

STATE NO. - DESOTO CO.

DEC 30 10 04 AM '94

WARRANTY DEED

STATE OF MISSISSIPPI
COUNTY OF DESOTO

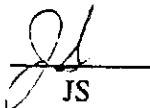
BK 280 PG 92
W.E. DAVIS C.H. CLK.
n. Abraham

For and in consideration of the sum of Ten Dollars (\$10.00), cash in hand paid, and other good and valuable consideration, the receipt and sufficiency all of which is hereby acknowledged, I, JO SHELTON, surviving spouse of James R. Shelton, do hereby sell, convey and warrant unto SHELTON LAND CO., INC., an Arkansas Corporation, the land lying and being situated in DeSoto County, Mississippi, more particularly described as follows:

92 acres, more or less, known as the Shelton Place north of Days, with frontage on Highway No. 301, located in Section 1, Township 2, Range 9, more particularly described as follows:

Beginning at a stake on the East boundary of Northeast Quarter, Section 1, Township 2, Range 9 West; running thence south on line 63 poles to the southeast corner of said quarter Section; thence west on dividing line 185 poles, more or less, to a stake set on intersection of said dividing line, and the west boundary line of 25 acres off the east side of northwest quarter of said Section, North on line 99 poles to a stake on Southwest corner of Dr. Ham's tract; thence south of due east along south boundary line of Dr. Ham's tract to the beginning, being the same property described in Warranty Deed of record in Book 51, Page 410, in the Chancery Court Clerk's Office of DeSoto County, Mississippi.

LESS AND EXCEPT: Begin at the Southeast corner of grantor's property, said point being 16.7 feet West of the southeast corner of the Northeast 1/4 of Section 1, Township 2 South, Range 9 West; from said point of beginning; thence run West along the Southerly line of grantor's property, a distance of 70.2 feet; thence run North 05° 10' West, a distance of 142.4 feet; thence run North 01° 30' East, a distance of 300.2 feet to a point that is 75 feet Westerly of and perpendicular to the centerline of State Project No. 79-0030-01-009-10 at Station 80 + 00; thence run North 01° 50' West, a distance of 200.1 feet; thence run North 10° 54' East, a distance of 102.0 feet; thence run North 00° 24' West along a line that is parallel with and 60 feet Westerly of the centerline of said project, a distance of 100.0 feet; thence run North 11° 43' West, a distance of 102.0 feet; thence run North 00° 24'


JS

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 Shelton to Shelton Land
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West, a distance of 75.0 feet; thence run North 17° 23' East, a distance of 6.6 feet to the Northerly line of grantor's property; thence run South 80° 53' East along said Northerly property line, a distance of 79.1 feet to the present Westerly right-of-way line of Mississippi Highway No. 301; thence run South 00° 02' East along said present Westerly right-of-way line, a distance of 468.2 feet; thence run South 00° 24' East along said present Westerly right-of-way line, a distance of 542.4 feet to the point of beginning, containing 1.71 acres, more or less, and being situated in the Southeast 1/4 of the Northeast 1/4 of Section 1, Township 2 South, Range 9 West, DeSoto County, Mississippi, being the same property described in Warranty Deed of record in Deed Book 229, Pages 47-49, in the Chancery Court Clerk's Office of DeSoto County, Mississippi

The warranty in this deed is subject to subdivision and zoning regulations in effect in DeSoto County, Mississippi, and to rights-of-way and easements for public roads and public utilities, specifically including the right-of-way set forth above, and the Temporary Easement in favor of the State Highway Commission of Mississippi, described in the Temporary Easement recorded September 12, 1990, in Deed Book 229, Pages 50-53, in the Chancery Court Clerk's Office of DeSoto County, Mississippi.

Taxes for the year 1994 are to be paid by Grantor.

The Grantor warrants that the above-described property constitutes no part of her homestead.

INDEXING INSTRUCTION:

Quarter Sections	Section	Township	Range
NE 1/4	1	2 South	9 West
NW 1/4	1	2 South	9 West

WITNESS my signature this the 28th day of December, 1994.


 JO SHELTON

Warranty Deed
Shelton to Shelton Land
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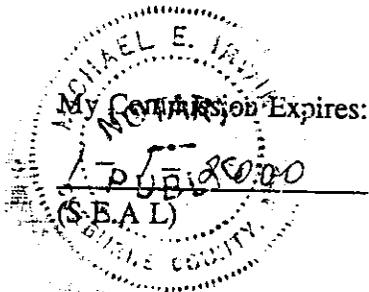
ACKNOWLEDGMENT

STATE OF ARKANSAS)
)
COUNTY OF CLEBURNE) ss.

This day personally appeared before me, the undersigned authority of law in and for the jurisdiction aforesaid, the above named JO SHELTON, who acknowledged that she signed and delivered the above and foregoing Warranty Deed on the day and date therein mentioned as her free and voluntary act and deed and for the purposes therein expressed.

GIVEN UNDER MY HAND AND OFFICIAL SEAL OF OFFICE, this the 28th day of December, 1994.

Michael S. Irwin
Notary Public



GRANTOR'S MAILING ADDRESS:
Jo Shelton
849 Stony Ridge Road
Heber Springs, AR 72543
Residence Phone: (501) 362-5360
Business Phone: Same

GRANTEE'S MAILING ADDRESS:
Shelton Land Co., Inc.
849 Stony Ridge Road
Heber Springs, AR 72543
Residence Phone: None
Business Phone: (501) 362-5360

Prepared By: REED, IRWIN & TILLEY, P.A.
Attorneys at Law
P.O. Box 368
Heber Springs, AR 72543
Phone #(501) 362-5806

CERTIFICATE OF DEATH

STATE FILE NUMBER

1646441

1. DECEDENT'S NAME (First, Middle, Last)
James R. Shelton

2. SEX
M

3. DATE OF DEATH (Month, Day, Year)
2-20-1993

4. SOCIAL SECURITY NUMBER
[REDACTED]

5a. AGE - LAST BIRTHDAY (Years)
70yrs.

5b. UNDER 1 YEAR
WEEKS: [REDACTED] DAYS: [REDACTED] HOURS: [REDACTED] MIN: [REDACTED]

6. DATE OF BIRTH (Month, Day, Year)
11-27-1922

7. BIRTHPLACE (City and State or Foreign Country)
Benderson Tennessee

8. WAS DECEDENT EVER IN U.S. ARMED FORCES?
1 Yes 2 No

9. PLACE OF DEATH (Check only one)
1 Hospital: Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)

9a. FACILITY NAME (If not institution, give street and number)
Memphis Methodist Center Hospital

9c. CITY, TOWN, OR LOCATION OF DEATH
Memphis Tennessee

9d. COUNTY OF DEATH
Shelby

10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify)
Married

11. SURVIVING SPOUSE (If wife, give maiden name)
Joan Milligan

12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)
Medical Doctor

12b. KIND OF BUSINESS/INDUSTRY
Health care

13a. RESIDENCE—STATE
Arkansas

13b. COUNTY
Cleburre

13c. CITY, TOWN OR LOCATION
Heber Springs

13d. STREET AND NUMBER OR RURAL LOCATION
849 Stony Ridge Rd.

13e. INSIDE CITY LIMITS?
1 Yes 2 No

13f. ZIP CODE
72543

14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—yes, specify Cuban, Mexican, Puerto Rican, etc.)
Specify, if yes: [REDACTED]

15. RACE—American Indian, Black, White, etc. (Specify)
White

16. DECEDENT'S EDUCATION (Specify only highest grade completed)
Elementary/Secondary (0-12) [REDACTED] College (1-4 or 5+) 8yrs.

17. FATHER'S NAME (First, Middle, Last)
Albert S. Shelton

18. MOTHER'S NAME (First, Middle, Maiden Surname)
Annie Lee Coleman

19a. INFORMANT'S NAME (Type/Print)
Jo Shelton

19b. RELATIONSHIP TO DECEASED
wife

19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
849 Stony Ridge Rd. Heber Springs AR 72543

20a. METHOD OF DISPOSITION
1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)
Cleburre County Memorial Gardens

20c. LOCATION—City or Town, State
Heber Springs Arkansas

21a. SIGNATURE OF FUNERAL DIRECTOR
[Signature]

21b. LICENSE NUMBER OF FUNERAL DIRECTOR
1724

21c. SIGNATURE OF EMBALMER
[Signature]

21d. LICENSE NUMBER OF EMBALMER
4204

22a. NAME AND ADDRESS OF FUNERAL HOME
Olmstead Funeral Home Inc. 601 W. Main St. Heber Springs Ar 72543

22b. LICENSE NUMBER OF FUNERAL HOME
[REDACTED]

23. REGISTRAR'S SIGNATURE
[Signature]

24. DATE FILED (Month, Day, Year)
MAR 09 1993

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
[Signature]

25b. LICENSE NUMBER
MD013458

25c. DATE SIGNED (Month, Day, Year)
3/4/93

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)

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)
K. Blake Ragsdale, M.D. 1325 Eastmoreland Ave. Suite 260 Mphs, TN 38104

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 condition resulting in death) → a. Cardiovascular Arrest 15 min

b. Coronary Artery Heart Failure 24 hrs

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

c. _____

d. _____

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 No

29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
1 Yes 2 No

30. MANNER OF DEATH
1 Natural 5 Pending investigation
2 Accident 6 Could not be determined
3 Suicide 8 Homicide 4

31a. DATE OF INJURY (Month, Day, Year)

31b. TIME OF INJURY
M

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)

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS HANDBOOK

NAME OF DECEDENT For use by physician or institution

PHYSICIAN OR MEDICAL EXAMINER EXCURTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HRS.

INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

BIRTH NO. [REDACTED]

BOOK 280 PAGE 96

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

MAR 09 1993

by

Robert Stolarick

Robert Stolarick, Registrar
Vital Records Section

W