY 19 YEAR 96
SCH CD 024 SCH CD 1 MARITAL STATUS 2 TITLE INFO 2
ADDITIONAL USE 1 DELETE BYTE NUMBER OF PARCELS 1 CK DGT 1

DESCRIPTION 083 C114A 0150000

State

FOR MSTC USE ONLY

DELETION () CORRECTION (X)

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO _____

YEAR 2012

NAME 1 Caldwell Joe
 (last name) (first name) (middle name)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION

MUNICIPALITY _____ SCHOOL DISTRICT _____

NAME 1 Caldwell Joe
 (LAST) (FIRST) (MIDDLE)

SSN [REDACTED]

NAME 2 Caldwell Gussie
 (LAST) (FIRST) (MIDDLE)

EXEMPTION CODE NO 2

ADDRESS 117 N Division St
 (STREET)
West Point MS 39773
 (CITY) (STATE) (ZIP)

- 1 Regular
- 2 Over 65
- 3 Letter
- 4 Dr Cert
- 5 DAV
- 6 Comb Reg & Add

PARCEL NUMBER (S)

REASON FOR CORRECTION/DELETION

IF A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR LIST CORRECTED NUMBER BELOW

This H.S has been deleted from county for the 2012 roll - delete from state

we need who
6102 certified
in order to delete
here
543

AUT

Being Notified of this correction I do hereby attest to the fact that the above named County is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction

SIGNED Paige Lamken

FOR DELETION

Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above From the Supplemental Roll of allowed exemption for this county according to Section 27 33 1 et seq Mississippi Code of 1972

SIGNED [Signature]

Witness my signature and official seal This the 21st day of January 2013

SIGNED [Signature]

FOR MSTC USE ONLY APPROVED _____ REJECTED _____
 Why rejected _____

LN. 2230013 SECONDARY SS# 426669590 AD C01: 00 AD C02 00 AD C03 00

NAME CALDWELL JOE
CALDWELL GUSSIE MAE
ADDRESS 617 NORTH DIVISION
CITY WEST POINT
STATE MS
ZIP 39773 0000

COUNTY: 13 EXEMPTIONS 2 CENTURY 20 YEAR: 04
UN CD. 024 SCH CD. 1 MARITAL STATUS 1 TITLE INFO 1
ADDITIONAL USE. 1 DELETE BYTE: NUMBER OF PARCELS: 2 CK DGT. 5
DESCRIPTION 082A410A 0660000
082A410A 0670000

State screen

10/02/2016

REAL PROPERTY APPRAISAL

09.07.16

Homestead Transaction File Maintenance

Application Seq# 01

Current Year X
Parcel Number
Landowner Name
Address
City, St, Zip
Legal Description
Tax District

082A410A 0660000
CALDWELL JOE ET UX GUSSIE MAE
617 N DIVISION ST
WEST POINT 39773
LOT 2 BLK 149 W 2
4110 Total Acres

Assessments
Class I
Class II 4550
Total 4550

Application Name CALDWELL JOE ET UX GUSSIE MAE
Spouse/Other Name

Regular Homestead Code
Regular Percentage
Special Homestead Code
Special Percentage
Applicant's SS#
Spouse/Other SS#
Area Code & Phone
Comments/Notes

Regular Homestead Value
Special Homestead Value
*Additional Not Allowed
*Not allowed code
TOTAL Homestead Value

ADJUSTMENTS

Exempt Code *Marital Status *Title

Partial Ownership
*Add'l Use *Adjoining County
00

F1=Enter=Edit Info * F4=Prompt F5=Update F10=Delete F12=Exit

County Screen

545

10/02/2012

REAL PROPERTY APPRAISAL

08:59:21

Homestead Transaction File Maintenance

Application Seq# 01

Current Year
Parcel Number
Owner Name
Address
City, St, Zip
Legal Description
Tax District

082A410A 0670000
CALDWELL GUSSIE MAE
617 N DIVISION ST
WEST POINT 39773
LOT 1 BLK 149 W 2
4110 Total Acres

Assessments	
Class I	600
Class II	
Total	600

Application Name CALDWELL GUSSIE MAE
House/Other Name

Regular Homestead Code
Regular Percentage
Special Homestead Code
Special Percentage
Applicant's SS#
Spouse/Other SS#
Area Code & Phone
Comments/Notes
Exempt Code *Marital Status *Title

Regular Homestead Value
Special Homestead Value
*Additional Not Allowed
*Not allowed code
TOTAL Homestead Value

ADJUSTMENTS

Partial Ownership
*Add'l Use *Adjoining County
00
F10=Delete F12=Exit

Enter=Edit Info * F4=Prompt F5=Update

County Screen

FOR MSTC USE ONLY

DELETION () CORRECTION (X)

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO _____

YEAR 2012

NAME 1 Allen Clarence
 (last name) (first name) (middle name)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION

MUNICIPALITY _____		SCHOOL DISTRICT <u>West Point</u>	
NAME 1 <u>Allen</u> <u>Clarence</u> (LAST) (FIRST) (MIDDLE)	SSN _____	[REDACTED]	
NAME 2 <u>Allen</u> <u>Sophia</u> (LAST) (FIRST) (MIDDLE)	SSN _____	[REDACTED]	
ADDRESS <u>1498 Kennedy DR</u> (STREET) <u>West Point MS 39773</u> (CITY) (STATE) (ZIP)	EXEMPTION	CODE NO <u>2</u>	
	1 Regular	4 Dr Cert	
	2 Over 65	5 DAV	
	3 Letter	6 Comb Reg & Add	
PARCEL NUMBER (S)	REASON FOR CORRECTION/DELETION		
A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR ST CORRECTED NUMBER BELOW	<u>Homestead is in</u> <u>State system -</u> <u>not county - delete</u> <u>from state</u> <u>system</u> <u>547</u>		
<u>We need these</u>			
<u>blanc Certificates</u>			
<u>and signed</u>			
<u>where highlighted</u>			
<u>to delete</u>			
<u>Here</u>			

Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the Correction of the lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972, and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been Notified of this correction.

SIGNED Paigi Lamkin

(FOR A DELETION)

Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above From the Supplemental Roll of allowed exemption for this county according to Section 27 33 1 et seq. Mississippi Code of 1972.

SIGNED [Signature]
 Witness my signature and official seal This the 20th day of January 2013
 SIGNED [Signature]

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

LN 0000003 SECONDARY SS#. 587343980 AD C01 00 AD C02 00 AD C03. 00

NAME ALLEN CLARENCE
ALLEN SOPHIA M
ADDRESS. P O BOX 1063
CITY WEST POINT
STATE MS
ZIP 39773 0000

COUNTY 13 EXEMPTIONS 2 CENTURY 19 YEAR. 99
UN CD 000 SCH CD 1 MARITAL STATUS. 1 TITLE INFO. 1
ADDITIONAL USE 1 DELETE BYTE NUMBER OF PARCELS. 1 CK DGT. 7

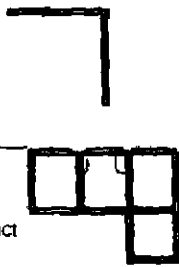
DESCRIPTION 061D403B 0120000

State Screen



Mississippi Homestead Application

Year 1999 County # 13



Name (Last, First, Middle) **ALLEN CLARENCE** SSN [REDACTED] Municipality Code
 Name of Spouse (Last, First, Middle) **ALLEN SOPHIA** School District Code
 Address **P O BOX 1063** City **WEST POINT** State **MS** Zip **39773-0000**

Exemption 5 1 **Marital Status** 6 1 **Title** 7 1 **Additional Use**
 Regular 1 Married 1 Fee 1 None
 Over 65 2 Widowed 2 Occ Joint 2 Rental
 # of Rooms _____ or # Apts _____
 DOB 1/20/30 3 Separated 3 Non Occ Joint 3 Business
 4 Divorced 4 Life Est Type _____
 5 Single 5 Undiv Est Full time business of owner?
 _____ Yes _____ No
 If separated answer next three questions 6 Lease Expires Est. assessed value
 \$ _____
 SS/RR Act Disabled Do you have custody of a minor child? _____ Yes _____ No
 Dis Plan Is this the marital home? _____ Yes _____ No
 DAV Do you file a joint income tax return? _____ Yes _____ No
 Combination Reg & Add
00 **Adjoining County Number**

Parcel Numbers (list dwelling first)	# of acres	in city	join home	in 5 miles	book #/page #	DATE ACQUIRED
1 061D403B 0120000					0123/00273	8/25/85
2.						
3.						
4.						
5.						
6.						
7.						

Location, name and relationship to applicant of joint owner(s) other than spouse If undivided estate list heirs
 1 same residence different residence same property non-occupying joint owner
 2 _____
 3 _____

Property was acquired by
 a Inheritance without will _____ with will _____ from _____
 name _____
 who was my _____ who died _____
 (relationship) (date)
 whose title was acquired by _____
 (deed etc)
 year _____ book no./page no _____
 b Deed _____ Gift _____ Other _____ from _____
 name _____
 date filed with Chancery Clerk _____
 If purchased Section 27 33 21(f) and 27 33 31(l) require
 Full price \$ _____ Down payment \$ _____
 Payments are made monthly _____ yearly _____ other _____

In accordance with Section 27-33-63(2), the applicant or applicant's spouse, as occupant(s) of this property
 a claim(s) 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
 has/have complied with the road and bridge privilege tax laws of this state Yes _____ No
MUST furnish all tag numbers of vehicles in your possession How many vehicles possessed? 1
 Tag numbers RFAR/568B

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 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 a charge of perjury a felony charge a fine of up to \$5 000 imprisonment of up to 2 years or a combination thereof.

FOR OFFICE USE ONLY

PROPERTY FULL NONE _____ PART _____
 Application is a first time _____ renewal (no change) _____ replacement w/change
 Applicant herein has **IN PERSON** attested to and signed this application 9th January 1999
 Name this the _____ day of _____ 19____
 (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.

 (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)

531

10/02/2012

REAL PROPERTY APPRAISAL
Homestead Transaction File Maintenance

08 31 27

Current Year

Application Seq# 01

Parcel Number

061D403B 0120000

Landowner Name

ALLEN CLARENCE

Assessments

Address

P O BOX 1063

Class I

City, St, Zip

WEST POINT 39773

Class II

5899

Legal Description

NORTHGATE SUB

Total

5899

Tax District

1110 Total Acres

Application Name

ALLEN CLARENCE

Spouse/Other Name

Regular Homestead Code

ADJUSTMENTS

Regular Percentage

Regular Homestead Value

Special Homestead Code

Special Homestead Value

Special Percentage

*Additional Not Allowed

Applicant's SS#

*Not allowed code

Spouse/Other SS#

TOTAL Homestead Value

Area Code & Phone

Partial Ownership

Comments/Notes

*Add'l Use

*Adjoining County

Exempt Code

*Marital Status *Title

00

F12=Exit

Enter=Edit Info

* F4=Prompt

F5=Update

F10=Delete

County screen

HOMESTEAD EXEMPTION APPLICATION

FOR MSTC USE ONLY

DELETION (X) CORRECTION ()

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO _____

YEAR 2012

NAME 1 DEANES SILAS ANDERSON
(last name) (first name) [REDACTED] [REDACTED] security no)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION

MUNICIPALITY _____		SCHOOL DISTRICT <u>WEST POINT</u>	
NAME 1 <u>DEANES SILAS ANDERSON</u> (LAST) (FIRST) (MIDDLE)		SSN <u>[REDACTED]</u>	
NAME 2 _____ (LAST) (FIRST) (MIDDLE)		SSN _____	
ADDRESS _____ (STREET)		EXEMPTION CODE NO <u>2</u>	
_____ (CITY) (STATE) (ZIP)		1 Regular 4 Dr Cert 2 Over 65 5 DAV 3 Letter 6 Comb Reg & Add	
PARCEL NUMBER (S) _____		REASON FOR CORRECTION/DELETION	
A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR T CORRECTED NUMBER BELOW		<u>SILAS IS DECEASED</u>	
_____		_____	
_____		_____	
_____		_____	
_____		_____	

551

AUTHORIZATION

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the Correction of the lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972, and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been Notified of this correction

SIGNED _____

(FOR A DELETION)

Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above From the Supplemental Roll of allowed exemption for this county according to Section 27 33 1 et seq Mississippi Code of 1972

SIGNED [Signature]

Witness my signature and official seal, This the 24th day of January, 2013

SIGNED [Signature]

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

HOMESTEAD EXEMPTION APPLICATION

FOR MSTC USE ONLY

DELETION () CORRECTION (X)

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO _____

YEAR 2012

NAME 1 Deanes Silas Anderson
 (last name) (first name) (middle name)



OR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION

MUNICIPALITY _____		SCHOOL DISTRICT <u>West Point</u>	
NAME 1 <u>Deanes</u> <u>Annie</u> <u>Pearl</u> (LAST) (FIRST) (MIDDLE)	SSN <u>58</u>		
NAME 2 _____ (LAST) (FIRST) (MIDDLE)	SSN _____		
ADDRESS <u>Suas has a 92</u> <u>app on system</u> <u>and Annie has</u> <u>08 app on system</u> <u>We need a</u> <u>Certified L1002 to</u> <u>delete Silas.</u>	EXEMPTION	CODE NO <u>2</u>	
APPLICANT <u>Keri</u>	1 Regular	4 Dr Cert	
PARCE _____	2 Over 65	5 DAV	
ST CORRE _____	3 Letter	6 Comb Reg & Add	
	REASON FOR CORRECTION/DELETION		
	<u>Moving Annie to</u> <u>primary - Silas is</u> <u>deceased</u>		

AUTHORIZATION

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the Correction of the lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been informed of this correction

SIGNED Paigi Rankin 552

(FOR A DELETION)

Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above From the Supplemental Roll of allowed exemption for this county according to Section 27-33-1 et seq Mississippi Code of 1972

SIGNED Shelby L. B.
 Witness my signature and official seal, This the 24th day of August 2013
 SIGNED Ray G. Bey

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected	

10/02/2012

REAL PROPERTY APPRAISAL
Homestead Transaction File Inquiry

13'52 23

Current Year X

Application Seq# 01

Parcel Number

083B411D 0280000

Landowner Name

DEANES SILAS

Assessments

Legal Description

LOT 16 BLK 122 W 1

Class I

3706

Tax District

1110 Total Acres

Class II

3706

Total

3706

Application Name

DEANES SILAS ANDERSON

Spouse/Other Name

DEANES ANNIE PEARL

Regular Homestead Code

Regular Percentage

Special Homestead Code 0

Special Percentage 1 00

Regular Homestead Value

Special Homestead Value

Additional Not Allowed

ADJUSTMENTS

_____ -

3706 -

_____ 3706

Comments/Notes

Exempt Code

2 OVER 65

F12=Exit

Marital Status

1 MARRIED

Title

1 FEE

Partial

Add'l Use

1 NONE

Ownership

Adjoining County

00

55 ?

FOR MSTC USE ONLY

DELETION () CORRECTION ()

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO _____

YEAR 2012

NAME 1 CHANDLER THORA
 (last name) (first name) (middle name) [REDACTED] (social security no)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION

MUNICIPALITY _____ SCHOOL DISTRICT _____ NAME 1 <u>CHANDLER THORA</u> (LAST) (FIRST) (MIDDLE) NAME 2 _____ (LAST) (FIRST) (MIDDLE) ADDRESS <u>20996 HWY 46</u> (STREET) _____ (CITY) (STATE) (ZIP)	SSN [REDACTED] SSN _____ EXEMPTION CODE NO <u>2</u> 1 Regular 4 Dr Cert 2 Over 65 5 DAV 3 Letter 6 Comb Reg & Add
PARCEL NUMBER (S) _____ A PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR, IT CORRECTED NUMBER BELOW _____ _____ _____ _____	REASON FOR CORRECTION/DELETION <u>THORA IS DECEASED</u> _____ _____ _____ _____

AUTHORIZATION

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the Correction of the lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33-1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction

554

SIGNED _____

(FOR A DELETION)

Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above From the Supplemental Roll of allowed exemption for this county according to Section 27 33-1 et seq Mississippi Code of 1972

SIGNED _____

Witness my signature and official seal This the 24th day of January 2013

SIGNED _____

FOR
MSTC
USE ONLY

APPROVED _____

REJECTED _____

Why rejected

5722991 V5R4M0 060210

S101425A

09/20/12 14:30:58

Display Device : WA
User : FORSHA

TCHD/42536645313 00 00 00

HOMESTEAD BROWSE SCREEN

DLN: 0000000 SECONDARY SS#: 000000000 AD CO1: 00 AD CO2: 00 AD CO3: 00

NAME: CHANDLER THORA

ADDRESS: RT 1 BOX 425

CITY: CHEBA

STATE: Thora is new

ZIP:

COUNTY: Okanogan -

MUN CD: Ulyses Rebuilt

ADDITIONAL: in 2012-

DESCRIPTI

Ulyses was not
overlaid and replace
Thora's We need
a Certified brock to

ITURY: 20 YEAR: 01

STATUS: 3 TITLE INFO: 5

NUMBER OF PARCELS: 1 CK DGT: 1

Delete Thora

Kere

Display Device WAA
 User : PORSHA

9/20/2012 REAL PROPERTY APPRAISAL 14:31:54
Homestead Transaction File Maintenance Application Seq# 01

Current Year	X		
Parcel Number	023 04	0060000	
Owner Name	CHANDLER U S ESTATE		Assessments
Address	20996 HWY 46		Class I 2579
City, St, Zip	PHEBA	MS 397550000	Class II 2028
Legal Description	S 04 T 16 R 03		Total 4607
Tax District	5000	Total Acres 78.10	

Application Name CHANDLER ULLEYES STANLEY
 Spouse/Other Name

*Regular Homestead Code		ADJUSTMENTS
Regular Percentage	Regular Homestead Value	
*Special Homestead Code 0	Special Homestead Value 4607	
Special Percentage 100	*Additional Not Allowed	
Applicant's SS# 428 98 3503	*Not allowed code	
Spouse/Other SS# 000 00 0000	TOTAL Homestead Value 4607	
Area Code & Phone 662 494 7367		

Comments/Notes Partial Ownership

*Exempt Code	*Marital Status	*Title	*Add'l Use	*Adjoining County
2 OVER 65	5 SINGLE	5 UNDIVIDED ESTAT	1 NONE	00
Enter=Edit Info	* F4=Prompt	F5=Update	F10=Delete	F12=Exit



Mississippi Homestead Application

Year 2015

County # 11

Name of Taxpayer Last, F. M. CHANDLER LILLIE SFA F NLEY SSN 428 38 74 Municipality Code 000

Name of Spouse Last, F. M. _____ SSN _____ School District Code 2

Physical Address of Taxpayer 20906 HWY 10 City HEZA State MS Zip 39206

3 Exemption: 1 Regular, 2 Over 65, 3 S/R/R Act Disabled, 4 - Dis. Plan, 5 DAV, 6 + Combination Reg & Add

5 Marital Status: 1 Married, 2 Widowed, 3 Separated, 4 Divorced, 5 Single. If Separated check the following: File joint income tax return Yes No ; Custody of minor child Yes No ; Occupy rental home Yes No

6 Title: 1 - Fee, 2 Occ Joint, 3 Non Occ Joint, 4 Life Est, 5 Undiv Est, 6 Lease Expires.

7 Additional Use: 1 None, 2 - Rental # Rooms _____ or # Apts _____, 3 Business Type _____ Full-time business of owner? Yes No

10 Adjoining County #

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	0.10				3-101	2-1-88
2							
3							
4							
5							

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		<u>HEZA</u>	
2		<u>HILL BROOKLEE</u>	
3			

Property was acquired by

A. Inheritance (check one): without will, with will. From (name) HEZA 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 _____. From (name) _____ Date filed with Chancery Clerk _____ If purchased, Section 27-33-21(f) and 27-33-31(l) require: Full Price \$ _____ Down Payment \$ _____

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. How many vehicles possessed? _____

LIST TAG NUMBERS _____

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 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

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

FOR OFFICE USE ONLY

Eligibility: FULL _____ NONE _____ PART _____

Application is a: first time _____ renewal (no charge) _____ replacement w/change _____

Applicant herein has, IN PERSON attested to and signed this application

on me this the _____ day of _____ 20____

[Signature]

(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

(usual signature of applicant)

By Lillie Chandler
Attorney - Agent - Guardian

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

CHANCERY CLERK

537

**CORRECTION /DELETION
OF THE
HOMESTEAD EXEMPTION APPLICATION**

FOR MSTC USE ONLY

DELETION (X) CORRECTION ()

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

ACCT NO _____

YEAR 2012

NAME 1 GRICE JAMES OLIVER
(last name) (first name) (middle name) [REDACTED] (social security no)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION

MUNICIPALITY _____

SCHOOL DISTRICT WEST POINT

NAME 1 GRICE JAMES OLIVER
(LAST) (FIRST) (MIDDLE)

SSN [REDACTED]

SSN _____

NAME 2 _____
(LAST) (FIRST) (MIDDLE)

EXEMPTION CODE NO 2

ADDRESS _____
(STREET)

(CITY) (STATE) (ZIP)

- 1 Regular
- 2 Over 65
- 3 Letter
- 4 Dr Cert
- 5 DAV
- 6 Comb Reg & Add

PARCEL NUMBER (S) _____

REASON FOR CORRECTION/DELETION

PARCEL NUMBER IS TO BE CORRECTED DUE TO TYPOGRAPHICAL ERROR
CORRECTED NUMBER BELOW

JAMES OLIVER GRICE IS DECEASED

AUTHORIZATION

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the Correction of the lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27-33-1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been notified of this correction

558

SIGNED _____

(FOR A DELETION)

Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above From the Supplemental Roll of allowed exemption for this county according to Section 27-33-1 et seq Mississippi Code of 1972

SIGNED [Signature]

Witness my signature and official seal This the 20th day of January 2013

SIGNED [Signature]

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

**CORRECTION /DELETION
OF THE
HOMESTEAD EXEMPTION APPLICATION**

FOR MSTC USE ONLY


DELETION () CORRECTION (X)

ENTER INFORMATION EXACTLY AS IT APPEARS ON THE ORIGINAL APPLICATION

COUNTY CLAY

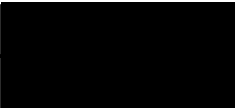
ACCT NO _____

YEAR 2012

NAME 1 GRICE JAMES OLIVER  (security no)
(last name) (first name) (middle name)

FOR A CORRECTION, ENTER ONLY THE INFORMATION TO BE CORRECTED

FOR A DELETION, ENTER THE INFORMATION EXACTLY AS ON THE ORIGINAL APPLICATION

MUNICIPALITY _____		SCHOOL DISTRICT <u>WEST POINT</u>	
NAME 1 <u>GRICE</u> <u>BOBBIE</u> <u>SUE</u> <u>BELK</u> (LAST) (FIRST) (MIDDLE)	SSN 	SSN _____	
NAME 2 _____ " Both have a 191 app on widowed and the same parcel we need a certified 61002 to Delete James Kern	(DE)	EXEMPTION	CODE NO <u>1</u>
ADDRESS _____		1 Regular	4 Dr Cert
PARCEL # _____		2 Over 65	5 DAV
PARCE T CORRI	ERROR	3 Letter	6 Comb Reg & Add
		REASON FOR CORRECTION/DELETION	
		<u>MOVING SECONDARY UP TO PRIMARY JAMES IS DECEASED</u>	

AUTHORIZATION

(FOR A CORRECTION)

Being a duly authorized agent of the State Tax Commission or of the above named County I do hereby attest to the fact that the Correction of the lawfully filed Homestead Exemption Application detailed above is needed to fully comply with Section 27 33 1 et seq Mississippi Code of 1972 and the taxpayer whose name appears on said application and the Board of Supervisors of this county have been Notified of this correction

SIGNED Paige Hamken 559

(FOR A DELETION)

Being the duly elected and/or acting Clerk of the Board of Supervisors for the above named county I do hereby certify that the Board of Supervisors of this county has requested and approved the DELETION of the lawfully filed Homestead Exemption Application detailed above From the Supplemental Roll of allowed exemption for this county according to Section 27 33 1 et seq Mississippi Code of 1972.

SIGNED Shelley Hill
Witness my signature and official seal This the 24th day of August, 2013
SIGNED Ray D. Byrd

FOR MSTC USE ONLY	APPROVED _____	REJECTED _____
	Why rejected _____	

JUNE OLIVER

Display Device WA
User : PORSHA

CHD/58740740813 00 00 00
HOMESTEAD BROWSE SCREEN

LN: 0131485 SECONDARY SS#: 0000000000 AD C01: 00 AD C02: 00 (ID C03: 00

NAME: GRICE JAMES OLIVER

ADDRESS RT 1 BX 343
CITY: PHEBA
STATE: MS
ZIP: 39756 0000

COUNTY 13 EXEMPTIONS 1 CENTURY: 19 YEAR: 91
UN CD: 000 SCH CD 0 MARITAL STATUS: 2 TITLE INFO: 1
ADDITIONAL USE: 1 DELETE BYTE. NUMBER OF PARCELS: 1 CK DGT: 7

DESCRIPTION: 043-19-01705-00

500

5722SS1 V5R4M0 060210

S101425A

09/21/12 14:16:01

Display Device : WAA
User : PORSHA

9/21/2012

REAL PROPERTY APPRAISAL

14:15:47

Homestead Transaction File Maintenance

Current Year X

Application Seq# 01

Parcel Number

043 19 0170500

Landowner Name

GRICE BOBBIE SUE BELK & JAMES

Assessments

Address

Class I

4278

City, St, Zip

Class II

Legal Description

S.19 T 16 R 04

Total

4278

Tax District

3000

Total Acres

2.50

Application Name

GRICE BOBBIE SUE BELK

Spouse/Other Name

Regular Homestead Code R

ADJUSTMENTS

Regular Percentage

100

Regular Homestead Value

4278

Special Homestead Code

Special Homestead Value

Special Percentage

*Additional Not Allowed

Applicant's SS#

587 40 6914

*Not allowed code

Spouse/Other SS#

000 00 0000

TOTAL Homestead Value

4278

Area Code & Phone

000 000 0000

Comments/Notes

Partial Ownership

Exempt Code

*Marital Status

*Title

*Add'l Use

*Adjoining County

1 REGULAR

2 WIDOWED

2 JOINT OCCUPYING

1 NONE

00

Enter=Edit Info

* F4=Prompt

F5=Update

F10=Delete

F12=Exit

5722551 USA4M0 060210

S101425A

09/21/12

14:32:29

Display Device : WAA
User : PORSHA

9/21/2012 APPLICATION FOR HOMESTEAD EXEMPTION

14:39:41

PARCEL NUMBER 43-19 0170500
SEC TWN RNG Lot Size District
19 16 04E 165 X 645 3000
Municipality COUNTY School District COUNTY Tax Year 2012

Owner Name/Address Legal Description: Base Filing Year: 0000
BOBBIE SUE BELK & JAMES S 19 T 16 R 04
47 JOE THOMPSON RD DB 177/191

EBA MS 397550000 Date: 10/28/1987 Book: 177 Page: 191

Applicant Name/Spouse/Address Percentages
BOBBIE SUE BELK [Redacted] D65 DS/L DS/D DAV D40/B
47 JOE THOMPSON RD [Redacted] 100
EBA MS 39755 Telephone

Exemption: 1
Marital Status: -2
Title: 1
Additional Use: 1
Minor Child: Joint
Marital Home Return
If separated answer):
Lease Expires:
#Rooms #Apts Business Type
Full Time Est Val
Property in Adjoining County: *County Code:
* F4=Prompt F10=Delete F12=Exit

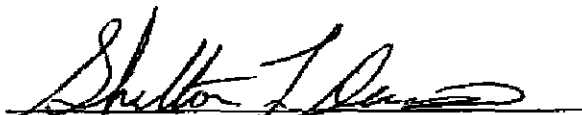
NO. _____

IN THE MATTER OF GOING INTO CLOSED SESSION

There came for consideration the matter of going into closed session

After motion by Luke Lummus and second by Lynn Horton this Board doth vote unanimously to go into closed session.

SO ORDERED this the 24th day of January, 2013



President

**IN THE MATTER OF GOING FROM CLOSED SESSION INTO EXECUTIVE
SESSION UNDER SECTION 25-41-7 (4)(a) OF MISS CODE**

There came on this day for consideration the matter of going from closed session into executive session under section 25-41-7 (4)(a) of Miss Code

It appears to this Board a matter needs to be discussed by the Board which involves a personnel matter and therefore should be discussed in executive session as allowed by Miss Code.

After motion by R. B Davis and second by Luke Lummus this Board doth vote unanimously to go into executive session.

SO ORDERED this the 24th day of January, 2013



President

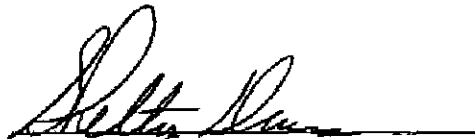
NO. _____

IN THE MATTER OF COMING OUT OF EXECUTIVE SESSION

There came on this day for consideration the matter of coming out of executive session.

After motion by Floyd McKee and second by Luke Lummus this Board doth vote
unanimously to come out of executive session.

SO ORDERED this the 24th day of January, 2013



President

564

Clay County Board of Supervisors
1/31/2013

Claim #	Vendor	Vendor Name	Invoice #	G/L Exp	Description	Amount Paid	Check Date	Check #
9895	5736	MS DEVELOPMENT AUTHORITY	12/2012GRAHA	138800800	PRIN RETIREMENT CAP	3 591 67	1/3/2013	59129
9895	5736	MS DEVELOPMENT AUTHORITY	12/2012GRAHA	138800802	INTEREST EXPENSE	1 954 31	1/3/2013	59129
9896	2836	FIRST SECURITY BANK	01/2013	230800802	INTEREST EXPENSE	8 185 00	1/3/2013	59132
9896	2836	FIRST SECURITY BANK	01/2013	230800803	FISCAL AGENTS FEE	112 48	1/3/2013	59132
9897	1952	DRURY INN & SUITES	01/2013	001100476	MEALS AND LODGING	616 00	1/3/2013	59131
9898	9310	WEST POINT/CLAY CO GROWTH ALLI	01/2013	138676750	ECONOMIC DEVELOPMENT	37 500 00	1/8/2013	59133
10359	0004	PAYROLL CLEARING ACCOUNT	201301150002	001000110	PERSONNEL MAN/SYSTEM	873 36	1/15/2013	59295
10359	0004	PAYROLL CLEARING ACCOUNT	201301150002	001000110	SOC SEC MATCHING	65 79	1/15/2013	59295
10359	0004	PAYROLL CLEARING ACCOUNT	201301150002	001000110	STATE RET MATCHING	124 54	1/15/2013	59295
10360	0004	PAYROLL CLEARING ACCOUNT	201301150003	001000110	OFFICE CLERICAL	788 00	1/15/2013	59295
10360	0004	PAYROLL CLEARING ACCOUNT	201301150003	001000110	SOC SEC MATCHING	59 22	1/15/2013	59295
10360	0004	PAYROLL CLEARING ACCOUNT	201301150003	001000110	STATE RET MATCHING	112 37	1/15/2013	59295
10361	0004	PAYROLL CLEARING ACCOUNT	201301150004	001000110	DEPUTIES	1 902 46	1/15/2013	59295
10361	0004	PAYROLL CLEARING ACCOUNT	201301150004	001000110	SOC SEC MATCHING	145 53	1/15/2013	59295
10361	0004	PAYROLL CLEARING ACCOUNT	201301150004	001000110	STATE RET MATCHING	271 29	1/15/2013	59295
10362	0004	PAYROLL CLEARING ACCOUNT	201301150005	001000110	DEPUTIES	3 607 08	1/15/2013	59295
10362	0004	PAYROLL CLEARING ACCOUNT	201301150005	001000110	PART TIME HELP	740 00	1/15/2013	59295
10362	0004	PAYROLL CLEARING ACCOUNT	201301150005	001000110	SOC SEC MATCHING	323 33	1/15/2013	59295
10362	0004	PAYROLL CLEARING ACCOUNT	201301150005	001000110	STATE RET MATCHING	514 37	1/15/2013	59295
10363	0004	PAYROLL CLEARING ACCOUNT	201301150006	001000110	PURCHASE CLERK SALAR	743 28	1/15/2013	59295
10363	0004	PAYROLL CLEARING ACCOUNT	201301150006	001000110	SOC SEC MATCHING	32 93	1/15/2013	59295
10363	0004	PAYROLL CLEARING ACCOUNT	201301150006	001000110	STATE RET MATCHING	105 99	1/15/2013	59295
10364	0004	PAYROLL CLEARING ACCOUNT	201301150007	001000110	RECEIVING CLERK	381 46	1/15/2013	59295
10364	0004	PAYROLL CLEARING ACCOUNT	201301150007	001000110	SOC SEC MATCHING	29 18	1/15/2013	59295
10364	0004	PAYROLL CLEARING ACCOUNT	201301150007	001000110	STATE RET MATCHING	54 40	1/15/2013	59295
10365	0004	PAYROLL CLEARING ACCOUNT	201301150008	001000110	MAINTENANCE OVERTIME	136 45	1/15/2013	59295
10365	0004	PAYROLL CLEARING ACCOUNT	201301150008	001000110	MAINTENANCE SALARY	2,380 69	1/15/2013	59295
10365	0004	PAYROLL CLEARING ACCOUNT	201301150008	001000110	PART TIME HELP	693 10	1/15/2013	59295
10365	0004	PAYROLL CLEARING ACCOUNT	201301150008	001000110	SOC SEC MATCHING	233 37	1/15/2013	59295
10365	0004	PAYROLL CLEARING ACCOUNT	201301150008	001000110	STATE RET MATCHING	358 94	1/15/2013	59295
10366	0004	PAYROLL CLEARING ACCOUNT	201301150009	001000110	INFORMATION TECHNOLO	436 68	1/15/2013	59295
10366	0004	PAYROLL CLEARING ACCOUNT	201301150009	001000110	SOC SEC MATCHING	32 89	1/15/2013	59295
10366	0004	PAYROLL CLEARING ACCOUNT	201301150009	001000110	STATE RET MATCHING	62 27	1/15/2013	59295
10367	0004	PAYROLL CLEARING ACCOUNT	201301150010	001000110	CASE MANAGER GRANT	499 70	1/15/2013	59295

504-A

10367	0004	PAYROLL CLEARING ACCOUNT	201301150010	001000110	SOC SEC MATCHING	38 23	1/15/2013	59295
10367	0004	PAYROLL CLEARING ACCOUNT	201301150010	001000110	STATE RET MATCHING	71 26	1/15/2013	59295
10368	0004	PAYROLL CLEARING ACCOUNT	201301150011	001000110	DEPUTIES	3 003 58	1/15/2013	59295
10368	0004	PAYROLL CLEARING ACCOUNT	201301150011	001000110	SOC SEC MATCHING	213 01	1/15/2013	59295
10368	0004	PAYROLL CLEARING ACCOUNT	201301150011	001000110	STATE RET MATCHING	428 31	1/15/2013	59295
10369	0004	PAYROLL CLEARING ACCOUNT	201301150012	001000110	OFFICE/CLERICAL	1 720 14	1/15/2013	59295
10369	0004	PAYROLL CLEARING ACCOUNT	201301150012	001000110	SOC SEC MATCHING	120 74	1/15/2013	59295
10369	0004	PAYROLL CLEARING ACCOUNT	201301150012	001000110	STATE RET MATCHING	245 29	1/15/2013	59295
10370	0004	PAYROLL CLEARING ACCOUNT	201301150013	001000110	DEPUTIES	12,431 29	1/15/2013	59295
10370	0004	PAYROLL CLEARING ACCOUNT	201301150013	001000110	DEPUTIES OVERTIME	558 11	1/15/2013	59295
10370	0004	PAYROLL CLEARING ACCOUNT	201301150013	001000110	MECHANIC SALARY	1,001 82	1/15/2013	59295
10370	0004	PAYROLL CLEARING ACCOUNT	201301150013	001000110	OFFICE CLERICAL OVER	10 42	1/15/2013	59295
10370	0004	PAYROLL CLEARING ACCOUNT	201301150013	001000110	OFFICE/CLERICAL	6 883 23	1/15/2013	59295
10370	0004	PAYROLL CLEARING ACCOUNT	201301150013	001000110	SOC SEC MATCHING	1 537 54	1/15/2013	59295
10370	0004	PAYROLL CLEARING ACCOUNT	201301150013	001000110	STATE RET MATCHING	2 925 38	1/15/2013	59295
10371	0004	PAYROLL CLEARING ACCOUNT	201301150014	001000110	MTC TRANSPORT OFFICE	663 66	1/15/2013	59295
10371	0004	PAYROLL CLEARING ACCOUNT	201301150014	001000110	SOC SEC MATCHING	43 99	1/15/2013	59295
10371	0004	PAYROLL CLEARING ACCOUNT	201301150014	001000110	STATE RET MATCHING	94 64	1/15/2013	59295
10372	0004	PAYROLL CLEARING ACCOUNT	201301150015	001000110	JAIL ADMINISTRATOR	1 583 34	1/15/2013	59295
10372	0004	PAYROLL CLEARING ACCOUNT	201301150015	001000110	JAIL RECORDS CLERK	1 223 72	1/15/2013	59295
10372	0004	PAYROLL CLEARING ACCOUNT	201301150015	001000110	JAILORS OVERTIME	247 30	1/15/2013	59295
10372	0004	PAYROLL CLEARING ACCOUNT	201301150015	001000110	JAILORS SALARIES	10 630 54	1/15/2013	59295
10372	0004	PAYROLL CLEARING ACCOUNT	201301150015	001000110	KITCHEN MANAGER	1 250 63	1/15/2013	59295
10372	0004	PAYROLL CLEARING ACCOUNT	201301150015	001000110	SOC SEC MATCHING	1 095 11	1/15/2013	59295
10372	0004	PAYROLL CLEARING ACCOUNT	201301150015	001000110	STATE RET MATCHING	2 129 81	1/15/2013	59295
10373	0004	PAYROLL CLEARING ACCOUNT	201301150016	097000110	DISPATCHER O/T	141 50	1/15/2013	59295
10373	0004	PAYROLL CLEARING ACCOUNT	201301150016	097000110	DISPATCHERS	7 121 35	1/15/2013	59295
10373	0004	PAYROLL CLEARING ACCOUNT	201301150016	097000110	SOC SEC MATCHING	606 96	1/15/2013	59295
10373	0004	PAYROLL CLEARING ACCOUNT	201301150016	097000110	STATE RET MATCHING	1 087 91	1/15/2013	59295
10373	0004	PAYROLL CLEARING ACCOUNT	201301150016	097000110	911 DIRECTOR SALARY	971 63	1/15/2013	59295
10374	0004	PAYROLL CLEARING ACCOUNT	201301150017	112000110	DRUG COORDINATOR SAL	1 250 00	1/15/2013	59295
10374	0004	PAYROLL CLEARING ACCOUNT	201301150017	112000110	PART TIME EMPLOYEES	1 124 00	1/15/2013	59295
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10374	0004	PAYROLL CLEARING ACCOUNT	201301150017	112000110	STATE RET MATCHING	253 83	1/15/2013	59295
10375	0004	PAYROLL CLEARING ACCOUNT	201301150018	152000110	ROAD LABORERS HOURL	2 290 56	1/15/2013	59295
10375	0004	PAYROLL CLEARING ACCOUNT	201301150018	152000110	SOC SEC MATCHING	175 22	1/15/2013	59295
10375	0004	PAYROLL CLEARING ACCOUNT	201301150018	152000110	STATE RET MATCHING	326 63	1/15/2013	59295
10376	0004	PAYROLL CLEARING ACCOUNT	201301150019	153000110	ROAD LABORERS HOURL	3 191 36	1/15/2013	59295
10376	0004	PAYROLL CLEARING ACCOUNT	201301150019	153000110	SOC SEC MATCHING	241 52	1/15/2013	59295
10376	0004	PAYROLL CLEARING ACCOUNT	201301150019	153000110	STATE RET MATCHING	404 03	1/15/2013	59295

50413

10377	0004	PAYROLL CLEARING ACCOUNT	201301150020	154000110	ROAD LABORERS HOURL	1 927 20	1/15/2013	59295
10377	0004	PAYROLL CLEARING ACCOUNT	201301150020	154000110	SOC SEC MATCHING	132 90	1/15/2013	59295
10377	0004	PAYROLL CLEARING ACCOUNT	201301150020	154000110	STATE RET MATCHING	274 82	1/15/2013	59295
10378	0004	PAYROLL CLEARING ACCOUNT	201301150021	155000110	ROAD LABORERES HOU	3 874 56	1/15/2013	59295
10378	0004	PAYROLL CLEARING ACCOUNT	201301150021	155000110	SOC SEC MATCHING	285 47	1/15/2013	59295
10378	0004	PAYROLL CLEARING ACCOUNT	201301150021	155000110	STATE RET MATCHING	487 55	1/15/2013	59295
10379	0004	PAYROLL CLEARING ACCOUNT	201301150022	161000110	ROAD LABORERS HOURLY	3 806 88	1/15/2013	59295
10379	0004	PAYROLL CLEARING ACCOUNT	201301150022	161000110	SOC SEC MATCHING	264 95	1/15/2013	59295
10379	0004	PAYROLL CLEARING ACCOUNT	201301150022	161000110	STATE RET MATCHING	458 25	1/15/2013	59295
10380	0004	PAYROLL CLEARING ACCOUNT	201301150023	400000110	SANITATION SALARY	3 400 96	1/15/2013	59295
10380	0004	PAYROLL CLEARING ACCOUNT	201301150023	400000110	SOC SEC MATCHING	237 68	1/15/2013	59295
10380	0004	PAYROLL CLEARING ACCOUNT	201301150023	400000110	STATE RET MATCHING	484 97	1/15/2013	59295
10381	5763	MS CORONER ASSOCIATION	01/2013CORR	001167571	DUES & SUBSCRIPTIONS	300 00	1/15/2013	59298
10381	5763	MS CORONER ASSOCIATION	01/2013CORR	001167585	SEMINARS/REGISTRATIO	250 00	1/15/2013	59298
10381	5763	MS CORONER ASSOCIATION	01/2013CORR	001167585	SEMINARS/REGISTRATIO	250 00	1/15/2013	59298
10382	0110	ADMINISTRATIVE OFFICE OF COURT	01/2013	001160556	COURT REPORTER	1 329 41	1/15/2013	59296
10382	0110	ADMINISTRATIVE OFFICE OF COURT	01/2013	001160570	INS AND FIDELITY BON	18 65	1/15/2013	59296
10382	0110	ADMINISTRATIVE OFFICE OF COURT	01/2013	001161556	COURT REPORTER	3,616 00	1/15/2013	59296
10382	0110	ADMINISTRATIVE OFFICE OF COURT	01/2013	001161570	INS & FIDELITY BONDS	50 72	1/15/2013	59296
10382	0110	ADMINISTRATIVE OFFICE OF COURT	01/2013	001171556	COURT ADMINISTRATOR	372 23	1/15/2013	59296
10382	0110	ADMINISTRATIVE OFFICE OF COURT	01/2013	001171570	INS AND FIDELITY BON	5 21	1/15/2013	59296
10383	0110	ADMINISTRATIVE OFFICE OF COURT	01/2013A	001160556	COURT REPORTER	1 306 55	1/15/2013	59296
10383	0110	ADMINISTRATIVE OFFICE OF COURT	01/2013A	001161556	COURT REPORTER	3,647 44	1/15/2013	59296
10383	0110	ADMINISTRATIVE OFFICE OF COURT	01/2013A	001171556	COURT ADMINISTRATOR	489 95	1/15/2013	59296
10384	5230	LEWIS STAFFORD	01/2013	001262477	PRIVATE VEHICLE TRAV	153 60	1/15/2013	59297
10385	5736	MS DEVELOPMENT AUTHORITY	01/2013HEN	138800800	PRIN RETIREMENT CAP	1 877 44	1/15/2013	59299
10385	5736	MS DEVELOPMENT AUTHORITY	01/2013HEN	138800802	INTEREST EXPENSE	1 423 49	1/15/2013	59299
10386	999 008561	ELLA DAVIS	01/2013	001180574	POLL WORKERS	120 00	1/16/2013	59330
10387	999 000900	MINNIE R SHELTON	01/2013	001180574	POLL WORKERS	100 00	1/16/2013	59301
10388	999 001746	JAMES T HARRELL	01/2013	001180574	POLL WORKERS	100 00	1/16/2013	59309
10389	999 008053	OKIE SMITH	01/2013	001180574	POLL WORKERS	120 00	1/16/2013	59325
10390	999 002361	SHAVANDA FORD	01/2013	001180574	POLL WORKERS	100 00	1/16/2013	59312
10391	999 001624	GLYNETTA HOLLINGS	01/2013	001180574	POLL WORKERS	100 00	1/16/2013	59308
10392	999 008525	CHARLES PEARSON	01/2013	001180574	POLL WORKERS	100 00	1/16/2013	59329
10393	999 010452	SAWANA RANDLE	01/2013	001180574	POLL WORKERS	120 00	1/16/2013	59339
10394	999 010895	SONYA O CALVERT	01/2013	001180574	POLL WORKERS	100 00	1/16/2013	59347
10395	999 007473	DENISE MARBLE	01/2013	001180574	POLL WORKERS	100 00	1/16/2013	59322
10396	999 007446	SYLVESTER R WALKER	01/2013	001180574	POLL WORKERS	100 00	1/16/2013	59321
10397	999 001609	JIMMY DAVIDSON	01/2013	001180574	POLL WORKERS	120 00	1/16/2013	59305
10398	999 003220	GENE A GRUBBS	01/2013	001180574	POLL WORKERS	100 00	1/16/2013	59313

524C

10399	999 008787	ELLA SEAY	01/2013	001180574	POLL WORKERS	100 00	1/16/2013	59331
10400	999 010256	ODESSA HALE	01/2013	001180574	POLL WORKERS	100 00	1/16/2013	59334
10401	999 010887	DEBORAH GARBUTT	01/2013	001180574	POLL WORKERS	100 00	1/16/2013	59346
10402	999 001013	EMMIE FULGHAM	01/2013	001180574	POLL WORKERS	120 00	1/16/2013	59302
10403	999 007395	MARY F CANNON	01/2013	001180574	POLL WORKERS	100 00	1/16/2013	59320
10404	999 002280	ESSIE D THOMAS	01/2013	001180574	POLL WORKERS	100 00	1/16/2013	59311
10405	999 010901	ALEXIS MCMULLEN	01/2013	001180574	POLL WORKERS	100 00	1/16/2013	59348
10406	999 010863	GILBERT SANDERS	01/2013	001180574	POLL WORKERS	100 00	1/16/2013	59344
10407	999 004072	MARY STAFFORD	01/2013	001180574	POLL WORKERS	120 00	1/16/2013	59317
10408	999 010905	JANICE M WHITTLE	01/2013	001180574	POLL WORKERS	100 00	1/16/2013	59349
10409	999 004041	MARGARET SHELTON	01/2013	001180574	POLL WORKERS	100 00	1/16/2013	59316
10410	999 003419	HILDA I COCKRELL	01/2013	001180574	POLL WORKERS	100 00	1/16/2013	59315
10411	999 008499	CLARETHA SIMS	01/2013	001180574	POLL WORKERS	120 00	1/16/2013	59328
10412	999 009837	KATHY JEAN SEAWRIGHT	01/2013	001180574	POLL WORKERS	100 00	1/16/2013	59332
10413	999 007597	VELMA GREEN	01/2013	001180574	POLL WORKERS	100 00	1/16/2013	59323
10414	999 001448	FRANKIE COCKRELL	01/2013	001180574	POLL WORKERS	120 00	1/16/2013	59303
10415	999 000069	DARLENE GATES	01/2013	001180574	POLL WORKERS	100 00	1/16/2013	59300
10416	999 010260	ALBERT COCKRELL	01/2013	001180574	POLL WORKERS	100 00	1/16/2013	59335
10417	999 001616	BRENDA ROBERTSON	01/2013	001180574	POLL WORKERS	120 00	1/16/2013	59307
10418	999 011021	ELNORA JEFFERSON	01/2013	001180574	POLL WORKERS	100 00	1/16/2013	59353
10419	999 010529	ELIZABETH CALVERT	01/2013	001180574	POLL WORKERS	100 00	1/16/2013	59340
10420	999 001615	ROY THOMPSON	01/2013	001180574	POLL WORKERS	100 00	1/16/2013	59306
10421	999 001554	LORETTA GUIDO	01/2013	001180574	POLL WORKERS	120 00	1/16/2013	59304
10422	999 010856	LINDA HAZZARD	01/2013	001180574	POLL WORKERS	100 00	1/16/2013	59343
10423	999 004079	L T WALKER	01/2013	001180574	POLL WORKERS	100 00	1/16/2013	59318
10424	999 011022	WILLIE B ROBINSON	01/2013	001180574	POLL WORKERS	120 00	1/16/2013	59354
10425	999 010261	BETTY STARKS	01/2013	001180574	POLL WORKERS	100 00	1/16/2013	59336
10426	999 010866	JOHN E SPANN	01/2013	001180574	POLL WORKERS	100 00	1/16/2013	59345
10427	999 010841	DEVAKI N CANNON	01/2013	001180574	POLL WORKERS	120 00	1/16/2013	59342
10428	999 010833	MATTIE JANE RAINES	01/2013	001180574	POLL WORKERS	100 00	1/16/2013	59341
10429	999 007754	DOROTHY GASTON	01/2013	001180574	POLL WORKERS	100 00	1/16/2013	59324
10430	999 001825	JOE H CUNNINGHAM	01/2013	001180574	POLL WORKERS	100 00	1/16/2013	59310
10431	999 010271	ANDREW KENNETH ONEAL	01/2013	001180574	POLL WORKERS	120 00	1/16/2013	59337
10432	999 011011	LAKEECHIA M EDWARDS	01/2013	001180574	POLL WORKERS	100 00	1/16/2013	59351
10433	999 003319	SYBLE MYERS	01/2013	001180574	POLL WORKERS	100 00	1/16/2013	59314
10434	999 011015	ELIZABETH BAILEY	01/2013	001180574	POLL WORKERS	100 00	1/16/2013	59352
10435	999 011000	JOHN L TUCKER	01/2013	001180574	POLL WORKERS	100 00	1/16/2013	59350
10436	999 008090	DEMETRIA R SYKES COBB	01/2013	001180574	POLL WORKERS	100 00	1/16/2013	59326
10437	999 009903	ELOIS SAUL WALKER	01/2013	001180574	POLL WORKERS	100 00	1/16/2013	59333
10438	999 011024	JO ANNA GRAVES	01/2013	001180574	POLL WORKERS	100 00	1/16/2013	59355

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10439	999 007184	TRINA D CANNON	01/2013	001180574	POLL WORKERS	120 00	1/16/2013	59319
10440	999 010278	JESSICA ADDISON	01/2013	001180574	POLL WORKERS	100 00	1/16/2013	59338
10441	999 008346	ANTHONY R CASPELL	01/2013	001180574	POLL WORKERS	100 00	1/16/2013	59327
10442	9245	CITY WATER & LIGHT DEPT	01/2013DHS A	001151515	DHS BUILDING UTILITI	727 17	1/17/2013	59357
10443	9245	CITY WATER & LIGHT DEPT	01/2013OC A	001151513	OFFICE COMPLEX BUILD	12,488 25	1/17/2013	59357
10444	7459	RICK BALDWIN	01/2013	155305572	HAULING DRT/BACKHOE	300 00	1/17/2013	59356
10445	5484	MARTIN LUTHER KING COMMITTEE	01/2013	001100522	ADVERTISING RESOURCE	350 00	1/18/2013	59359
10446	1469	CLAY CO JUROR/POLLWORKER ACCT	01/2013	001161575	JURORS & WITNESSES F	1,574 60	1/18/2013	59358
10447	3621	HILTON AMERICAS HOUSTON	01/2013PG	001200476	MEALS & LODGING	1 035 45	1/23/2013	59360
10448	3621	HILTON AMERICAS HOUSTON	01/2013AC	001200476	MEALS & LODGING	1 035 45	1/23/2013	59361
10449	3621	HILTON AMERICAS HOUSTON	01/2013ES	001200476	MEALS & LODGING	1 035 45	1/23/2013	59362
10450	3621	HILTON AMERICAS HOUSTON	01/2013RB	001100476	MEALS AND LODGING	1 035 45	1/23/2013	59363
10450	3621	HILTON AMERICAS HOUSTON	01/2013RB	001100480	OTHER TRAVEL COSTS	100 00	1/23/2013	59363
10451	3621	HILTON AMERICAS HOUSTON	01/2013SD	001100476	MEALS AND LODGING	1 035 45	1/23/2013	59367
10451	3621	HILTON AMERICAS HOUSTON	01/2013SD	001100480	OTHER TRAVEL COSTS	100 00	1/23/2013	59367
10452	0446	ANTHONY CUMMINGS	01/2013	001220477	PRIVATE VEHICLE TRAV	36 00	1/23/2013	59364
10453	5736	MS DEVELOPMENT AUTHORITY	01/2013GRAHA	138800800	PRIN RETIREMENT CAP	3 600 65	1/23/2013	59368
10453	5736	MS DEVELOPMENT AUTHORITY	01/2013GRAHA	138800802	INTEREST EXPENSE	1,945 33	1/23/2013	59368
10454	1529	COLUMBUS LOWNDES DEV LINK	01/2013A	001100582	MISCELLANEOUS EXPENS	19 922 00	1/23/2013	59366
10455	1251	CALVERT SPRADLING ENGINEERS	01/2013	001100555	ENGINEERING FEES	8 520 00	1/23/2013	59365
10456	4432	SHERMAN IVY	01/2013	001262461	CONSTABLE FEES	2 009 57	1/24/2013	59369
10457	5230	LEWIS STAFFORD	01/2013A	001262461	CONSTABLE FEES	1 766 01	1/24/2013	59370
10458	9245	CITY WATER & LIGHT DEPT	02/2013ELLIS	001151512	ELLIS CLINIC UTILITI	404 71	1/29/2013	59375
10459	9245	CITY WATER & LIGHT DEPT	02/2013EXT	001151513	OFFICE COMPLEX BUILD	506 66	1/29/2013	59375
10460	9245	CITY WATER & LIGHT DEPT	02/2013SHER	001151514	SHERIFF'S DEPT UTILI	1 154 40	1/29/2013	59375
10461	9245	CITY WATER & LIGHT DEPT	02/2013FOR	001151513	OFFICE COMPLEX BUILD	503 50	1/29/2013	59375
10462	5121	LADY LUCK CASINO AND HOTEL	01/2013	001166476	MEALS & LODGING	178 00	1/29/2013	59373
10463	1301	CARRIE ANN DAVIS	01/2013	001166585	SEMINARS/REGISTRATIO	100 00	1/29/2013	59371
10464	7402	RENASANT BANK	01/2013	219800800	PRIN RETIREMENT CAP	14 000 00	1/29/2013	59374
10464	7402	RENASANT BANK	01/2013	219800802	INTEREST EXPENSE	2 323 25	1/29/2013	59374
10465	1469	CLAY CO JUROR/POLLWORKER ACCT	01/2013A	001161575	JURORS & WITNESSES F	4 029 40	1/29/2013	59372
10466	8965	VALLEY MOTEL	01/2013	097230476	MEALS & LODGING	80 00	1/30/2013	59376
11050	0003	GENERAL COUNTY FUND	01/2013	082000149	DUE TO GOV'T FUNDS	3 200 00	1/30/2013	1006
10468	0004	PAYROLL CLEARING ACCOUNT	201301310002	001000110	ATTORNEYS	3 366 67	1/31/2013	59377
10468	0004	PAYROLL CLEARING ACCOUNT	201301310002	001000110	GROUP INS MATCHING	3 513 99	1/31/2013	59377
10468	0004	PAYROLL CLEARING ACCOUNT	201301310002	001000110	PERSONNEL MAN/SYSTEM	873 36	1/31/2013	59377
10468	0004	PAYROLL CLEARING ACCOUNT	201301310002	001000110	SOC SEC MATCHING	1 570 77	1/31/2013	59377
10468	0004	PAYROLL CLEARING ACCOUNT	201301310002	001000110	STATE RET MATCHING	3 005 08	1/31/2013	59377
10468	0004	PAYROLL CLEARING ACCOUNT	201301310002	001000110	SUPERVISORS SALARIES	16 833 35	1/31/2013	59377
10469	0004	PAYROLL CLEARING ACCOUNT	201301310003	001000110	ATTENDING BRD MEETIN	120 00	1/31/2013	59377

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10469	0004	PAYROLL CLEARING ACCOUNT	201301310003	001000110	COMPTROLLER	3 664 55	1/31/2013	59377
10469	0004	PAYROLL CLEARING ACCOUNT	201301310003	001000110	COUNTY AUDITOR	441 67	1/31/2013	59377
10469	0004	PAYROLL CLEARING ACCOUNT	201301310003	001000110	COUNTY TREASURER	208 33	1/31/2013	59377
10469	0004	PAYROLL CLEARING ACCOUNT	201301310003	001000110	GROUP INS MATCHING	3,501 68	1/31/2013	59377
10469	0004	PAYROLL CLEARING ACCOUNT	201301310003	001000110	OFFICE CLERICAL	1,078 69	1/31/2013	59377
10469	0004	PAYROLL CLEARING ACCOUNT	201301310003	001000110	PUBLIC SVC NOT PROV	416 67	1/31/2013	59377
10469	0004	PAYROLL CLEARING ACCOUNT	201301310003	001000110	SOC SEC MATCHING	439 74	1/31/2013	59377
10469	0004	PAYROLL CLEARING ACCOUNT	201301310003	001000110	STATE RET MATCHING	845 60	1/31/2013	59377
10470	0004	PAYROLL CLEARING ACCOUNT	201301310004	001000110	COUNTY REGISTRAR	1 341 67	1/31/2013	59377
10470	0004	PAYROLL CLEARING ACCOUNT	201301310004	001000110	DEPUTIES	1 832 46	1/31/2013	59377
10470	0004	PAYROLL CLEARING ACCOUNT	201301310004	001000110	ELECTION FEES	208 34	1/31/2013	59377
10470	0004	PAYROLL CLEARING ACCOUNT	201301310004	001000110	GROUP INS MATCHING	604 50	1/31/2013	59377
10470	0004	PAYROLL CLEARING ACCOUNT	201301310004	001000110	PUBLIC SVCS NOT PROV	416 66	1/31/2013	59377
10470	0004	PAYROLL CLEARING ACCOUNT	201301310004	001000110	SOC SEC MATCHING	294 86	1/31/2013	59377
10470	0004	PAYROLL CLEARING ACCOUNT	201301310004	001000110	STATE FAILURES	33 33	1/31/2013	59377
10470	0004	PAYROLL CLEARING ACCOUNT	201301310004	001000110	STATE RET MATCHING	552 94	1/31/2013	59377
10470	0004	PAYROLL CLEARING ACCOUNT	201301310004	001000110	VITAL STATISTICS	45 00	1/31/2013	59377
10471	0004	PAYROLL CLEARING ACCOUNT	201301310005	001000110	DEPUTIES	3 607 08	1/31/2013	59377
10471	0004	PAYROLL CLEARING ACCOUNT	201301310005	001000110	GROUP INS MATCHING	2,918 50	1/31/2013	59377
10471	0004	PAYROLL CLEARING ACCOUNT	201301310005	001000110	PART TIME HELP	703 00	1/31/2013	59377
10471	0004	PAYROLL CLEARING ACCOUNT	201301310005	001000110	SOC SEC MATCHING	687 06	1/31/2013	59377
10471	0004	PAYROLL CLEARING ACCOUNT	201301310005	001000110	STATE RET MATCHING	1 197 66	1/31/2013	59377
10471	0004	PAYROLL CLEARING ACCOUNT	201301310005	001000110	TAX ASSESSOR SALARY	4 791 67	1/31/2013	59377
10472	0004	PAYROLL CLEARING ACCOUNT	201301310006	001000110	ASST PURCHASE CLERK	208 34	1/31/2013	59377
10472	0004	PAYROLL CLEARING ACCOUNT	201301310006	001000110	PURCHASE CLERK SALAR	717 11	1/31/2013	59377
10472	0004	PAYROLL CLEARING ACCOUNT	201301310006	001000110	SOC SEC MATCHING	46 86	1/31/2013	59377
10472	0004	PAYROLL CLEARING ACCOUNT	201301310006	001000110	STATE RET MATCHING	131 97	1/31/2013	59377
10473	0004	PAYROLL CLEARING ACCOUNT	201301310007	001000110	INVENTORY CLERK	2,032 47	1/31/2013	59377
10473	0004	PAYROLL CLEARING ACCOUNT	201301310007	001000110	SOC SEC MATCHING	150 11	1/31/2013	59377
10473	0004	PAYROLL CLEARING ACCOUNT	201301310007	001000110	STATE RET MATCHING	289 83	1/31/2013	59377
10474	0004	PAYROLL CLEARING ACCOUNT	201301310008	001000110	GROUP INS MATCHING	9 36	1/31/2013	59377
10474	0004	PAYROLL CLEARING ACCOUNT	201301310008	001000110	RECEIVING CLERK	381 46	1/31/2013	59377
10474	0004	PAYROLL CLEARING ACCOUNT	201301310008	001000110	SOC SEC MATCHING	29 18	1/31/2013	59377
10474	0004	PAYROLL CLEARING ACCOUNT	201301310008	001000110	STATE RET MATCHING	54 40	1/31/2013	59377
10475	0004	PAYROLL CLEARING ACCOUNT	201301310009	001000110	GROUP INS MATCHING	1 166 36	1/31/2013	59377
10475	0004	PAYROLL CLEARING ACCOUNT	201301310009	001000110	MAINTENANCE OVERTIME	324 12	1/31/2013	59377
10475	0004	PAYROLL CLEARING ACCOUNT	201301310009	001000110	MAINTENANCE SALARY	2,904 47	1/31/2013	59377
10475	0004	PAYROLL CLEARING ACCOUNT	201301310009	001000110	PART TIME HELP	926 84	1/31/2013	59377
10475	0004	PAYROLL CLEARING ACCOUNT	201301310009	001000110	SOC SEC MATCHING	305 68	1/31/2013	59377
10475	0004	PAYROLL CLEARING ACCOUNT	201301310009	001000110	STATE RET MATCHING	460 39	1/31/2013	59377

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10476	0004	PAYROLL CLEARING ACCOUNT	201301310010	001000110	INFORMATION TECHNOLO	436 68	1/31/2013	59377
10476	0004	PAYROLL CLEARING ACCOUNT	201301310010	001000110	SOC SEC MATCHING	32 89	1/31/2013	59377
10476	0004	PAYROLL CLEARING ACCOUNT	201301310010	001000110	STATE RET MATCHING	62 27	1/31/2013	59377
10477	0004	PAYROLL CLEARING ACCOUNT	201301310011	001000110	OFFICE/CLERICAL	647 77	1/31/2013	59377
10477	0004	PAYROLL CLEARING ACCOUNT	201301310011	001000110	SOC SEC MATCHING	49 55	1/31/2013	59377
10478	0004	PAYROLL CLEARING ACCOUNT	201301310012	001000110	BAILIFF	55 00	1/31/2013	59377
10478	0004	PAYROLL CLEARING ACCOUNT	201301310012	001000110	SOC SEC MATCHING	4 21	1/31/2013	59377
10479	0004	PAYROLL CLEARING ACCOUNT	201301310013	001000110	ATTENDING COURT	5,425 00	1/31/2013	59377
10479	0004	PAYROLL CLEARING ACCOUNT	201301310013	001000110	BAILIFF	2 970 00	1/31/2013	59377
10479	0004	PAYROLL CLEARING ACCOUNT	201301310013	001000110	DEPUTIES	106 34	1/31/2013	59377
10479	0004	PAYROLL CLEARING ACCOUNT	201301310013	001000110	SOC SEC MATCHING	645 64	1/31/2013	59377
10479	0004	PAYROLL CLEARING ACCOUNT	201301310013	001000110	STATE RET MATCHING	1,055 43	1/31/2013	59377
10480	0004	PAYROLL CLEARING ACCOUNT	201301310014	001000110	BAILIFF/DEPUTY	55 00	1/31/2013	59377
10480	0004	PAYROLL CLEARING ACCOUNT	201301310014	001000110	CASE MANAGER GRANT	499 70	1/31/2013	59377
10480	0004	PAYROLL CLEARING ACCOUNT	201301310014	001000110	GROUP INS MATCHING	421 71	1/31/2013	59377
10480	0004	PAYROLL CLEARING ACCOUNT	201301310014	001000110	JUDGE/REFEREE	793 29	1/31/2013	59377
10480	0004	PAYROLL CLEARING ACCOUNT	201301310014	001000110	SOC SEC MATCHING	103 13	1/31/2013	59377
10480	0004	PAYROLL CLEARING ACCOUNT	201301310014	001000110	STATE RET MATCHING	192 22	1/31/2013	59377
10481	0004	PAYROLL CLEARING ACCOUNT	201301310015	001000110	FICA MATCH	21 89	1/31/2013	59377
10481	0004	PAYROLL CLEARING ACCOUNT	201301310015	001000110	INSURANCE MATCH	152 11	1/31/2013	59377
10481	0004	PAYROLL CLEARING ACCOUNT	201301310015	001000110	LUNACY JUDGE	286 15	1/31/2013	59377
10481	0004	PAYROLL CLEARING ACCOUNT	201301310015	001000110	RETIREMENT MATCH	40 81	1/31/2013	59377
10482	0004	PAYROLL CLEARING ACCOUNT	201301310016	001000110	BAILIFF	440 00	1/31/2013	59377
10482	0004	PAYROLL CLEARING ACCOUNT	201301310016	001000110	COUNTY JUDGES	6 733 34	1/31/2013	59377
10482	0004	PAYROLL CLEARING ACCOUNT	201301310016	001000110	DEPUTIES	3 003 58	1/31/2013	59377
10482	0004	PAYROLL CLEARING ACCOUNT	201301310016	001000110	GROUP INS MATCHING	3 051 56	1/31/2013	59377
10482	0004	PAYROLL CLEARING ACCOUNT	201301310016	001000110	SOC SEC MATCHING	723 29	1/31/2013	59377
10482	0004	PAYROLL CLEARING ACCOUNT	201301310016	001000110	STATE RET MATCHING	1 451 24	1/31/2013	59377
10483	0004	PAYROLL CLEARING ACCOUNT	201301310017	001000110	CORONER'S FEE	900 00	1/31/2013	59377
10483	0004	PAYROLL CLEARING ACCOUNT	201301310017	001000110	GROUP INS MATCHING	11 96	1/31/2013	59377
10483	0004	PAYROLL CLEARING ACCOUNT	201301310017	001000110	MEDICAL EXAMINERS FE	1 250 00	1/31/2013	59377
10483	0004	PAYROLL CLEARING ACCOUNT	201301310017	001000110	SOC SEC MATCHING	164 48	1/31/2013	59377
10483	0004	PAYROLL CLEARING ACCOUNT	201301310017	001000110	STATE RET MATCHING	306 59	1/31/2013	59377
10484	0004	PAYROLL CLEARING ACCOUNT	201301310018	001000110	ATTORNEYS	2 498 03	1/31/2013	59377
10484	0004	PAYROLL CLEARING ACCOUNT	201301310018	001000110	SOC SEC MATCHING	191 10	1/31/2013	59377
10484	0004	PAYROLL CLEARING ACCOUNT	201301310018	001000110	STATE RET MATCHING	356 22	1/31/2013	59377
10485	0004	PAYROLL CLEARING ACCOUNT	201301310019	001000110	ATTORNEYS	6 180 00	1/31/2013	59377
10485	0004	PAYROLL CLEARING ACCOUNT	201301310019	001000110	GROUP INS MATCHING	1 166 36	1/31/2013	59377
10485	0004	PAYROLL CLEARING ACCOUNT	201301310019	001000110	SOCIAL SEC MATCHING	443 18	1/31/2013	59377
10485	0004	PAYROLL CLEARING ACCOUNT	201301310019	001000110	STATE RETIRE MATCHIN	881 26	1/31/2013	59377

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10486	0004	PAYROLL CLEARING ACCOUNT	201301310020	001000110	ELECTION COMMISSIONER	6 888 00	1/31/2013	59377
10486	0004	PAYROLL CLEARING ACCOUNT	201301310020	001000110	GROUP INS MATCHING	583 18	1/31/2013	59377
10486	0004	PAYROLL CLEARING ACCOUNT	201301310020	001000110	OFFICE/CLERICAL	1 708 30	1/31/2013	59377
10486	0004	PAYROLL CLEARING ACCOUNT	201301310020	001000110	SOC SEC MATCHING	646 16	1/31/2013	59377
10486	0004	PAYROLL CLEARING ACCOUNT	201301310020	001000110	STATE RET MATCHING	325 87	1/31/2013	59377
10487	0004	PAYROLL CLEARING ACCOUNT	201301310021	001000110	DEPUTIES	15 198 41	1/31/2013	59377
10487	0004	PAYROLL CLEARING ACCOUNT	201301310021	001000110	DEPUTIES OVERTIME	703 01	1/31/2013	59377
10487	0004	PAYROLL CLEARING ACCOUNT	201301310021	001000110	GROUP INS MATCHING	10 492 83	1/31/2013	59377
10487	0004	PAYROLL CLEARING ACCOUNT	201301310021	001000110	MECHANIC SALARY	1,482 52	1/31/2013	59377
10487	0004	PAYROLL CLEARING ACCOUNT	201301310021	001000110	OFFICE CLERICAL OVER	69 28	1/31/2013	59377
10487	0004	PAYROLL CLEARING ACCOUNT	201301310021	001000110	OFFICE/CLERICAL	8 008 20	1/31/2013	59377
10487	0004	PAYROLL CLEARING ACCOUNT	201301310021	001000110	SHERIFF SALARY	5 833 34	1/31/2013	59377
10487	0004	PAYROLL CLEARING ACCOUNT	201301310021	001000110	SOC SEC MATCHING	2 309 08	1/31/2013	59377
10487	0004	PAYROLL CLEARING ACCOUNT	201301310021	001000110	STATE RET MATCHING	4 421 48	1/31/2013	59377
10488	0004	PAYROLL CLEARING ACCOUNT	201301310022	001000110	GROUP INS MATCHING	576 17	1/31/2013	59377
10488	0004	PAYROLL CLEARING ACCOUNT	201301310022	001000110	MTC TRANSPORT OFFICE	674 73	1/31/2013	59377
10488	0004	PAYROLL CLEARING ACCOUNT	201301310022	001000110	SOC SEC MATCHING	44 84	1/31/2013	59377
10488	0004	PAYROLL CLEARING ACCOUNT	201301310022	001000110	STATE RET MATCHING	96 22	1/31/2013	59377
10489	0004	PAYROLL CLEARING ACCOUNT	201301310023	001000110	GROUP INS MATCHING	8 747 70	1/31/2013	59377
10489	0004	PAYROLL CLEARING ACCOUNT	201301310023	001000110	JAIL ADMINISTRATOR	1 583 34	1/31/2013	59377
10489	0004	PAYROLL CLEARING ACCOUNT	201301310023	001000110	JAIL RECORDS CLERK	1,584 65	1/31/2013	59377
10489	0004	PAYROLL CLEARING ACCOUNT	201301310023	001000110	JAILORS OVERTIME	535 83	1/31/2013	59377
10489	0004	PAYROLL CLEARING ACCOUNT	201301310023	001000110	JAILORS SALARIES	14 625 83	1/31/2013	59377
10489	0004	PAYROLL CLEARING ACCOUNT	201301310023	001000110	SOC SEC MATCHING	1 354 81	1/31/2013	59377
10489	0004	PAYROLL CLEARING ACCOUNT	201301310023	001000110	STATE RET MATCHING	2 613 80	1/31/2013	59377
10490	0004	PAYROLL CLEARING ACCOUNT	201301310024	001000110	CO DIRECTOR/4H YOUTH	610 28	1/31/2013	59377
10490	0004	PAYROLL CLEARING ACCOUNT	201301310024	001000110	OFFICE/CLERICAL	732 33	1/31/2013	59377
10490	0004	PAYROLL CLEARING ACCOUNT	201301310024	001000110	SOC SEC MATCHING	102 72	1/31/2013	59377
10491	0004	PAYROLL CLEARING ACCOUNT	201301310025	097000110	DISPATCHER O/T	283 08	1/31/2013	59377
10491	0004	PAYROLL CLEARING ACCOUNT	201301310025	097000110	DISPATCHERS	8,252 33	1/31/2013	59377
10491	0004	PAYROLL CLEARING ACCOUNT	201301310025	097000110	GROUP INS MATCHING	4 082 26	1/31/2013	59377
10491	0004	PAYROLL CLEARING ACCOUNT	201301310025	097000110	SOC SEC MATCHING	704 31	1/31/2013	59377
10491	0004	PAYROLL CLEARING ACCOUNT	201301310025	097000110	STATE RET MATCHING	1 247 99	1/31/2013	59377
10491	0004	PAYROLL CLEARING ACCOUNT	201301310025	097000110	911 DIRECTOR SALARY	971 63	1/31/2013	59377
10492	0004	PAYROLL CLEARING ACCOUNT	201301310026	104000110	LAW LIBRARY ADMINIS	133 55	1/31/2013	59377
10492	0004	PAYROLL CLEARING ACCOUNT	201301310026	104000110	SOC SEC MATCHING	10 10	1/31/2013	59377
10492	0004	PAYROLL CLEARING ACCOUNT	201301310026	104000110	STATE RET MATCHING	19 04	1/31/2013	59377
10493	0004	PAYROLL CLEARING ACCOUNT	201301310027	112000110	DRUG COORDINATOR SAL	1 250 00	1/31/2013	59377
10493	0004	PAYROLL CLEARING ACCOUNT	201301310027	112000110	GROUP INS MATCHING	461 83	1/31/2013	59377
10493	0004	PAYROLL CLEARING ACCOUNT	201301310027	112000110	PART TIME EMPLOYEES	1 356 00	1/31/2013	59377

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10493	0004	PAYROLL CLEARING ACCOUNT	201301310027	112000110	SOC SEC MATCHING	196 67	1/31/2013	59377
10493	0004	PAYROLL CLEARING ACCOUNT	201301310027	112000110	STATE RET MATCHING	371 62	1/31/2013	59377
10494	0004	PAYROLL CLEARING ACCOUNT	201301310028	114000110	COORDINATOR/VOL FIRE	178 05	1/31/2013	59377
10494	0004	PAYROLL CLEARING ACCOUNT	201301310028	114000110	SOC SEC MATCHING	13 62	1/31/2013	59377
10494	0004	PAYROLL CLEARING ACCOUNT	201301310028	114000110	STATE RET MATCHING	13 54	1/31/2013	59377
10495	0004	PAYROLL CLEARING ACCOUNT	201301310029	161000110	GROUP INS MATCHING	1,749 54	1/31/2013	59377
10495	0004	PAYROLL CLEARING ACCOUNT	201301310029	161000110	ROAD LABORERS HOURLY	4 349 44	1/31/2013	59377
10495	0004	PAYROLL CLEARING ACCOUNT	201301310029	161000110	SOC SEC MATCHING	306 46	1/31/2013	59377
10495	0004	PAYROLL CLEARING ACCOUNT	201301310029	161000110	STATE RET MATCHING	584 98	1/31/2013	59377
10496	0004	PAYROLL CLEARING ACCOUNT	201301310030	162000110	GROUP INS MATCHING	1 166 36	1/31/2013	59377
10496	0004	PAYROLL CLEARING ACCOUNT	201301310030	162000110	ROAD LABORERS HOURL	3 009 84	1/31/2013	59377
10496	0004	PAYROLL CLEARING ACCOUNT	201301310030	162000110	SOC SEC MATCHING	230 25	1/31/2013	59377
10496	0004	PAYROLL CLEARING ACCOUNT	201301310030	162000110	STATE RET MATCHING	288 32	1/31/2013	59377
10497	0004	PAYROLL CLEARING ACCOUNT	201301310031	163000110	GROUP INS MATCHING	1 749 54	1/31/2013	59377
10497	0004	PAYROLL CLEARING ACCOUNT	201301310031	163000110	ROAD LABORERS HOURL	4 163 44	1/31/2013	59377
10497	0004	PAYROLL CLEARING ACCOUNT	201301310031	163000110	SOC SEC MATCHING	315 88	1/31/2013	59377
10497	0004	PAYROLL CLEARING ACCOUNT	201301310031	163000110	STATE RET MATCHING	529 87	1/31/2013	59377
10498	0004	PAYROLL CLEARING ACCOUNT	201301310032	164000110	GROUP INS MATCHING	1 166 36	1/31/2013	59377
10498	0004	PAYROLL CLEARING ACCOUNT	201301310032	164000110	ROAD LABORERS HOURL	2 505 36	1/31/2013	59377
10498	0004	PAYROLL CLEARING ACCOUNT	201301310032	164000110	SOC SEC MATCHING	177 13	1/31/2013	59377
10498	0004	PAYROLL CLEARING ACCOUNT	201301310032	164000110	STATE RET MATCHING	357 27	1/31/2013	59377
10499	0004	PAYROLL CLEARING ACCOUNT	201301310033	165000110	GROUP INS MATCHING	1 749 54	1/31/2013	59377
10499	0004	PAYROLL CLEARING ACCOUNT	201301310033	165000110	ROAD LABORERS HOURL	4 618 28	1/31/2013	59377
10499	0004	PAYROLL CLEARING ACCOUNT	201301310033	165000110	SOC SEC MATCHING	342 37	1/31/2013	59377
10499	0004	PAYROLL CLEARING ACCOUNT	201301310033	165000110	STATE RET MATCHING	593 62	1/31/2013	59377
10500	0004	PAYROLL CLEARING ACCOUNT	201301310034	400000110	GROUP INS MATCHING	1 749 54	1/31/2013	59377
10500	0004	PAYROLL CLEARING ACCOUNT	201301310034	400000110	SANITATION SALARY	4 114 52	1/31/2013	59377
10500	0004	PAYROLL CLEARING ACCOUNT	201301310034	400000110	SOC SEC MATCHING	292 27	1/31/2013	59377
10500	0004	PAYROLL CLEARING ACCOUNT	201301310034	400000110	STATE RET MATCHING	586 72	1/31/2013	59377

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Clay County Board of Supervisors
1/31/2013

Claim #	Vendor	Vendor Name	Invoice #	G/L Exp	Description	Amount Paid	Check Date	Check #
11131	0004	PAYROLL CLEARING ACCOUNT	201301310037	001000110	ATTORNEYS	3,366 67	1/31/2013	59589
11131	0004	PAYROLL CLEARING ACCOUNT	201301310037	001000110	GROUP INS MATCHING	6 09	1/31/2013	59589
11131	0004	PAYROLL CLEARING ACCOUNT	201301310037	001000110	SOC SEC MATCHING	257 55	1/31/2013	59589
11131	0004	PAYROLL CLEARING ACCOUNT	201301310037	001000110	STATE RET MATCHING	480 09	1/31/2013	59589

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NO. _____

IN THE MATTER OF DIRECTING THE CLAY COUNTY MISSISSIPPI ELECTION COMMISSIONERS TO HOLD AN ELECTION AT THE NEXT SPECIAL ELECTION DAY TO FILL A VACANCY FOR COUNTY ATTORNEY

There came on this day for consideration the matter of directing the Clay County Mississippi Election Commissioners to hold an election at the Next Special Election Day to fill a vacancy for County Attorney

It appears to this Board Angela Turner-Larry was elected in a special election on January 15, 2013 to serve as Senator for the State Senate District 16 due to the vacancy created by the untimely death of her father, Senator Bennie Turner, on November 27, 2012, and

It appears that Section 23-15-839(1) of the *Mississippi Code of 1972* requires that Board of Supervisors to command the commissioners of election to hold an election at the next regular special election day to fill the vacancy

After motion by Floyd McKee and second by Lynn Horton this Board doth vote unanimously to command the commissioners of election of Clay County Mississippi to schedule and hold a special election on November 5, 2013 to fill the vacancy of County Attorney

SO ORDERED this the 24th day of January, 2013



President

NO _____

IN THE MATTER OF RECESSING

There came on this day for consideration the matter of recessing

After motion by Luke Lummus and second by R. B Davis this Board doth vote
unanimously to adjourn until Monday, February 4, 2013, at 9 00 a.m.

SO ORDERED this the 24th day of January, 2013



President