

## WARRANTY DEED

This deed of conveyance this day made by the undersigned, LARRY G. BRAND and LARRY BRAND, CONSERVATOR OF RUFUS BRAND, FOR AND ON BEHALF OF RUFUS BRAND, hereinafter referred to as the GRANTORS, and IRA DON DEASON, A Single Person, hereinafter referred to as the GRANTEE, WITNESSETH THAT:

For and in consideration of the sum of Ten Dollars (\$10.00), cash in hand paid by the GRANTEE to the GRANTORS, and other good and valuable consideration, the receipt and sufficiency of all of which is hereby acknowledged by the GRANTORS, the GRANTORS do hereby and by these presents sell, convey, and warrant unto the GRANTEE, the hereinafter described real property located in the City of Hernando, County, Mississippi, and being described as follows, to-wit:

Lot 38, Section "A", Parkway Village Subdivision, in Section 12, Township 3 South, Range 8 West, City of Hernando, DeSoto County, Mississippi, as shown by the plat appearing of record in Plat Book 26, Page 51, in the Office of the Chancery Clerk of DeSoto County, Mississippi.

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 City of Hernando, 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; any unrecorded rights of way or easements and any discrepancies, conflicts, encroachments or shortages in the area and boundaries which a correct survey and/or inspection would show; and to the restrictive covenants, building set backs, easements and matters reflected on the plat of Section "A", Parkway Village Subdivision, as recorded in Plat Book 26, Page 51, in the Office of the Chancery Clerk of DeSoto County, Mississippi.

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

Possession shall be given upon delivery of this deed.

Pauline Brand, the wife of Rufus Brand, is now deceased, having died on the 18th day of May, 1998, and as reflected on the Certificate of Death attached hereto as Exhibit "A".

Larry Brand, the Conservator of Rufus Brand, executes this Warranty Deed for and on behalf of Rufus Brand for the purpose of conveying the life estate of Rufus Brand to the GRANTEE named herein. The said Larry Brand executes this Warranty Deed pursuant to a Decree entered In The Matter of Rufus Brand, Cause No. 97-11-1601 on the docket of the Chancery Court of DeSoto County, Mississippi, and which Decree is dated December 3, 1998.

Larry G. Brand does hereby warrant that he is non-resident of the State of Mississippi and that no other person is required to join with him in the execution of this deed for the purpose of

conveying homestead rights.

Witness the signature of the GRANTORS on this the 8th day of December, 1998.

Larry G. Brand  
LARRY G. BRAND

Larry Brand  
LARRY BRAND, CONSERVATOR OF  
RUFUS BRAND

STATE OF MISSISSIPPI  
COUNTY OF DESOTO

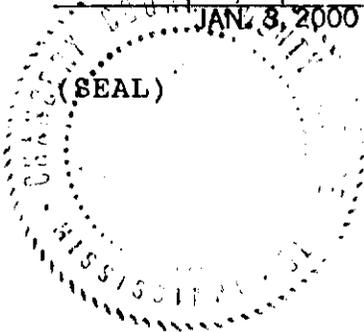
Personally appeared before me, the undersigned authority in and for said county and state, on this the 8th day of December, 1998, within my jurisdiction, the within named Larry G. Brand, who acknowledged that he executed the above and foregoing instrument.

W. E. Davis, Chancery Clerk  
NOTARY PUBLIC  
by: P. Starkey, SC

My Commission Expires:

MY COMMISSION EXPIRES

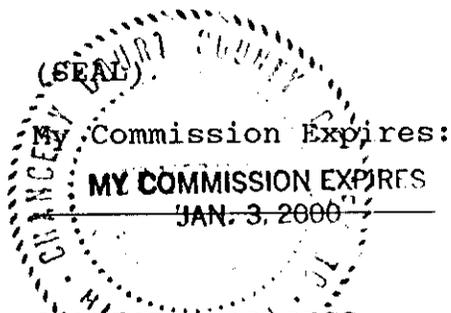
JAN. 8, 2000



STATE OF MISSISSIPPI  
COUNTY OF DESOTO

PERSONALLY APPEARED BEFORE ME, the undersigned authority in and for the said county and state, on this the 8th day of December, 1998, within my jurisdiction, the within named Larry Brand, who acknowledged that he is the Conservator of Rufus Brand, and that in said representative capacity he executed the above and foregoing instrument for and on behalf of Rufus Brand, and pursuant to authority vested in him to do so by the Chancery Court of DeSoto County, Mississippi.

*W. E. Davis, Chancery Clerk*  
Notary Public *by: P. Darkey WC*



GRANTORS' ADDRESS:  
18127 Bent Ridge Drive  
Glencoe, MO 63038  
Home Tel. No.: 314-458-6013  
Work Tel. No.: 314-458-0808

GRANTEE'S ADDRESS:  
244 Lee Drive  
Clarksdale, MS 38614  
Home Tel. No.: 601-393-3417  
Work Tel. No.: 601-393-3417

Prepared by:  
Law Offices of A. Cinclair May  
2565 Caffey Street, Suite 100  
Hernando, MS 38632  
601-429-5038

Indexing Instructions:

TENNESSEE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK  
FOR  
INSTRUCTIONS  
E HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last) <b>PAULINE E. BRAND</b>				2. SEX <b>FEMALE</b>	3. DATE OF DEATH (Month, Day, Year) <b>MAY 18, 1998</b>	
4. SOCIAL SECURITY NUMBER (of Deceased) <b>425-26-4603</b>	5a. AGE - LAST BIRTHDAY (years) <b>77</b>	5b. UPON BIRTH YEAR MOS:      DAYS:	5c. UNDER 1 DAY HOURS:      MIN:	6. DATE OF BIRTH (Month, Day, Year) <b>FEB 10, 1921</b>	7. BIRTHPLACE (City and State or Foreign Country) <b>HOUSTON MS</b>	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) HOSPITAL: 1 <input type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA 4 <input checked="" type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)				
9b. FACILITY NAME (If not institution, give street and number) <b>KIRBY PINES NURSING HOME</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>MEMPHIS</b>		9d. COUNTY OF DEATH <b>SHELBY</b>		
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>MARRIED</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>RUFUS BRAND</b>	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>CHURCH HOSTESS</b>		12b. KIND OF BUSINESS/INDUSTRY <b>BROADWAY BAPTIST</b>		
13a. RESIDENCE - STATE <b>MS</b>	13b. COUNTY <b>DESOTO</b>	13c. CITY, TOWN OR LOCATION <b>HERNANDO</b>		13d. STREET AND NUMBER OR RURAL LOCATION <b>83 N. PARKWAY AVE</b>		
CENSUS TRACT 13e. INSIDE CITY LIMITS? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	13f. ZIP CODE <b>38632</b>	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No if yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes O <input checked="" type="checkbox"/> No Specify, if yes		15. RACE - American Indian, Black, White, etc. (Specify) <b>WHITE</b>	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>11</b> College (1-4 or 5+)	
17. FATHER'S NAME (First, Middle, Last) <b>ZIMMIE RYE HILL</b>			18. MOTHER'S NAME (First, Middle, Maiden Surname) <b>GUSSIE TINNIE HARRINGTON</b>			
19a. INFORMANT'S NAME (Type/Print) <b>DARLENE SCOTT</b>		19b. RELATIONSHIP TO DECEASED <b>DAUGHTER</b>		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>5527 CRAWFORD RD. HERNANDO, MS 38632</b>		
20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>FOREST HILL MIDTOWN CEMETERY</b>		20c. LOCATION - City or Town, State <b>MEMPHIS, TN</b>		
21a. SIGNATURE OF FUNERAL DIRECTOR <b>STEVE ANDERSON</b>		21b. LICENSE NUMBER OF FUNERAL DIRECTOR <b>3943</b>	21c. SIGNATURE OF EMBALMER <b>WES KIRKPATRICK</b>		21d. LICENSE NUMBER OF EMBALMER <b>4939</b>	
22a. NAME AND ADDRESS OF FUNERAL HOME <b>FOREST HILL FUNERAL HOME MIDTOWN 1661 S. ELVIS PRESLEY BLVD MEMPHIS, TN 38106</b>				22b. LICENSE NUMBER OF FUNERAL HOME <b>919</b>		
REGISTRAR'S SIGNATURE <i>Cassandra L. Brown</i>				24. DATE FILED (Month, Day, Year) <b>JUN 23 1998</b>		
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 <input type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <i>James S. Flanary MD</i>		25b. LICENSE NUMBER <b>TN MD 4964</b>	25c. DATE SIGNED (Month, Day, Year) <b>6-7-98</b>			
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 <input type="checkbox"/> 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) <b>DR. JAMES FLANARY 6590 KIRBY CENTER CV. #101 MEMPHIS, TN 38115</b>						
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 or condition resulting in death) →		a. <b>Cardio pulmonary Disassociation</b> 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		b. <b>Atherosclerotic Heart Disease</b> DUE TO (OR AS A CONSEQUENCE OF):				
		c. _____ DUE TO (OR AS A CONSEQUENCE OF):				
		d. _____ DUE TO (OR AS A CONSEQUENCE OF):				
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 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
30. MANNER OF DEATH 1 <input checked="" type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation 2 <input type="checkbox"/> Accident 3 <input type="checkbox"/> Suicide 6 <input type="checkbox"/> Could not be Determined 4 <input type="checkbox"/> Homicide		31a. DATE OF INJURY (Month, Day, Year)	31b. TIME OF INJURY M:      AM/PM	31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> 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)		

DECEDECENT  
**16**

NR

PARENTS

INFORMANT

DISPOSITION

REGISTRAR

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXTENDING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

OB

EXHIBIT **A**

BIRTH NO. \_\_\_\_\_

C. May

DEPT. & SHERIFF COUNTY HEALTH DEPARTMENT - 214 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 JUN 29 1998

*Glenn D. Fouse, Registrar*  
 Vital Records Section