

DEED OF TRUST

Indexing Instructions:

Loan No. 6185

Prepared by: ANITA DONAHOU  
Name of Manager: NICHOLAS DUNNIGAN  
Address: PO BOX 1099  
OLIVE BRANCH MS 38654 Phone 662-890-9301

LENDER: GULFCO OF MISSISSIPPI, TOWER LOAN OF OLIVE BRANCH

Lender's Address: 8850 COLLEGE ST., OLIVE BRANCH, MS, 38654

3/26/07 10:29:59  
BK 2,685 PG 679  
DESOTO COUNTY, MS  
W.E. DAVIS, CH CLERK

BORROWER and Address: PATSY SINQUEFIELD  
8105 ASHBROOK RD., SOUTHAVEN (DESOTO COUNTY), MS, 38671

TRUSTEE: John E. Tucker, Post Office Box 320001, Flowood, MS 39232-0001

- (a) "Borrower" means all persons signing below, whether one or more.
(b) "Promissory Note" means that certain promissory note and security agreement signed by Borrower to lender dated MARCH 23, 2007, with a Total of Payments of \$ 69000.00, due in 120 consecutive equal monthly installments of \$ 575.00, the first of which is due on MAY 7, 2007
(c) "Indebtedness" means (i) the unpaid balance of the Total of Payments on the Promissory Note; (ii) any other or future debt from any Borrower to Lender; and (iii) any voluntary payments made by Lender under this Deed of Trust.

For good consideration, Borrower conveys and warrants to Trustee the following real property (the "Property") situated in DESOTO County, Mississippi more particularly described as:

SEE EXHIBIT "A"

This conveyance is subject to the following terms:

- 1. This conveyance is in trust to secure the prompt payment of the Indebtedness. If all Indebtedness shall be promptly paid as and when due, then this conveyance shall be null and void; otherwise, it shall remain in full force and effect.
2. Borrower shall pay all taxes and other charges levied against the Property and shall keep the improvements insured by a company authorized to do business in Mississippi, against loss or damage by fire, storm or other hazards in an amount at least equal to the Indebtedness due the Lender with a standard mortgagee clause in favor of Lender. Borrower shall furnish Lender with a copy of all insurance policies on the Property.
3. Borrower will not abandon Property or commit waste or allow waste to be committed. Borrower shall make all needed repairs to keep the Property in a condition equal to its condition on the date hereof. Lender, and anyone authorized by Lender, may enter and inspect or appraise the Property, at Lender's option, during reasonable hours.
4. Upon Borrower's failure to pay any other lien or deed of trust, taxes, insurance premium, or cost of repairs, the Lender may pay (but is not required to pay) the same or make such repairs; and the amount thereof will become a part of the Indebtedness with interest at 10% per annum. Borrower shall immediately repay all such amounts upon Lender's demand.
5. Borrower shall be in default upon the happening of any of the following events: (a) Failure to pay as and when due the indebtedness evidenced by the Promissory Note; (b) Default of any obligation secured hereby or in the performance of any covenant contained herein or in the Promissory Note; (c) If this deed of trust is subordinate to any other deed of trust or lien of any kind, default in the payment of such prior deed of trust or lien; (d) Sale or transfer of the property by Borrower (excluding (i) a transfer by devise, descent or operation of law upon the death of Borrower, or (ii) the grant of a leasehold interest of one year or less not containing an option to purchase); or (e) Upon Lender reasonably deeming itself to be insecure.
6. If, upon default Lender employs an attorney to collect this indebtedness or enforce this deed of trust, Borrower agrees to pay all costs including a reasonable attorney's fee.
7. Upon default, Lender may declare the entire unpaid balance secured hereby with interest and other proper charges, immediately due and payable, without notice to Borrower. At the request of Lender, Trustee shall sell the property and land according to Mississippi Code of 1972, Section 89-1-55. Lender may purchase at such sale. From the foreclosure sale proceeds, Trustee shall pay in this order: all costs of the sale, including reasonable compensation to the Trustee; the Indebtedness; any subordinate lien holder; and any balance remaining to the Borrower.
8. Lender may appoint another person to act as Trustee herein, and such Substituted Trustee shall have all authority and powers invested in the original Trustee. The Trustee or Substituted Trustee herein may appoint an agent, either verbally or in writing, to conduct a Trustee's sale hereunder. Such appointment of agent need not be recorded.
9. Any waiver by Lender of any default shall not operate as a waiver of any other default or the same default on a future occasion.
10. The term "Borrower" shall mean all persons signing below, each of whom shall be jointly and severally liable hereunder.

WITNESS our signatures this the 23 day of MARCH, 07

Witness signature

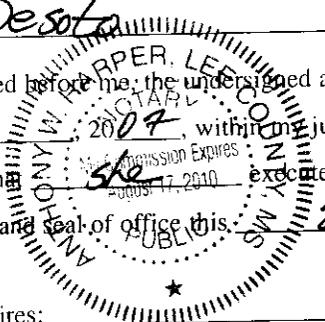
Patsy Sinquefield signature

BORROWER

STATE OF MISSISSIPPI COUNTY OF Desoto

Personally appeared before me, the undersigned authority in and for the said county and state, on this 23 day of March 2007, within my jurisdiction, the within named PATSY SINQUEFIELD who acknowledged that she executed the above and foregoing instrument.

Witness my hand and seal of office this 23 day of March, 2007.



My Commission Expires: NOTARY PUBLIC SP #25

SUBSCRIBING WITNESS ACKNOWLEDGMENT

STATE OF MISSISSIPPI

COUNTY OF Desoto

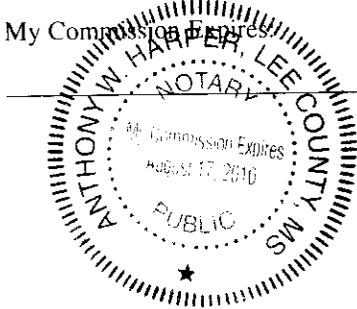
Personally appeared before me, the undersigned authority in and for the said county and state, on this 23 day of MARCH, 2007, within my jurisdiction, NICHOLAS DUNNIGAN

(Subscribing Witness), one of the subscribing witnesses to the above foregoing instrument, who, being first duly sworn, states that he saw the within named PATSY SINGUEFIELD (Borrower(s)), whose name(s) is/are subscribed thereto, sign and deliver the same to TOWER LOAN (Lender) and that the affiant subscribed his name as witness thereto in the presence of PATSY SINGUEFIELD (Borrower(s))

Nicholas Dunnigan  
SUBSCRIBING WITNESS'S SIGNATURE

Sworn to and subscribed before me this 23 day of MARCH, 2007.

AWD  
NOTARY PUBLIC



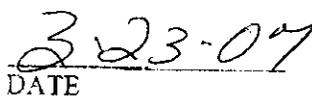
Home-Land Title & Abstract File J-701333

INDEX: LOT 201, SECTION B, BROOKHOLLOW SUBDIVISION (SEC. 24, TOWNSHIP 1 SOUTH, RANGE 8 WEST), DESOTO COUNTY, MS.

**EXHIBIT "A"**

LOT 201, SECTION "B", BROOK HOLLOW SUBDIVISION, IN SECTION 24, TOWNSHIP 1 SOUTH, RANGE 8 WEST AS SHOWN ON RECORD IN PLAT BOOK 7, PAGE 35, IN THE OFFICE OF THE CHANCERY CLERK OF DESOTO COUNTY, MISSISSIPPI, TO WHICH PLAT REFERENCE IS HEREBY MADE FOR A MORE PARTICULAR DESCRIPTION OF SAID PROPERTY AS PER SURVEY BY TIDWELL SUVEY COMPANY, DATED AUGUST 19, 1978.

  
PATSY SNOUQUEFIELD

  
DATE

# Haywood County Health Department

950 EAST MAIN STREET  
BROWNSVILLE, TENNESSEE  
772-0463, 772-0464

BK 2,685 PG 682



## TENNESSEE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR STRUCTIONS E HANDBOOK

NAME OF DECEASED For use by physician or institution

1. DECEDENT'S NAME (First, Middle, Last) Duane Wilson Sinquefield			2. SEX Male		3. DATE OF DEATH (Month, Day, Year) July 26, 2004		
4. SOCIAL SECURITY NUMBER (of Deceased) 225-62-4972		5a. AGE LAST BIRTHDAY (Years) 57		5b. UNDER 1 YEAR MOSES DAYE		5c. UNDER 1 DAY HOURS MIN	
6. DATE OF BIRTH (Month, Day, Year) February 13, 1947			7. BIRTHPLACE (City and State or Foreign Country) Corpus Christi, Texas				
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No							9a. PLACE OF DEATH (Check only one) HOSPITAL: 1 <input type="checkbox"/> Inpatient 2 <input checked="" type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DCA 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)
9b. FACILITY NAME (If not institution, give street and number) Haywood Park Community Hospital			9c. CITY, TOWN, OR LOCATION OF DEATH Brownsville		9d. COUNTY OF DEATH Haywood		
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Patsy Fay Schaefer		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Carpenter		12b. KIND OF BUSINESS/INDUSTRY Jameson & Gibson Construction	
13a. RESIDENCE-STATE Mississippi		13b. COUNTY DeSoto		13c. CITY, TOWN OR LOCATION Southaven		13d. STREET AND NUMBER OR RURAL LOCATION 8105 Ashbrook Drive	
13e. INSIDE CITY LIMITS? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		13f. ZIP CODE 38671		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		15. RACE-American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary <input type="checkbox"/> Secondary (9-12) <input checked="" type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/>							
17. FATHER'S NAME (First, Middle, Last) Amos Nello Sinquefield			18. MOTHER'S NAME (First, Middle, Maiden Surname) Rena Sue Wilson				
19a. INFORMANT'S NAME (Type/Print) Patsy Fay Schaefer Sinquefield			19b. RELATIONSHIP TO DECEASED Wife		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8105 Ashbrook Drive Southaven, MS 38671		
20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Twin Oaks Memorial Gardens		20c. LOCATION-City or Town, State Southaven, Mississippi			
21a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		21b. LICENSE NUMBER OF FUNERAL DIRECTOR FS-887	21c. SIGNATURE OF EMBALMER <i>[Signature]</i>		21d. LICENSE NUMBER OF EMBALMER FS-789		
22a. NAME AND ADDRESS OF FUNERAL HOME Twin Oaks Funeral Home 290 Goodman Road East, Southaven, MS 38671			22b. LICENSE NUMBER OF FUNERAL HOME 429				
23. REGISTRAR'S SIGNATURE <i>[Signature]</i>			24. DATE FILED (Month, Day, Year) August 11, 2004				
25a. PHYSICIAN: To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.							
1 <input type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <i>[Signature]</i>			25b. LICENSE NUMBER TN 1895		25c. DATE SIGNED (Month, Day, Year) 8/5/04		
26a. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated.							
2 <input checked="" type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER <i>[Signature]</i>			26b. LICENSE NUMBER		26c. DATE SIGNED (Month, Day, Year)		
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) Dr. Jerald White 2565 North Washington Avenue, Brownsville, TN 38012							
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. <i>Auto myocardial Infarction</i> DUE TO (OR AS A CONSEQUENCE OF):				Approximate Interval Between Onset and Death	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		b. _____ DUE TO (OR AS A CONSEQUENCE OF):					
		c. _____ DUE TO (OR AS A CONSEQUENCE OF):					
		d. _____ DUE TO (OR AS A CONSEQUENCE OF):					
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 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
30. MANNER OF DEATH 1 <input type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation 2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be Determined 3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide		31a. DATE OF INJURY (Month, Day, Year)	31b. TIME OF INJURY M 2 <input type="checkbox"/> No	31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> 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)				

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

PH-1659 (REV. 6/99)

BIRTH NO. RDA 1399

This is to certify that the above is a true and correct copy of the record filed with the TENNESSEE DEPARTMENT OF PUBLIC HEALTH, VITAL RECORDS, by the Health Department.

This is valid only when the seal of the issuing Local Health Dept. is affixed.

August 11, 2004  
Date:

*[Seal]*  
*[Signature]*  
Deputy Registrar

accident.

He said Bah and five passengers in his car were injured, but none was injured critically. The accident was reported at

### KK gates get county funding

The county has agreed to pay a quarter of the price to install crossing gates and new lights at

postpartum patients.

Baptist-DeSoto averages more than 125 deliveries a month.

— Donnie Snow

BK 2-685 PG 683

## DEATHS

**LUCILLE HAWKINS HOOF**, 77, of Memphis, housekeeper, died Sunday at Methodist University Hospital. Services will be at 1 p.m. Saturday at Oak Grove Missionary Baptist Church in Nesbit with burial in Greenview Cemetery there. M. J. Edwards & Sons Funeral Home Whitehaven Chapel has charge. Mrs. Hoof, the wife of Rev. Eddie Hoof, also leaves four daughters, Alberta Plunkett of Chicago, Louise Tate of Southaven, and Carolyn Hawkins and Patricia Howard, both of Memphis; five sons, Alexander McClatchie and Barry Hawkins, both of Richmond, Ind., and Freddie Hawkins, Tony Hawkins and Larry Hawkins, all of Memphis. 30 grandchildren, 31 great-grandchildren and a great-great-grandchild.

**BETTIE BERT STRICKLAND JONES**, 86, of Southaven, retired from McDonald's and Piccadilly Cafeteria, died Tuesday at Beverly Healthcare. Services will be at 10 a.m. Thursday at Forest Hill Funeral Home Midtown with burial in Forest Hill Cemetery Midtown. She was a member of McLemore Avenue Presbyterian Church and the Order of the Eastern Star

Mizpah Chapter 62. Mrs. Jones, the widow of Louis O. Jones, leaves four daughters. Strickie Wilkinson of Southaven, Martha Goodman and Beverly Edgerton, both of Bloomington, Ill., and Virginia Palmer of Jefferson City, Mo., nine grandchildren and 14 great-grandchildren. The family requests that any memorials be sent to the Humane Society.

**ELVIE MAE SHELBY MILLER** 87, of Southaven, formerly of Ashland, homemaker, died Monday at Baptist Memorial Hospital-DeSoto in Southaven. Services will be at 3 p.m. Thursday at McBride Funeral Home in Ripley with burial in Pleasant Hill Cemetery in Ashland. Mrs. Miller, the widow of Lois Miller, leaves a daughter, Grace Childers of Southaven, two grandchildren, three stepgrandchildren, two great-grandchildren and seven stepgreat-grandchildren.

**DUANE SINQUEFIELD**, 57, of Southaven, carpenter for Jameson & Gibson Construction, died Monday at Haywood Park Community Hospital in Brownsville, Tenn. Services will be

at 2 p.m. Thursday at Twin Oaks Funeral Home in Southaven with burial in Twin Oaks Memorial Gardens. He was a Baptist. Mr. Sinquefield, the husband of Patsy Sinquefield for 37 years, also leaves a daughter, DeeDee Sinquefield of Southaven; a son, Murray Sinquefield of Hernando; his parents, Sue and Nello Sinquefield of Memphis; two sisters, Michele Wyatt of Searcy, Ark., and Suzanne Long of Tupelo; two brothers, David Sinquefield of Grand Rapids, Mich., and Peter Sinquefield of Southaven, and six grandchildren.

**ANDREW H. WILKES**, 75, of Olive Branch, retired sales manager for Tri-State Mack, died Monday at his home. Services will be at 10 a.m. Thursday at Forest Hill Funeral Home South with burial in Forest Hill Cemetery South. Mr. Wilkes, the husband of Wanda C. Wilkes, also leaves a son, Thomas Andrew Wilkes of Germantown; two sisters, Virginia Alford and Frances Parham, both of Morton, two grandchildren and a great-grandchild.



# Home Improvement

## Never Looked So Good

- Sunrooms • Screened Rooms
- Remodeling • Room Additions
- Patio/Carport Covers • Roofing
- Vinyl Siding • Windows

Call For A FREE In Home Estimate **662-349-3363**  
**901-268-0695**

# HAPPY HOME IMPROVEMENTS