

WARRANTY DEED

THIS WARRANTY DEED made and entered into this day by and between TERESA ANN MIXON and MICHAEL WAYNE RAINEY, Grantors, and PATRICIA BROWN, a single woman, 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 Grantors, and other good and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged, Grantors do 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 353, Section B, Southaven Subdivision, in Section 23, Township 1 South, Range 8 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 2, Pages 14-16, 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.
- 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.

c:\property\wd

STATE MS. - DESOTO CO.
FILED
SM
DEC 15 10 04 AM '98

BK 344 PG 432
W.E. DAVIS CH. CLK.

GRANTORS FURTHER WARRANT that Henry Wyman Rainey, a widower, acquired title as tenants in common with Mary A. Rainey, who passed away on June 24, 1994 as evidenced by a copy of the death certificate attached as Exhibit "A" to this deed.

GRANTORS FURTHER WARRANT and represent that Henry Wyman Rainey, Teresa Ann Mixon and Michael Wayne Rainey are the only heirs at law of Mary A. Rainey. See Affidavit As To Heirs attached hereto as Exhibits "B" and "C".

IN TESTIMONY WHEREOF, witness the signature of the Grantors on this the 1st day of December, 1998.

Teresa Ann Mixon
TERESA ANN MIXON

Michael Wayne Rainey
MICHAEL WAYNE RAINEY

STATE OF MISSISSIPPI
COUNTY OF DESOTO

THIS DAY personally appeared before me, the undersigned authority within and for the State and County aforesaid, TERESA ANN MIXON and MICHAEL WAYNE RAINEY, who acknowledged that they signed, executed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned.

GIVEN under my hand and official seal on this the 1st day of December, 1998.

Lynn Wells
NOTARY PUBLIC



My Commission Expires: July 1, 2002

ADDRESS OF GRANTORS:

2575 Dickens Place Dr
Southaven MS 38671
Home: 601-449-0220
Work: 901-942-6006

ADDRESS OF GRANTEE:

1610 MOSS POINT DRIVE
SOUTHAVEN, MISSISSIPPI 38671

Home: 781-2005
Work: 1(800)-946-4946-Ext 3206

PREPARED BY AND RETURN TO:

HOLCOMB DUNBAR, P.A.

P. O. BOX 190

SOUTHAVEN, MS 38671-0190

(601) 349-0664

FILE# 998-941

STATE OF MISSISSIPPI

BKU34460400

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

EXHIBIT

"A"

TYPE OR PRINT WITH BLACK INK	FILING DATE JUL 0 5 1994		CERTIFICATE OF DEATH STATE OF MISSISSIPPI		STATE FILE NUMBER 123-	
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 First Middle Last Mary Ann Rainey			2. SEX Female	3a. HOUR OF DEATH m. 3b. DATE OF DEATH (Month, Day, Year) June 24, 1994	
	4. RACE (Specify White, Black, American Indian, etc.) White		5a. AGE AT LAST BIRTHDAY 61 Years		5b. MOS 5c. DAYS 5d. HOURS 5e. MINS 1/14/1933	
	6. DATE OF BIRTH (Month, Day, Year)		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) 1610 Moss Point			7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA		
	8. STATE OF BIRTH MS		9. DECEDENT'S EDUCATION (Specify only highest grade completed) High School (11-12)		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	
	11. SURVIVING SPOUSE (If wife, give maiden name) Henry Rainey		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 427-54-5387		15a. USUAL OCCUPATION (Kind of work done, most of working life) Homemaker		15b. KIND OF BUSINESS OR INDUSTRY Domestic	
	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 1610 Moss Point	
	17. FATHER—NAME First Middle Last Elmer C. Mitchell			18. MOTHER—NAME First Middle Maiden Lou Minnie Williams		
	19a. INFORMANT—NAME (Type or print) Henry Rainey			19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 1610 Moss Point Southaven, MS 38671		
DISPOSITION		20a. BURIAL, CREMATION, REMOVAL (Specify) Burial		20b. CEMETERY, CREMATORY—NAME Twin Oaks	20c. LOCATION (City and State) Southaven, MS	
21a. EMBALMER—SIGNATURE AND NUMBER James Beatty 4276		21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER Memphis Funeral Home				
21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 1177 Union Ave. Memphis, TN 38104		22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) ON		22b. PRONOUNCED DEAD (Month, Day, Year)		
22c. PRONOUNCED DEAD (Hour) AT m.		23a. CERTIFIER—NAME (Type or print) Claude Ledes				
23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 5220 Park Memphis, TN 38119		24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE: <i>Claude Ledes MD</i>		24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE: _____		
24b. DATE SIGNED (Month, Day, Year) 6/29/1994		24c. STATE LICENSE NUMBER 5637		24f. TITLE		
24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		24g. DATE SIGNED (Month, Day, Year)				
CAUSE OF DEATH		25. PART I. DEATH CAUSED BY:		Interval between onset and death		
Conditions, if any, which gave rise to immediate cause stating the underlying cause last		(a) IMMEDIATE CAUSE (Enter one cause only) Mammotrophic Carcinoma of the breast		8 YRS		
		(b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		Interval between onset and death		
		(c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		Interval between onset and death		
26. PART II. OTHER SIGNIFICANT CONDITIONS —Conditions contributing to death but not resulting in the underlying cause given in PART I				27. AUTOPSY (Yes or No)	28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)	
Use if death NOT due to natural causes:		29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)		29b. DATE OF INJURY (Month, Day, Year)	29c. HOUR OF INJURY m.	
29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED		29e. INJURY AT WORK (Yes or No)		29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)	29g. LOCATION Street or route number City or town State	

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

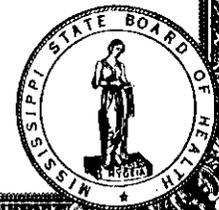
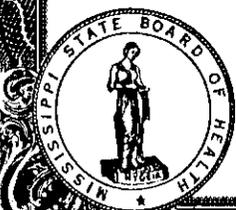
F. E. Thompson Jr. MD
F. E. Thompson, Jr., M.D., M.P.H.
STATE HEALTH OFFICER

July 8, 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.



AFFIDAVIT AS TO HEIRS
FOR
First American Title Insurance Company

State of MISSISSIPPI

County DESOTO

} ss.

of

On this 1ST day of December, 19 98 before me personally appeared to me personally known, who being by me duly sworn, on oath did say that Affiant is familiar with the family history of

Mary A. Rainey, AKA Mary Ann Rainey
deceased, who was the owner of the following property:

Lot 353, Section B, Southaven Subdivision, DeSoto County, Mississippi
aka 1610 Moss Point Drive, Southaven, Mississippi 38671

And that said decedent died on the 24th day of June, 1998 and that the place of residence and homestead, at the time of death, was as follows:

1610 Moss Point Drive, Southaven, MS 38671 aka Lot 353, Section B, Southaven Sub.

And Affiant further states that said deceased left surviving the following persons, as heirs or otherwise interested in the estate,

Name of widow or widower	Henry Wyman Rainey
Divorced wife or husband	n/a
Children	Teresa Ann Rainey Mixon Michael Wayne Rainey
Adopted children	none
Descendants of deceased children	none

And Affiant further states that said decedent left no other children or adopted children or descendants of deceased children or adopted children.

And that all of the above parties are over the age of twenty-one years, except the following:

Name of minors none

And said deceased ~~XXXXXXXX~~
did not leave a will

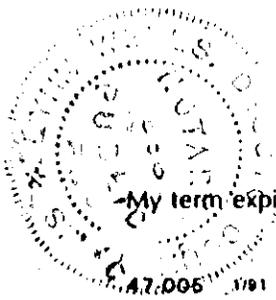
And that the debts against said estate { have } been paid.
~~XXXXXXXX~~

Sherri T. Davis

Signature

Subscribed and sworn to before me the day and year above written.

Notary Public



My term expires July 1, 2002

EXHIBIT

"B"

AFFIDAVIT AS TO HEIRS
FOR
First American Title Insurance Company

State of MISSISSIPPI }
County DESOTO } ss. of

On this 1st day of December, 1998 before me personally appeared to me personally known, who being by me duly sworn, on oath did say that Affiant is familiar with the family history of

Mary A. Rainey, AKA Mary Ann Rainey

deceased, who was the owner of the following property:

Lot 353, Section B, Southaven Subdivision, DeSoto County, Mississippi
aka 1610 Moss Point Drive, Southaven, Mississippi 38671

And that said decedent died on the 24th day of June, 1998 and that the place of residence and homestead, at the time of death, was as follows:

1610 Moss Point Drive, Southaven, MS 38671 aka Lot 353, Section B, Southaven Sub.
And Affiant further states that said deceased left surviving the following persons, as heirs or otherwise interested in the estate,

Name of widow or widower	Henry Wyman Rainey
Divorced wife or husband	n/a
Children	Teresa Ann Rainey Mixon Michael Wayne Rainey
Adopted children	none
Descendants of deceased children	none

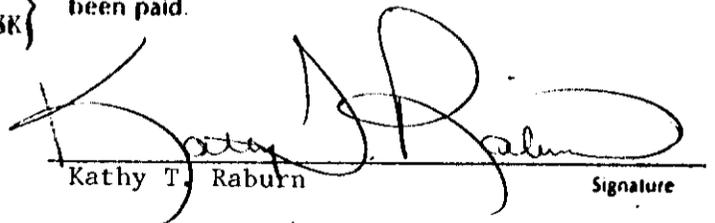
And Affiant further states that said decedent left no other children or adopted children or descendants of deceased children or adopted children.

And that all of the above parties are over the age of twenty-one years, except the following:

Name of minors none

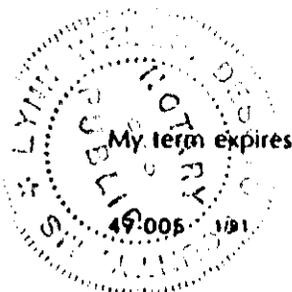
And said deceased ~~XXXXXX~~
did not leave a will

And that the debts against said estate { have } been paid.
~~XXXXXX~~


Kathy T. Raburn Signature

Subscribed and sworn to before me the day and year above written.


Lynn Wells Notary Public



My term expires July 1, 2002