

Ann Poat, an unmarried person
GRANTOR

WARRANTY

TO

DEED

James R. Franks, a married person
GRANTEE

For and in consideration of the sum of Ten Dollars (\$10.00), cash in hand paid, and other good and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged, Ann Poat, an unmarried person, do hereby sell, convey, and warrant unto James R. Franks, a married person the following described property situated in the County of DeSoto, State of Mississippi, together with all improvements and appurtenances thereon more particularly described as follows:

Lot 19, Phase I, Section A, The Plantation Subdivision, in Sections 22 & 27, Township 1 South, Range 6 West, DeSoto County, Mississippi, as per Plat thereof recorded in Plat Book 36, Pages 33-41, in the Office of the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation, Phillip R. Poat passed away on March 16, 1997.

The warranty in this deed is subject to subdivision and zoning regulations in effect in DeSoto County, rights of ways and easements for public roads and public utilities and restrictive covenants and easements of record.

It is understood and agreed that the taxes for the year 1998 have been prorated as of this date on an estimated basis and when said taxes are actually determined, if the proration is incorrect then Grantor(s) agree to pay Grantee(s) or their assigns any deficiency and likewise Grantee(s) agree to pay Grantor(s) or their assigns any amount overpaid.

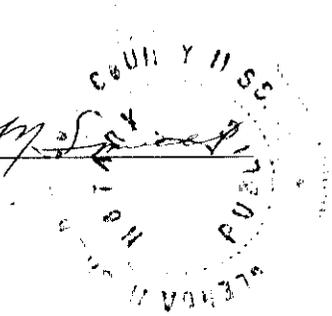
Possession is to be given with delivery of this Deed.

WITNESS OUR SIGNATURE, this the 30th day of January, 1998.

Ann Poat
Ann Poat

STATE OF ~~MISSISSIPPI~~ Tennessee Mississippi
COUNTY OF ~~DE SOTO~~ Shelby DeSoto

PERSONALLY appeared before me, the undersigned authority in and for the said county and state, on this 30th day of January, 1998, within my jurisdiction, the within named Ann Poat, an unmarried person, who acknowledged that she executed the above foregoing instrument.

Shirley M. Spivey
Notary Public


My Commission Expires:

MISSISSIPPI STATEWIDE NOTARY PUBLIC
COMMISSION EXPIRES AUG. 19, 2000
STATEWIDE NOTARY SERVICE

GRANTOR'S ADDRESS:
8191 Longwood Drive
Olive Branch, MS 38654
Work Phone #: n/a
Home Phone #: 901-756-4061

GRANTEE'S ADDRESS:
8191 Longwood Drive
Olive Branch, MS 38654
Work Phone #: 901-763-6708
Home Phone #: 601-893-7463

THIS INSTRUMENT PREPARED BY:
Eric Sappenfield
97 Stateline Road East, Suite A
Southaven, Mississippi 38671
601/342-2170

FILE NUMBER: 6115R0

STATENS - DE SOTO CO.

FEB 4 1 24 PM '98

BK 328 PG 335
W.E. DAVIS, CH. CLK.

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

REPRINT
IN
PERMANENT
BLACK INK
FOR
AUCTIONS
HANDBOOK

198

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last) **PHILLIP RUSSELL POAT** 2. SEX **MALE** 3. DATE OF DEATH (Month, Day, Year) **MARCH 16, 1997**

4. SOCIAL SECURITY NUMBER (of Decedent) **412-44-1230** 5a. AGE LAST BIRTHDAY (Years) **71** 5b. UNDER 1 YEAR (MO) 5c. UNDER 1 DAY (HOURS) 5d. UNDER 1 DAY (MIN) 6. DATE OF BIRTH (Month, Day, Year) **MAY 27, 1925** 7. BIRTHPLACE (City and State or Foreign Country) **YAZOO CITY, MS**

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 No 9a. PLACE OF DEATH (Check only one) **HOSPITAL** 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)

9b. FACILITY NAME (If not institution, give street and number) **ST. FRANCIS** 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) **ANN PLAXICO** 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) **CHIEF** 12b. KIND OF BUSINESS/INDUSTRY **SHELBY COUNTY SHERIFF'S DEPT**

13a. RESIDENCE-STATE **MS** 13b. COUNTY **DESOTO** 13c. CITY, TOWN OR LOCATION **OLIVE BRANCH** 13d. STREET AND NUMBER OR RURAL LOCATION **8191 LONGWOOD DR**

13e. INSIDE CITY LIMITS? 1 Yes 2 No 13f. ZIP CODE **38654** 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes No 15. RACE (American Indian, Black, White, etc. (Specify)) **WHITE** 16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) **12** College (1-4 or 5+)

PARENTS

17. FATHER'S NAME (First, Middle, Last) **CLARENCE J. POAT** 18. MOTHER'S NAME (First, Middle, Maiden Surname) **LETHA WILLIS**

INFORMANT

19a. INFORMANT'S NAME (Type/Print) **ANN P. POAT** 19b. RELATIONSHIP TO DECEASED **WIFE** 19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **8191 LONGWOOD DR OLIVE BRANCH, MS 38654**

DISPOSITION

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) **FOREST HILL SOUTH** 20c. LOCATION-City or Town, State **MEMPHIS, TN**

REGISTRAR

21a. SIGNATURE OF FUNERAL DIRECTOR **WESLEY MOSS** 21b. LICENSE NUMBER OF FUNERAL DIRECTOR **4246** 21c. SIGNATURE OF EMBALMER **ALFRED BARNES** 21d. LICENSE NUMBER OF EMBALMER **4586**

22a. NAME AND ADDRESS OF FUNERAL HOME **MEMPHIS FUNERAL HOME POPLAR P.O. BOX 40066 MEMPHIS, TN 38174-0066** 22b. LICENSE NUMBER OF FUNERAL HOME **416**

23. REGISTRAR'S SIGNATURE **Mary Ann Stadelman Deputy** 24. DATE FILED (Month, Day, Year) **MAR 24 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 **Ed D. Brophy** 25b. LICENSE NUMBER **MD 26316** 25c. DATE SIGNED (Month, Day, Year) **3/20/97**

26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, 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)

PHYSICIAN OR MEDICAL EXAMINER EXING CERTIFICATE COMPLETE AND MEDICAL CERTIFICATION WITHIN 48 HOURS

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) **JOHN BROPHY, M.D. 1325 EASTMORELAND MEMPHIS, TN 38104**

INSTRUCTIONS IN OTHER SIDE

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. Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. **CEREBRAL HEMORRHAGE** DUE TO (OR AS A CONSEQUENCE OF): **36 HRS**

b. DUE TO (OR AS A CONSEQUENCE OF):

c. DUE TO (OR AS A CONSEQUENCE OF):

d. DUE TO (OR AS A CONSEQUENCE OF):

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

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 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)