

STATE MS.-DESOTO CO.
FILED

OCT 24 3 37 PM '97

BK 323 PG 685
W.E. DAVIS CH. CLK.**WARRANTY DEED**

This Deed of Conveyance is this day made by the undersigned MARGARET O. MEYER, hereinafter referred to as the GRANTOR, and CHRISTOPHER P. TOMA AND WIFE, DEBRA J. TOMA, hereinafter referred to as the GRANTEEES, WITNESSETH THAT:

For and in consideration of the sum of Ten Dollars (\$10.00) cash in hand paid by the GRANTEEES to the GRANTOR, and other good and valuable consideration, the receipt and sufficiency of all of which is hereby acknowledged by the GRANTOR, MARGARET O. MEYER, the GRANTOR does hereby and by these presents sell, convey, and warrant unto CHRISTOPHER P. TOMA AND WIFE, DEBRA J. TOMA, the GRANTEEES, as tenants by the entirety with full rights of survivorship and not as tenants in common, the hereinafter described real property located in DeSoto County, Mississippi, and being described as follows, to-wit:

Lot 366, in Section C, Buena Vista Lakes Subdivision, as shown on Plat appearing of record in Plat Book 5, Page 18, in the Chancery Court Clerk's Office of DeSoto County, Mississippi, to which recorded Plat reference is made for a more particular description. Said lot being situated in Section 13, Township 4, Range 8 West.

The foregoing covenant of warranty is made subject to rights of ways and easements for public roads and public utilities, subdivision and zoning regulations in effect in DeSoto County, Mississippi; and to any prior reservation or conveyance of minerals of every kind and character, including, but not limited to, oil, gas, sand and gravel in, on and under the subject property; and to the restrictive covenants, building restrictions, and easements of record as found with the recorded plat of said subdivision recorded at Plat Book 5, Page 18, in the Chancery Court Clerk's Office of DeSoto County, Mississippi.

Taxes and assessments against said property for the year 1997 shall be prorated as of the date of this deed and taxes and assessments for the year 1998 shall be the sole responsibility of the GRANTEEES, and all subsequent years are hereby excepted from the foregoing covenant of warranty.

By way of explanation, J.D.H. Meyer died on November 15, 1985 and a copy of his death certificate is attached to this deed as Exhibit "A" for reference.

Possession shall be given upon delivery of this deed.

WITNESS the signature of the GRANTOR on this the 21st day of October, 1997.

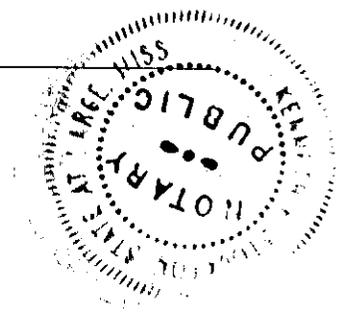
Margaret O. Meyer
MARGARET O. MEYER

STATE OF MISSISSIPPI
COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and for the said county and state, on this the 21st day of October, 1997, within my jurisdiction, the within named MARGARET O. MEYER, who acknowledged that she executed the above and foregoing instrument.

Kenneth E. Stockton
NOTARY PUBLIC

My Commission Expires:
MISSISSIPPI STATEWIDE NOTARY PUBLIC
MY COMMISSION EXPIRES SEPT. 24, 1999



(SEAL)

GRANTORS' ADDRESS:
6424 Scenic Hollow
Walls, MS 38680
RES. TEL.: 601/781-1951
BUS. TEL.:N/A

GRANTEES' ADDRESS:
8848 Green Duck
Hernando, MS 38632
RES. TEL.: 601/429-7461
BUS. TEL.: N/A

Prepared by: KENNETH E. STOCKTON
ATTORNEY AT LAW
5 WEST COMMERCE STREET
HERNANDO, MS 38632
601-429-3469

97272

Copy of Copy EXHIBIT "A"

STATE OF MISSISSIPPI

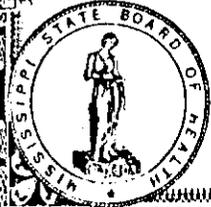
MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

CERTIFICATE OF DEATH STATE OF MISSISSIPPI STATE FILE NUMBER 123-

Form with fields for: REGISTRAR'S NUMBER, DECEASED-NAME (John David Henry Meyer, Jr.), SEX (Male), DATE OF DEATH (11-15-85), RACE (White), AGE AT LAST BIRTHDAY (74), DATE OF BIRTH (9-1-1911), COUNTY OF DEATH (Tate Co.), CITY OR TOWN OF DEATH (Senatobia), HOSPITAL OR OTHER INSTITUTION (Senatobia Community Hospital), SURVIVING SPOUSE (Margaret Owens), FATHER (John David Henry Meyer), MOTHER (Allie Chandler), INFORMANT (Margaret Meyer), MAILING ADDRESS (410 College St., Senatobia, Ms. 38668), BURIAL (Memorial Park, Memphis, Tn.), FUNERAL HOME (Memphis Funeral Home), CERTIFIER (Amornorat Aetandilian), SIGNATURE, TITLE, DATE SIGNED, HOUR OF DEATH (1:40 a.m.), PART I: DEATH CAUSED BY (Conduction pulmonary arrest, CVA, DM Hypertension), PART II: OTHER SIGNIFICANT CONDITIONS, ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED, DATE OF INJURY, HOUR OF INJURY, DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED, REGISTRAR SIGNATURE (Lester L. Nichols), DATE CERTIFICATE RECEIVED (NOV 27 1985).

BR 0323 PG 0687

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

December 2, 1985

David Lohrlich DAVID LOHRISCH STATE REGISTRAR



WARNING: It is illegal to alter or counterfeit this copy