

WARRANTY DEED

THIS WARRANTY DEED made and entered into this day by and between LINDA BRAGG BRITT, who acquired title as joint tenants with full rights of survivorship and not as tenants in common with John Donald Brewer, who passed away on July 18, 1994, a copy of the death certificate is attached as Exhibit "A" to this deed, AND BILLIE E. BRITT, who joins the conveyance for the purpose of conveying any homestead rights, or other marital rights, he/she may have to the property by virtue of his/her marriage to LINDA BRAGG BRITT, Grantors, and CHRISTOPHER BENNETT, a married man, Grantee,

WITNESSETH:

THAT FOR AND IN CONSIDERATION of the sum of Ten and no/100 Dollars (\$10.00), cash in hand paid by the Grantee to the Grantor, and other good and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged, Grantor does hereby convey and warrant, except as hereinafter set forth, unto the Grantee, the following described property, together with the improvements, hereditaments and appurtenances thereunto belonging, located in the County of DESOTO, State of Mississippi, and more particularly described as follows, to-wit:

Lot 1305, Section C, Southaven West Subdivision, in Section 22, Township 1 South, Range 8 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 2, Pages 50-51, in the office of the Chancery Clerk of DeSoto County, Mississippi.

TO HAVE AND TO HOLD unto the Grantee, his/her heirs and assigns, in fee simple forever, and free from all liens and encumbrances except for the following exceptions:

1) Taxes and assessments for the current year and subsequent years, which are not yet due and payable.

c:\property\wd

STATE MS. - DESOTO CO.
FILED

NOV 19 3 13 PM '98

BK 343 PG 230
W.E. DAVIS CH. CLK.

- 2) Zoning and/or other land use regulations promulgated by federal, state or local governments affecting the use or occupancy of the subject property.
- 3) Any and all matters which would be disclosed by an accurate survey of current date and/or an actual inspection of said property.

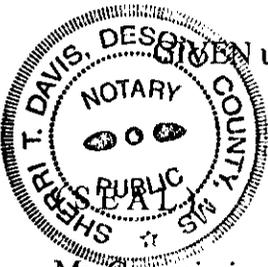
IN TESTIMONY WHEREOF, witness the signature of the Grantor on this the 13th day of November, 1998.

Linda Bragg Britt
LINDA BRAGG BRITT

Billie E. Britt
BILLIE E. BRITT

STATE OF MISSISSIPPI
COUNTY OF DESOTO

THIS DAY personally appeared before me, the undersigned authority within and for the State and County aforesaid, LINDA BRAGG BRITT and BILLIE E. BRITT, who acknowledged that they signed, executed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned.



under my hand and official seal on this the 13th day of November, 1998.

[Signature]
NOTARY PUBLIC

MISSISSIPPI STATEWIDE NOTARY PUBLIC
MY COMMISSION EXPIRES MARCH 18, 2000
BONDED THRU STEGALL NOTARY SERVICE

My Commission Expires:

ADDRESS OF GRANTOR:
3265 Windermere
Nashville, MS. 38651
Home: *601-449-0670*
Work: *759-3207*

ADDRESS OF GRANTEE:
8348 Booneville Drive
Southaven, Mississippi 38671
Home: *601-280-8076*
Work: *601-895-2874*

PREPARED BY AND RETURN TO:
HOLCOMB DUNBAR, P.A.
P. O. BOX 190, SOUTHAVEN, MS 38671-0190
(601) 349-0664

FILE# 998-780

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

TYPE OR PRINT WITH BLACK INK

FILING DATE **AUG 04 1994**

CERTIFICATE OF DEATH
STATE OF MISSISSIPPI

STATE FILE NUMBER **123-94E13418**

DECEASED If death occurred in an institution, see HANDBOOK, regarding completion of RESIDENCE items For RESIDENCE items, enter actual location of home rather than mailing address	1. NAME JOHN DONALD BREWER		2. SEX MALE		3a. HOUR OF DEATH 8:00A m.		3b. DATE OF DEATH (Month, Day, Year) JULY 18, 1994									
	4. RACE (Specify White, Black, American Indian, etc.) WHITE		5a. AGE AT LAST BIRTHDAY 61 Years		5b. MOS 61		5c. DAYS 61		5d. HOURS 61		5e. MINS 61		6. DATE OF BIRTH (Month, Day, Year) SEPT. 6, 1932		7a. COUNTY OF DEATH DESOTO	
	7b. CITY OR TOWN OF DEATH SOUTHAVEN			7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) 8348 BOONEVILLE DR.						7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA N/A		8. STATE OF BIRTH ARK.				
	9. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/High School/College 10			10. MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify) MARRIED		11. SURVIVING SPOUSE (If wife, give maiden name) LINDA BRAGG			12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) NO							
	13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) AMERICAN			14. SOCIAL SECURITY NUMBER 431-62-7240			15a. USUAL OCCUPATION (Kind of work done most of working life) WELDER & SERVICE TECH.			15b. KIND OF BUSINESS OR INDUSTRY BARTON EQUIP. CO.						
	16a. RESIDENCE-STATE MS		16b. COUNTY DESOTO		16c. CITY OR TOWN SOUTHAVEN		16d. INSIDE CITY LIMITS (Specify Yes or No) YES		16e. STREET AND NUMBER OR RURAL LOCATION 8348 BOONEVILLE DR.							
	17. FATHER-NAME JOHN FELIX BREWER				18. MOTHER-NAME MOLLY BAKER											
	19a. INFORMANT-NAME (Type or print) LINDA BREWER				19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 8348 BOONEVILLE DR. SOUTHAVEN, MS. 38671											
	20a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		20b. CEMETERY, CREMATORY-NAME FOREST HILL SOUTH		20c. LOCATION (City and State) MEMPHIS, TN.		21a. EMBALMER-SIGNATURE AND NUMBER JOHN WILLIAMS TN#4240									
	21b. FUNERAL HOME-NAME AND MISSISSIPPI I.D. NUMBER FOREST HILL SOUTH				21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 2545 E. HOLMES RD. MEMPHIS, TN. 38118											
22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print) Jeffery Pounders Desoto CMEI						22b. PRONOUNCED DEAD (Month, Day, Year) ON 7/18/1994		22c. PRONOUNCED DEAD (Hour) 6:45P m.								
23a. CERTIFIER-NAME (Type or print) Jeffery Pounders				23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 4942 Pounders Rd. Nesbi												
This section to be completed by physician if NOT a medical examiner		24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. Signature		24b. DATE SIGNED (Month, Day, Year)		24c. STATE LICENSE NUMBER		This section to be completed by medical examiner ONLY		24e. On the basis of examination occurred due to the cause Signature		24f. TITLE Desoto		24g. DATE SIGNED (Month, Day, Year) 7/26/94		
		24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)								24h. DATE SIGNED (Month, Day, Year)						
Conditions, if any, which gave rise to immediate cause stating the underlying cause last		25. PART I. DEATH CAUSED BY: IMMEDIATE CAUSE (Enter one cause only) (a) Fracture Right Ankle, (Streptococcus Infec)														
		(b) Fall From 8 Feet														
		(c) _____														
26. PART II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in PART I HTN																
Use if death NOT due to natural causes		29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION (Specify) accident		29b. DATE OF INJURY (Month, Day, Year) 12/29/93		29c. HOUR OF INJURY N/A		29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED Eight Foot Fall								
		29e. INJURY AT WORK (Yes or No) NO		29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.) Home		29g. LOCATION (Street or route number, City or town, State) 8348 Boonville, Southaven, Ms.		27. AUTOPSY (Yes or No) NO		28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) YES						

Stat Entry:
Key injury at work "1" (See amendment on back)

CAUSE AMENDED
AUG 11 1994
REVERSE SIDE

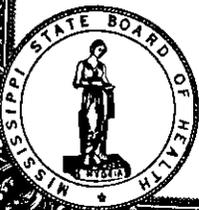
THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

F. E. Thompson Jr. MD
F. E. Thompson, Jr., M.D., M.P.H.
STATE HEALTH OFFICER

AUG 26 1994

Nita Cox Gunter
Nita Cox Gunter
STATE REGISTRAR

WARNING: A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.



ATTACHED AUG 11 1994

STATEMENT TO AMEND CAUSE OF DEATH

THE DEATH CERTIFICATE OF John Donald Brewer WHO DIED ON 7/18/94 IN THE COUNTY OF Desoto ORIGINALLY CONTAINED THE FOLLOWING INFORMATION IN THE CAUSE-OF-DEATH SECTION:

ORIGINAL

Form with fields: 25. PART I. DEATH CAUSED BY: (a) Fracture Right Ankle, (Streptococcus Infection); (b) Fall From 8 Feet; 26. PART II. OTHER SIGNIFICANT CONDITIONS: HTN; 27. AUTOPSY: No; 28. WAS CASE REFERRED TO MEDICAL EXAMINER?: Yes; 29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED: accident; 29b. DATE OF INJURY: 12/29/93; 29c. HOUR OF INJURY: N/A; 29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED: Eight Foot Fall; 29e. INJURY AT WORK: No; 29f. PLACE OF INJURY: Home; 29g. LOCATION: 8348 Boonville, Southaven, Ms.

THIS INFORMATION SHOULD NOW BE AMENDED TO READ AS FOLLOWS (FILL IN THIS ENTIRE SECTION AGAIN EVEN IF ONLY ONE PART OF IT IS TO BE CHANGED OR ADDED):

AMENDED SECTION

Form with fields: 25. PART I. DEATH CAUSED BY: (a) Fracture Right Ankle (Streptococcus Infection); (b) 5 Foot Fall From Dozer; 26. PART II. OTHER SIGNIFICANT CONDITIONS: Hypertension; 27. AUTOPSY: No; 28. WAS CASE REFERRED TO MEDICAL EXAMINER?: Yes; 29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED: accident; 29b. DATE OF INJURY: 12/29/93; 29c. HOUR OF INJURY: N/A; 29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED: Fall From Dozer; 29e. INJURY AT WORK: Yes; 29f. PLACE OF INJURY: Barton Equipment; 29g. LOCATION: 1505 Corporate Dr. Memphis, TN.

SIGNATURE AND TITLE

Jeffery Pounders Desoto CMEI
Jeffery Pounders, Desoto County MEI

DATE SIGNED

8/06/1994

AUG 26 1994

AUG 26 1994

AUG 15 1994