BK 1157 PG 0165

TRUST DEED RELEASE

TO THE CHANCERY CLERK of DeSoto County, Mississippi:

You are hereby authorized and directed to satisfy and cancel of record the following Trust Deed:

Trustor/Grantor:	Charles Coleman
Trustee:	Arthur E. Huggins
Beneficiary:	James Edward Brown and Alice M. Brown
Date of Trust Deed:	June 3, 1993
Recorded on:	June 4, 1993
Recorded in:	Book 642, Page 521 of trust deeds in your office.
Legal Description:	Lot 3152, Section "O", Southaven West Subdivision, in Section 26, Township 1 South, Range 8 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 5, Pages 12-13, in the office of the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation, the Promissory Note secured by the above referenced Deed of Trust was assigned to The Alice Mae Short Brown Grantor Trust on February 14, 1997 as evidenced by Exhibit "A" attached hereto.

Alice Mae Short Brown is the Trustee of the James Edward Brown Grantor Trust. At James Edward Brown's death his Trust vested in the Alice Mae Short Brown Grantor Trust. A copy of James Edward Brown's death certificate is attached hereto as Exhibit "B".

The indebtedness therein secured has not been assigned by me to anyone and has been fully satisfied.

The undersigned beneficiary hereby covenants with the said Trustor/Grantor that he/she is the legal owner and holder of the indebtedness described in and secured by said trust deed and that he/she has the lawful right to release and discharge the lien thereof.

WITNESS MY HAND, this the 12th day of October, 19 99.

STATE MS.-DESOTO CO.
FILED

OCT 14 10 46 AM '99

BK 1157 PG 1165
W.E. DAVIS CH. CLK.

Alice M. Brown
ALICE M. BROWN, Individually

ALICE MAE SHORT BROWN GRANTOR TRUST

Alice Mae Short Brown
ALICE MAE SHORT BROWN, Trustee

JAMES EDWARD BROWN GRANTOR TRUST

Alice Mae Short Brown
ALICE MAE SHORT BROWN, Trustee

STATE OF MS
COUNTY OF DeSoto

Personally appeared before me, a Notary Public, in and for said jurisdiction, the within named ALICE M. BROWN, who acknowledged that she executed the above and foregoing instrument on this the 12th day

of October, 19 99

NOTARY PUBLIC

(SEAL)

My Commission Expires:

STATE OF MS
COUNTY OF DeSoto

Personally appeared before me, the undersigned authority in and for the said county and state, on this 12th day of October, 19 99, within my jurisdiction, the within named ALICE MAE SHORT BROWN, who acknowledged that she is TRUSTEE of THE ALICE MAE SHORT BROWN GRANTOR TRUST, and that in said representative capacity she executed the above and foregoing instrument, after first having been duly authorized so to do.

NOTARY PUBLIC

(SEAL)

My Commission Expires:

STATE OF MS
COUNTY OF DeSoto

Personally appeared before me, the undersigned authority in and for the said county and state, on this 12th day of October, 19 99, within my jurisdiction, the within named ALICE MAE SHORT BROWN, who acknowledged that she is TRUSTEE of THE JAMES EDWARD BROWN GRANTOR TRUST, and that in said representative capacity she executed the above and foregoing instrument, after first having been duly authorized so to do.

NOTARY PUBLIC

(SEAL)

My Commission Expires:

PREPARED BY AND, AFTER RECORDING, RETURN TO THE OFFICE OF:
HOLCOMB DUNBAR, P.A.
P. O. BOX 190
SOUTHAVEN, MISSISSIPPI 38671-0190
(601) 349-0664

FILE #899869/STD

PROMISSORY NOTE

$40,000.00

Southaven, Mississippi
June 3, 1993

FOR VALUE RECEIVED, the undersigned promises to pay to JAMES EDWARD BROWN and wife, ALICE M. BROWN, or order, the principal sum of FORTY THOUSAND AND NO/100---DOLLARS ($40,000.00), with interest from date at the rate of Nine Percent (9.0%) per annum. The said principal and interest shall be payable at

_____,

or at such other place as the holder hereof may designate in writing, in 180 monthly installments of $405.71, each, with the first installment being due on the 15th day of June, 1993, and each subsequent and succeeding installment being due on the 15th day of each month thereafter until the principal and interest are fully paid, with the final installment, if not sooner paid, shall be due and payable on the 15th day of May, 2008.

If default be made in the payment of any installment under this Note, or any other Note secured by this property, the entire principal sum and accrued interest shall at once become due and payable without notice, at the option of the holder of this Note. Failure to exercise this option shall not constitute a waiver of the right to exercise the same in the event of any subsequent default. In the event of default in the payment of this Note and if the same is collected by an attorney at law, the undersigned agrees to pay all costs of collection, including a reasonable attorney's fee.

There is no pre-payment penalty for the early pay-off of this Note.

If the property securing this Note is sold or transferred, the holder hereof has the right to demand payment in full.

Demand, protest and notice of demand, protest and nonpayment are hereby waived.

CHARLES COLEMAN

Lot 3152, Section O, Southaven West Subdivision,
DeSoto Co., MS

EXHIBIT
A

Payable to the "Alice Mae Short Brown Grantor Trust U/A/D 10-18-96, Alice Mae Short Brown, Trustee"

Alice Mae Short Brown
2/14/97

001318

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

BK 1157 PG 0169

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): James Edward Brown, Sr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): January 30, 1997
4. SOCIAL SECURITY NUMBER (of Deceased): 409-50-6586
5a. AGE-LAST BIRTHDAY (Years): 68
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
6. DATE OF BIRTH (Month, Day, Year): Jan. 7, 1929
7. BIRTHPLACE (City and State or Foreign Country): Amory, MS.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Baptist Central
9c. CITY, TOWN, OR LOCATION OF DEATH: Memphis
9d. COUNTY OF DEATH: Shelby
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Alice Short
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Truck Driver
12b. KIND OF BUSINESS/INDUSTRY: Humboldt Express
13a. RESIDENCE-STATE: MS.
13b. COUNTY: DeSoto
13c. CITY, TOWN OR LOCATION: Southaven
13d. STREET AND NUMBER OR RURAL LOCATION: 6320 Janice Drive
CENSUS TRACT: Nl
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 38671
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes 0 [X] No — Specify, if yes
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): K-8th; College (1-4 or 5+)

NAME OF DECEDENT: For use by physician or institution

PARENTS

17. FATHER'S NAME (First, Middle, Last): James Robert Brown
18. MOTHER'S NAME (First, Middle, Maiden Surname): Madeline Hardin

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Mrs. Alice Brown
19b. RELATIONSHIP TO DECEASED: Wife
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 6320 Janice Drive Southaven, MS. 38671

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Covington Memorial Gardens
20c. LOCATION-City or Town, State: Covington, TN.
21a. SIGNATURE OF FUNERAL DIRECTOR: ▸ Charles E. Moss, Jr.
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3760
21c. SIGNATURE OF EMBALMER: ▸ Paul Alex Powell
21d. LICENSE NUMBER OF EMBALMER: 4324
22a. NAME AND ADDRESS OF FUNERAL HOME: Maley-Yarbrough Funeral Home, P O Box 625, Covington, TN. 38019
22b. LICENSE NUMBER OF FUNERAL HOME: 24

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▸ Mary Ann Bradshaw Deputy
24. DATE FILED (Month, Day, Year): MAR 20 1997

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.
1 [ ] SIGNATURE AND TITLE OF PHYSICIAN ▸ Stevan Himmelstein
25b. LICENSE NUMBER: MD 0206 38
25c. DATE SIGNED (Month, Day, Year): 3-11-97
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated.
2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER ▸
26b. LICENSE NUMBER
26c. DATE SIGNED (Month, Day, Year)

SICIAN OR MED- EXAMINER EX- TING CERTIFICATE T COMPLETE AND MEDICAL CERTIFI- ION WITHIN 48 IRS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Dr. Stevan Himmelstein - 7620 Southcrest Parkway #4, Southaven, MS. 38671

CAUSE OF DEATH

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Pneumonia
DUE TO (OR AS A CONSEQUENCE OF):
b. acute Renal failure
DUE TO (OR AS A CONSEQUENCE OF):
c. congestive heart failure
DUE TO (OR AS A CONSEQUENCE OF):
d.

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

Approximate Interval Between Onset and Death

SEE INSTRUCTIONS ON OTHER SIDE

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

29a. WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30. MANNER OF DEATH: 1 [X] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY
31c. INJURY AT WORK? 1 [ ] Yes 2 [ ] No
31d. DESCRIBE HOW INJURY OCCURRED
31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

PH-1659 REV. 2-93

BIRTH NO

RDA 1399

EXHIBIT B

BK 1157 PG 0170

MEMPHIS & SHELBY COUNTY HEALTH DEPARTMENT-814 JEFFERSON AVE., MEMPHIS, TENNESSEE
THIS IS TO CERTIFY that this is a true and correct copy of the record filed with the Tennessee Vital Records by the Memphis & Shelby County Health Department.

SEAL

Date Issued APR 0 2 1997 by Glenn D. Fouse

Glenn D. Fouse, Registrar
Vital Records Section