

QUIT CLAIM DEED

THIS INDENTURE, made and entered into this 3 day of MAY, 1999, by and between the following heirs and heir at law of Agnes L. Kearney, deceased: John A. Kearney, Jane Allyne Davis, John A. Kearney, Jr., Marilyn Fragalis, Lutitia Kearney, Kathleen Kearney and ^{GEN}Collene Kearney, collectively called herein the party of the first part, and Jack Bell of Desoto County, Mississippi, party of the second part. ck

WITNESSETH: That for and in consideration of Ten Dollars (\$10.00), cash in hand paid, and other good and valuable considerations, the receipt of all of which is hereby acknowledged, the said party of the first part does hereby bargain, sell, quitclaim and convey all of their right, title and interest unto the said party of the second part of the following described real estate, situated and being in the County of Desoto, State of Mississippi:

Lot 111, Section "A", Chickasaw Bluff Lake Estate Subdivision of record in Plat Book 6, Pages 18-22, in the Chancery Clerk's Office of Desoto County, Mississippi, to which plat reference is hereby made for a more particular description of said property; being the same property conveyed to Agnes L. Kearney by Quit Claim Deed of record in Book 147, Page 276 of Warranty Deed records of said county. Located in Section 7, Township 3 South, Range 9 West, DeSoto County, Mississippi. Agnes L. Kearney died on or about February 24, 1998, in Memphis, Shelby County Tennessee. This deed is being executed by the only heir at law of Agnes L. Kearney and by all of the beneficiaries under the unprobated Will of Agnes L. Kearney dated April 25, 1977. Two Affidavits as to Heirs are being filed contemporaneously herewith, and a copy of the Will of Agnes L. Kearney is attached hereto as Exhibit A.

Note: This Instrument was prepared without a title search.

The undersigned do hereby warrant the title herein conveyed against the lawful claims of all persons claiming the same by, through or under them but not further or otherwise.

WITNESS THE SIGNATURE(S) of the said party of the first part as of the day and year first above written.

John A. Kearney
John A. Kearney

Jane Allyne Davis
Jane Allyne Davis

John A. Kearney, Jr.
John A. Kearney, Jr.

Marilyn Fragalis
Marilyn Fragalis

Lutitia Kearney
Lutitia Kearney

Kathleen Kearney
Kathleen Kearney

Collene Kearney
Collene Kearney
COLLEN

CL

STATE MS.-DESOTO CO. ps
FILED

JUL 23 2 10 PM '99

BK 356 PG 155
W.E. DAVID SR. CLK.

STATE OF Georgia
COUNTY OF Cobb

Before me, the undersigned Notary Public in and for the County and State aforesaid, within my jurisdiction, personally appeared John A. Kearney, Jr., with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who, upon oath, acknowledged himself to be the person(s) within named and that he executed the foregoing instrument for the purpose therein contained.

Witness my hand and seal, this 6/8 day of 1999.

[Signature]
Notary Public



STATE OF Georgia
COUNTY OF Gwinnett

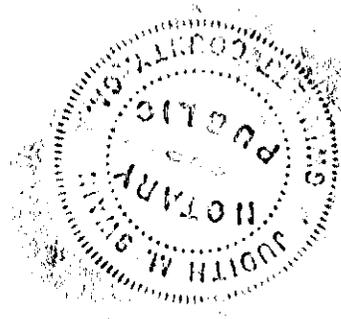
Before me, the undersigned Notary Public in and for the County and State aforesaid, within my jurisdiction, personally appeared Marilyn Fragalis*, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who, upon oath, acknowledged herself to be the person(s) within named and that she executed the foregoing instrument for the purpose therein contained.

*AKA Marilyn Kearney Lundy

Witness my hand and seal, this 5/20 day of 1999.

[Signature]
Notary Public

My Commission Expires
Notary Public, Gwinnett County, Georgia
My Commission Expires March 30, 2002



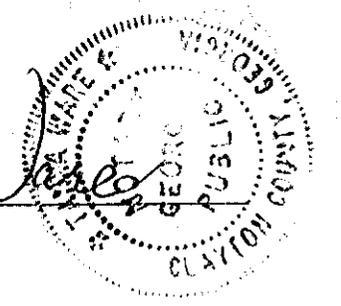
STATE OF GA
COUNTY OF Cobb

Before me, the undersigned Notary Public in and for the County and State aforesaid, within my jurisdiction, personally appeared Lutitia Kearney*, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who, upon oath, acknowledged herself to be the person(s) within named and that she executed the foregoing instrument for the purpose therein contained.

*AKA Lutitia K. Nieder

Witness my hand and seal, this 5/3 day of 1999.

[Signature]
Notary Public



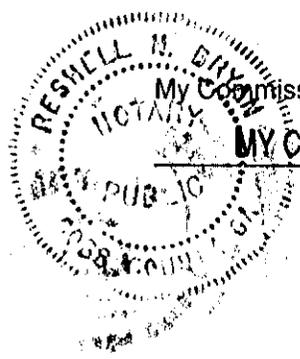
My Commission Expires
TANNA WARE
NOTARY PUBLIC
MY COMMISSION EXPIRES APRIL 24, 2000

STATE OF Georgia
COUNTY OF Cobb

Before me, the undersigned Notary Public in and for the County and State aforesaid, within my jurisdiction, personally appeared John A. Kearney, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who, upon oath, acknowledged himself to be the person(s) within named and that he executed the foregoing instrument for the purpose therein contained.

Witness my hand and seal, this 03 day of ^{May} 1999.

Reshell W. Byrd
Notary Public



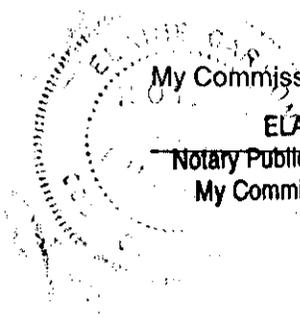
My Commission Expires
MY COMMISSION EXPIRES
OCT. 22, 2001

STATE OF Georgia
COUNTY OF Cobb

Before me, the undersigned Notary Public in and for the County and State aforesaid, within my jurisdiction, personally appeared John A. Kearney, Jr., with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who, upon oath, acknowledged himself to be the person(s) within named and that he executed the foregoing instrument for the purpose therein contained.

Witness my hand and seal, this 6/8 day of 1999.

Elaine Garmon
Notary Public



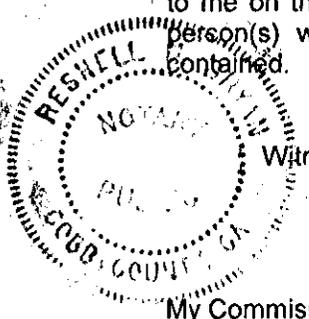
My Commission Expires:
ELAINE GARMON
~~Notary Public, Cobb County, Georgia~~
My Commission Expires 9-24-02

STATE OF Georgia
COUNTY OF Cobb

Before me, the undersigned Notary Public in and for the County and State aforesaid, within my jurisdiction, personally appeared Jane Allyne Davis, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who, upon oath, acknowledged herself to be the person(s) within named and that she executed the foregoing instrument for the purpose therein contained.

Witness my hand and seal, this 03 day of ^{May} 1999.

Reshell W. Byrd
Notary Public



My Commission Expires
MY COMMISSION EXPIRES
OCT. 22, 2001

STATE OF North Dakota
COUNTY OF Burleigh

Before me, the undersigned Notary Public in and for the County and State aforesaid, within my jurisdiction, personally appeared Kathleen Kearney, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who, upon oath, acknowledged herself to be the person(s) within named and that she executed the foregoing instrument for the purpose therein contained.

Witness my hand and seal, this 25 day of May 1999.

Susan Jacobson
Notary Public



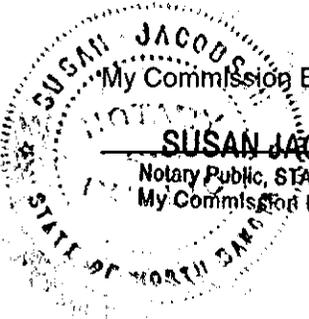
STATE OF North Dakota
COUNTY OF Burleigh

Before me, the undersigned Notary Public in and for the County and State aforesaid, within my jurisdiction, personally appeared Collene Kearney, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who, upon oath, acknowledged herself to be the person(s) within named and that she executed the foregoing instrument for the purpose therein contained.

**AKA Collene Kearney*

Witness my hand and seal, this 25 day of May 1999.

Susan Jacobson
Notary Public



My Commission Expires
SUSAN JACOBSON
Notary Public, STATE OF NORTH DAKOTA
My Commission Expires JUNE 24, 2001

The following information is not a part of this Deed.

This Instrument Prepared by:

William King Self, Jr.
1355 Lynnfield Rd., Suite 101
Memphis, TN 38119
901-761-5151
901-761-2788

Property Address:

Lot 111 Chickasaw Bluffs Lake Estates S/D
Desoto County, MS

Grantors:

John A. Kearney
538 St. Joseph Way
Marietta, GA 30060

Home Phone # 770-427-8910
Work Phone # (N/A)

John A. Kearney, Jr.
5300 Eaton Dr.
Milton, FL 32583

Home Phone # 850-983-9407
Work Phone # (N/A)

Jane Allyne Davis
4339 White Cap Rd.
Marietta, GA 30066

Home Phone # 770-926-0117
Work Phone # (N/A)

Lulitia Kearney
5167 Alder Lane
Powder Springs, GA 30073

Home Phone # 770-739-2308
Work Phone # (N/A)

Kathleen Kearney
3121 Morgan Cir.
Bismark, ND 58501

Home Phone # 701-250-1131
Work Phone # (N/A)

Colleen Kearney
3121 Morgan Cir.
Bismark, ND 58501

Home Phone # 701-250-1131
Work Phone # (N/A)

Marilyn Fragajis

565 Dunover Way
Lawsonville, Ga. 30534

Home Phone # (770)-844-7933
Work Phone # (N/A)

Grantee:

Jack Bell
8375 Deep Well
Southaven, MS 38671
(601) 342-1800

Home Phone # (601) 342-1800
Work Phone # (601) 349-6555

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 001490

TYPE/PRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last) Agnes Rita Kearney				2. SEX Female		3. DATE OF DEATH (Month, Day, Year) February 24, 1998	
4. SOCIAL SECURITY NUMBER (of Decedent) 414-18-6499		5a. AGE (LAST BIRTHDAY) (Years) 76	5b. UNDER 1 YEAR (MOS) 	5c. UNDER 1 DAY (HOURS) 	5d. UNDER 1 DAY (MIN) 	6. DATE OF BIRTH (Month, Day, Year) Sept 19, 1921	
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 checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA OTHER: 4 <input 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) St Francis				9c. CITY, TOWN, OR LOCATION OF DEATH Memphis		9d. COUNTY OF DEATH Shelby	
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)) Never Married		11. SURVIVING SPOUSE (If wife, give maiden name) NA		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Secretary		12b. KIND OF BUSINESS/INDUSTRY Chrysler Corporation	
13a. RESIDENCE-STATE TN		13b. COUNTY Shelby		13c. CITY, TOWN OR LOCATION Memphis		13d. STREET AND NUMBER OR RURAL LOCATION 1355 Lynnfield #101	
13e. INSIDE CITY LIMITS? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		13f. ZIP CODE 38119		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15. RACE (American Indian, Black, White, etc. (Specify)) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+) <input checked="" type="checkbox"/>		17. FATHER'S NAME (First, Middle, Last) Henry J. Kearney					
18. MOTHER'S NAME (First, Middle, Maiden Surname) Katherine McGuire		19a. INFORMANT'S NAME (Type/Print) Dorothy Bobo					
19b. RELATIONSHIP TO DECEASED Friend		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1355 Lynnfield #101 Memphis TN 38119					
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) Calvary Cemetery		20c. LOCATION (City or Town, State) Memphis TN	
21a. SIGNATURE OF FUNERAL DIRECTOR Trey Danzey		21b. LICENSE NUMBER OF FUNERAL DIRECTOR 4927		21c. SIGNATURE OF EMBALMER Glenn Gray		21d. LICENSE NUMBER OF EMBALMER 4629	
22a. NAME AND ADDRESS OF FUNERAL HOME Memphis Funeral Home Poplar P.O. Box 17069 Memphis TN 38187-0669						22b. LICENSE NUMBER OF FUNERAL HOME 416	
23. REGISTRAR'S SIGNATURE <i>Tiffany Slater</i>				24. DATE FILED (Month, Day, Year) Deputy MAR 06 1998			
25a. PHYSICIAN - To my 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. Flannery MD</i>		25b. LICENSE NUMBER TN MD 9964		25c. DATE SIGNED (Month, Day, Year) 2-28-98			
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 <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) James S. Flannery MD, 6590 Kirby Center Cove, Memphis, Tenn. 38115							
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. Septicemia DUE TO (OR AS A CONSEQUENCE OF):					Approximate Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		b. Urinary Tract Infection 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 6 <input type="checkbox"/> Could not be Determined 3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide		31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY M	31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input checked="" 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)			

NAME OF DECEDENT
For use by physician or informant

DECEDENT

PARENTS

INFORMANT

DISPOSITION

REGISTRAR

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXISTING CERTIFICATE IS COMPLETE AND IN MEDICAL CERTIFICATION WITHIN 48 HRS.

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

St.