

WARRANTY DEED

For good, legal and valuable consideration, receipt of all of which is hereby acknowledged, and for such specific consideration as is set forth below, GRANTOR hereby grants and conveys to GRANTEE all right, title and interest in the real property hereinafter described.

GRANTOR hereby covenants with, and warrants to, GRANTEE that she has fee title to the property listed herein, that she has the right to sell and convey said property, that the property is unencumbered except as listed below, and that the title and quiet possession will forever be defended against the lawful claims of all persons.

GRANTEE, his heirs, successors and assigns, are to have and hold the property listed herein together with all appurtenances and hereditaments of GRANTOR, in fee simple forever.

GRANTORS: Janis B. Mitchell, a widow, who acquired title as a tenant by the entirety with full rights of survivorship with Thomas F. Mitchell, who passed away on August 11, 1993, a copy of the death certificate is attached as Exhibit "A" to this deed

GRANTEES: Dennis R. Moriok and Jacqueline A. Moriok, as tenants by the entirety with full right of survivorship and not as tenants in common

SPECIFIC CONSIDERATION:
The sum of Ten Dollars (\$10.00).

LEGAL DESCRIPTION:
State: Mississippi County: DeSoto
Lots 8, 9 and 10, Section "B", Lake Lipscomb Subdivision, in Section 19, Township 2 South, Range 8 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 3, Page 44, in the office of the Chancery Clerk of DeSoto County, Mississippi.
Street Address:
5070 Sportsman Drive, Nesbit, Mississippi 38651

EXISTING ENCUMBRANCES:
Grantees take title subject to the following encumbrances: all those of record

POSSESSION: Grantees are entitled to possession of the property as follows: Possession is to be given on or before November 23, 1994.

DATE OF EXECUTION: 19th day of November, 19⁹⁴

Initial: *Jbm*

STATE MS - DESOTO CO. FILED
Janis B. Mitchell
JANIS B. MITCHELL

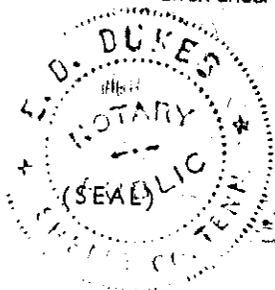
NOV 22 11 30 AM '94
MT
MA

BK 278 PG 620
W.E. DAVIS CH. CLK.
By: P. Starkey, se

STATE OF TENNESSEE
COUNTY OF SHELBY

PERSONALLY appeared before me, the undersigned authority of law in and for this jurisdiction, the within named JANIS B. MITCHELL, who acknowledged signature and delivery of the above and foregoing instrument on the day and year therein mentioned.

Given under my hand and official seal of office this the 19 day of NOVEMBER, 1994.



E. D. Duke

NOTARY PUBLIC

My Commission Expires: 3-28-95

Grantors' Address:
1693 Golden Fields
Germantown, TN 38138
Home: (601) 781-1570
Work: none

Grantees' Address:
5070 Sportsman Drive
Nesbit, MS 38651
Home: (601) 781-9201
Work: (901) 524-0310

PREPARED BY AND, AFTER RECORDING, RETURN TO THE OFFICE OF:
CHRISTIAN GOELDNER
ATTORNEY AT LAW
PROFESSIONAL ASSOCIATION
P. O. BOX 1468
SOUTHAVEN, MISSISSIPPI 38671-1468
(601) 342-7700

Initial: *Jm*

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

BOOK 278 PAGE 622

CERTIFICATE OF DEATH STATE OF MISSISSIPPI

STATE FILE NUMBER 123-

OR PRINT
BLACK INK

FILING DATE AUG 23 1993

<p>1. NAME First Middle Last Thomas F. Mitchell Jr.</p> <p>2. SEX Male</p> <p>3a. HOUR OF DEATH 4:31 A.m.</p> <p>3b. DATE OF DEATH (Month, Day, Year) August 11, 1993</p>	<p>4. RACE (Specify White, Black, American Indian, etc.) White</p> <p>5a. AGE AT LAST BIRTHDAY 67 Years</p> <p>5b. MOS 12</p> <p>5c. DAYS 4</p> <p>5d. HOURS 1</p> <p>5e. MINS 1</p> <p>6. DATE OF BIRTH (Month, Day, Year) 7-3-1926</p> <p>7a. COUNTY OF DEATH DeSoto</p>	<p>7b. CITY OR TOWN OF DEATH Southaven</p> <p>7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in home, give street address, route number or other location) BMH-Desoto 17B</p> <p>7d. IF IN HOSP. OR INST. SPECIFY (Specify Inpt., Outpt., Emer. Rm. or DCA) INPT.</p> <p>7e. STATE OF BIRTH N.J.</p>
<p>8. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem. High School College</p> <p>9. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) American</p> <p>10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married</p> <p>11. SURVIVING SPOUSE (If wife, give maiden name) Janis Eohnrstedt</p> <p>12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) Yes</p>	<p>13. USUAL OCCUPATION (Kind of work done most of working life) Interior Design</p> <p>14. KIND OF BUSINESS OR INDUSTRY Hotel Motel Interior Design</p> <p>15a. RESIDENCE—STATE Miss.</p> <p>15b. COUNTY Desoto</p> <p>15c. CITY OR TOWN Nesbit,</p> <p>15d. INSIDE CITY LIMITS (Specify Yes or No) No</p> <p>15e. STREET AND NUMBER OR RURAL LOCATION 5070 Sportsman Rd.</p>	<p>16. FATHER—NAME First Middle Last Thomas F. Mitchell Sr.</p> <p>17. MOTHER—NAME First Middle Maiden Margaretta Ryan</p>
<p>18. INFORMANT—NAME (Type or print) Janis Mitchell</p> <p>19. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 5070 Sportsman Rd. Nesbit, Miss. 38651</p>	<p>20a. BURIAL, CREMATION, CEMETERY, CREMATORY—NAME Brantley & Hernandez Memorial Park Cemetery</p> <p>20b. LOCATION (City and State) Hernando, Miss.</p> <p>20c. EMBALMER—SIGNATURE AND NUMBER Not Embalmed</p> <p>21a. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER Brantley-Phillips 17 B</p> <p>21b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 2470 Hwy 51 So. Hernando, Miss. 38632</p>	<p>22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) John Larry Black, M.D.</p> <p>22b. PRONOUNCED DEAD (Month, Day, Year) (Hour) (Minute) on August 11, 1993 At 4:31 A. m.</p>
<p>23a. CERTIFIER—NAME (Type or print) William Scot Bell, M.D.</p> <p>23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 7603 Southcrest Parkway Southaven, MS 38671</p>	<p>24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE W. S. BELL MD</p> <p>24b. DATE SIGNED (Month, Day, Year) 8-13-93</p> <p>24c. STATE LICENSE NUMBER 13483</p> <p>24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)</p>	<p>24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE</p> <p>24f. TITLE</p> <p>24g. DATE SIGNED (Month, Day, Year)</p>
<p>25. PART I: DEATH CAUSED BY:</p> <p>(a) IMMEDIATE CAUSE (Enter one cause only): SEPTICEMIA</p> <p>(b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):</p> <p>(c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):</p>	<p>26. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I: CHRONIC OBSTRUCTIVE PULMONARY DISEASE</p> <p>27. AUTOPSY (Yes or No) No</p> <p>28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)</p>	<p>29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)</p> <p>29b. DATE OF INJURY (Month, Day, Year)</p> <p>29c. HOUR OF INJURY</p> <p>29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED</p> <p>29e. INJURY AT WORK (Yes or No)</p> <p>29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)</p> <p>29g. LOCATION Street or route number City or town State</p>

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

Alton B. Cobb, M.D.
Alton B. Cobb, M.D.
STATE HEALTH OFFICER
(Retired 12-31-92)

August 24, 1993

David Lohrisch
David Lohrisch
STATE REGISTRAR

WARNING:

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