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BK 13 PG 576
DESOTO COUNTY, MS
W.E. DAVIS, CH CLERK

PREPARED BY AND RETURN TO:
THOMAS W. KING, JR., RPLS
MS CERTIFICATE # 1813
3516 MARIANNA ROAD
HOLLY SPRINGS, MS 38635
662-564-2657

APRIL 04, 2006

NOTICE OF SURVEYOR'S LIEN

NOTICE IS HEREBY GIVEN TO ALL PARTIES CONCERNED, THAT THOMAS W. KING, JR., REGISTERED PROFESSIONAL LAND SURVEYOR, MS CERTIFICATE #1813, 3516 MARIANNA ROAD, HOLLY SPRINGS, MS 38635, PURSUANT TO MS CODE ANN. 85-7-131. ET SEG., HAS AND CLAIMS A LIEN FOR SURVEY WORK ON CERTAIN REAL ESTATE IN DESOTO COUNTY, MS. TO-WIT: JAMES COWLEY, LOT 3, GOLDMAN ESTATES SUBDIVISION, 7575 GRASS POND ROAD, HERNANDO, MS 38632.

PLAT BOOK 77,
PAGE 24.

IN SECTION 18, T-3-S, R-6-W

THE LIEN AND CLAIM IS TO SECURE THE PAYMENT OF \$275.00, WHICH SUM IS OWED TO THOMAS W. KING, JR., FOR FLOOD ELEVATION CERTIFICATE COMPLETED ON SAID PROPERTY ON 12/05/05.

NOTICE OF THIS LIEN HAS BEEN GIVEN TO SAID OWNER, JAMES COWLEY, VIA UNITED STATES POSTAL SERVICE, TO HIS ADDRESS AT 7575 GRASS POND ROAD, HERNANDO, MS 38632.

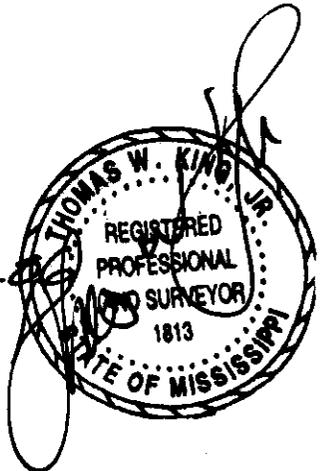
NO SUIT HAS BEEN FILED BY THE LIENOR AND THERE IS NO WRITTEN CONTRACT FILED FOR RECORD. THE LIENOR RESERVES THE RIGHT TO INSTITUTE AN ACTION IN THE COURT OF MS, TO ENFORCE THIS LIEN AGAINST THE ABOVE DESCRIBED PROPERTY AND ALL RESPONSIBLE PARTIES, ALLSTATE INSURANCE CO., AND THE BONDSMAN, IF ANY, GUARANTEEING PERFORMANCE ON THE PART OF SAID OWNER, JAMES COWLEY.

SINCERELY,

THOMAS W. KING, JR.
RPLS MS CERT. #1813



4-5-06



ENCLOSED: COPY OF ORIGINAL INVOICE AND COPY OF FLOOD CERTIFICATE

CC: JAMES COWLEY 7575 GRASS POND ROAD, HERNANDO, MS 38632.
ALLSTATE INSURANCE, 8968 HIGHWAY 64, SUITE 103, LAKELAND, TN 38008 ATTN. KATHLEEN

Prepared

4

Thomas W. King, Jr.

Land Surveyor

3516 Marianna Rd.
Holly Springs, MS 38635

Phone: 662-564-2657 • Fax 662-564-4000



Re mailed
2-15-06

TO: ALL STATE INS
8968 HWY #64 Suite 103
LAKE LAND, TN, 38008
KATHLEEN

DATE: 12-27-05 JOB NO. 1998-2-8A(4)
JOB NAME: LOT 3 GOLDMAN ESTATES SB
JOB LOCATION: #7575 GRASSFORD RD.
Hernando, MS, 38632

Terms:

	DESCRIPTION	PRICE	AMOUNT
12-9-05	FIELD Elevs FOR FLOOD Elev Cert	1 1/2 @ 125 ⁰⁰	187 ⁵⁰
12-27-05	Elev Cert	1 @ 87 ⁵⁰	87 ⁵⁰

KATHLEEN 901 380 5503
 phone 901 380 5532
 PAT

total \$ 275⁰⁰

Thank you
 [Signature]

I CALL KATHLEEN AT 9:45 AM ON 3-16-06
 SHE SAID SHE WOULD CALL ME BACK, SHE
 DID NOT. THIS IS A NOTICE OF INTENT
 TO FILE A LIEN, IF PAYMENT IS NOT
 RECEIVED BEFORE 3-26-06

Copy MAILED TO James Cowley
 7575 Grassford RD
 Hernando, MS, 38632

Check
 Bill Parson 3805519

[Signature] 3-17-06

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Exp. 08/13/05

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use
BUILDING OWNER'S NAME James and Willa Cowley			Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 7275 Grass pond Road			Company NAIC Number
CITY Hernando	STATE MS	ZIP CODE 38632	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot #3 GOLDMAN ESTATES PIAT BOOK 77, Page 24			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential			
LATITUDE/LONGITUDE (OPTIONAL) ##° ##' - ##" or ##° ####"		HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type) _____ <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1 FIRM COMMUNITY NAME & COMMUNITY NUMBER 260330150		B2 COUNTY NAME Desoto Cou ty		B3 STATE MS	
B4 MAP AND PANEL NUMBER 260050150	B5 SUFFIX E	B6 FIRM INDEX DATE 6-19-1997	B7 FIRM PANEL EFFECTIVE/REVISED DATE 6-19-1997	B8 FLOOD ZONE(S) X & A	B9 BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 258.7
B10 Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input checked="" type="checkbox"/> Community Determined <input checked="" type="checkbox"/> Other (Describe): locale authority					
B11 Indicate the elevation datum used for the BFE in B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe): _____					
B12 Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input type="checkbox"/> No Designation Date _____					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1 Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction*
*A new Elevation Certificate will be required when construction of the building is complete.

C2 Building Diagram Number A (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3 Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
Complete Items C3-a-h below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
Datum: NGS Conversion/Comments _____

Elevation reference mark used mon78v129. Does the elevation reference mark used appear on the FIRM? Yes No

(a) Top of bottom floor (including basement or enclosure) 264.11 ft.(m)

(b) Top of next higher floor _____ ft.(m)

(c) Bottom of lowest horizontal structural member (V zones only) _____ ft.(m)

(d) Attached garage (top of slab) _____ ft.(m)

(e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) _____ ft.(m)

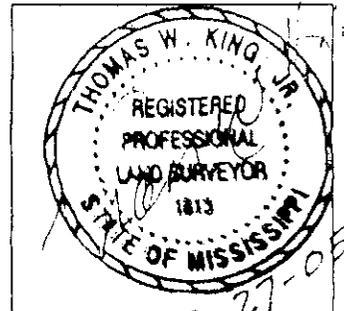
(f) Lowest adjacent (finished) grade (LAG) 263.07 ft.(m)

(g) Highest adjacent (finished) grade (HAG) 263.70 ft.(m)

(h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _____

(i) Total area of all permanent openings (flood vents) in C3.h _____ sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date



SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.
I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.
I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME Thomas W. King Jr. LICENSE NUMBER 1813

ADDRESS 3518 Maranna Road CITY Holly Springs STATE MS ZIP CODE 38635

SIGNATURE *Thomas W. King Jr.* DATE 12-5-05 TELEPHONE 662-564-2657

STATE OF: MISSISSIPPI

COUNTY OF: DESOTO

Personally appeared before me, the undersigned authority in and for the said County and State, on the 6th day of April, ~~2005~~, ²⁰⁰⁶

Within my jurisdiction the within named

Thomas W. King, Jr., who acknowledged that

(he) ~~(she)~~ ~~(they)~~ executed the above and forgoing instrument.

W. Davis C. Adams, Clerk
 NOTARY PUBLIC Starkley, DC
 My Commission Expires Jan. 7, 2008
 MY COMMISSION EXPIRES

(SEAL)