

This Deed is being re-recorded to correct the subdivision name.

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 ~~Collene Kearney~~ <sup>CK</sup>, collectively called herein the party of the first part, and Jack Bell of Desoto County, Mississippi, party of the second part.

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:

~~Chickasaw Bluff Lakes~~  
Chickasaw Bluff Lakes 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~~

STATE MS.-DESOTO CO.  
FILED

AUG 18 1 24 PM '99

BK 357 PG 076  
W.E. DAVIS CH. CLK.

STATE MS.-DESOTO CO. ps  
FILED

JUL 23 2 10 PM '99

BK 356 PG 155  
W.E. DAVIS CH. CLK.

CK

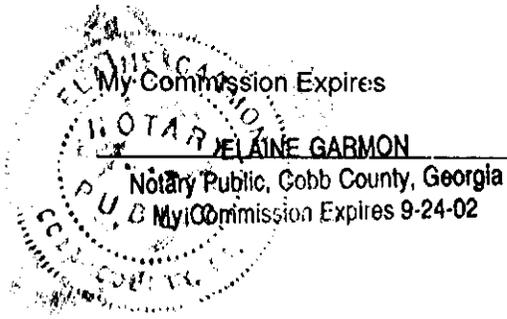
STATE OF Georgia  
COUNTY OF Cobb

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

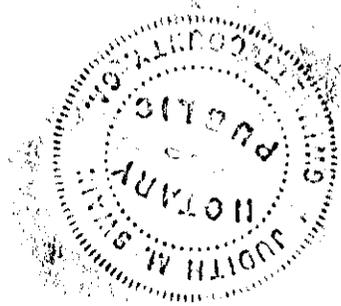
Witness my hand and seal, this 5/20 day of 1999.

[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. Hilder

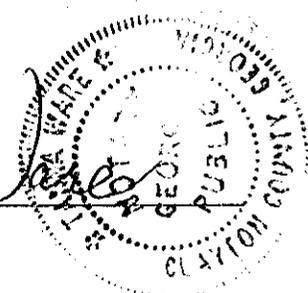
Witness my hand and seal, this 5/3 day of 1999.

[Signature]

Notary Public

My Commission Expires

TANNA WARE  
NOTARY PUBLIC  
MY COMMISSION EXPIRES APRIL 24, 2000

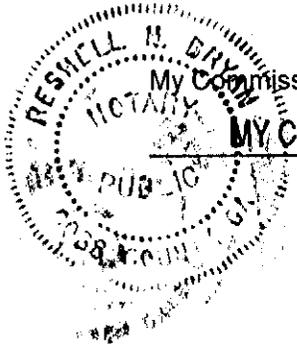


STATE OF Georgia  
COUNTY OF Cobb

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 <sup>May</sup> 1999.

Reshell W. Byrd  
Notary Public



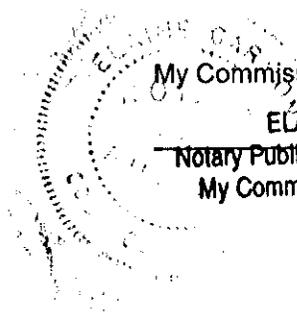
My Commission Expires  
**MY COMMISSION EXPIRES**  
OCT. 22, 2001

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



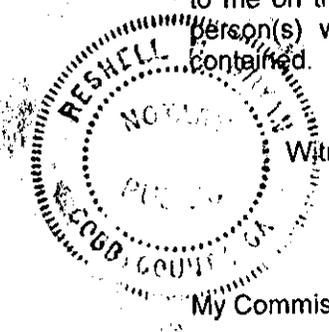
My Commission Expires  
**ELAINE GARMON**  
~~Notary Public, Cobb County, Georgia~~  
My Commission Expires 9-24-02

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 Allyn 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 <sup>May</sup> 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.

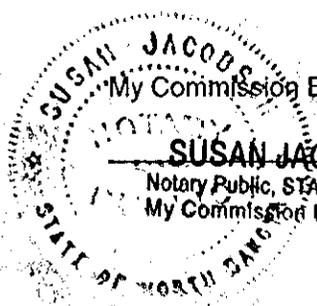


Susan Jacobson  
Notary Public

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

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)

Lutitia 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

001440

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK  
FOR  
INSTRUCTIONS  
E HANDBOOK

STATE FILE NUMBER  
3 DATE OF DEATH (Month, Day, Year)

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 1. DECEDENT'S NAME (First, Middle, Last)<br><b>Agnes Rita Kearney</b>   |  | 2. SEX<br><b>Female</b>  |  | 3. DATE OF DEATH (Month, Day, Year)<br><b>February 24, 1998</b>  |  |
| 4. SOCIAL SECURITY NUMBER (of Deceased)<br><b>414-18-6499</b>   |  | 5a. AGE - LAST BIRTHDAY (Year)<br><b>76</b>  |  | 5b. UNDER 1 YEAR<br>MO. DAYS   |  |
| 5c. UNDER 1 DAY<br>HOURS MIN.   |  | 6. DATE OF BIRTH (Month, Day, Year)<br><b>Sept 19, 1921</b>  |  | 7. BIRTHPLACE (City and State or Foreign Country)<br><b>Memphis TN</b>   |  |
| 8. WAS DECEDENT EVER IN U.S. ARMED FORCES?<br>1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No   |  | 9a. PLACE OF DEATH (Check only one)<br>HOSPITAL: 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA<br>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)<br><b>St Francis</b>   |  | 9c. CITY, TOWN, OR LOCATION OF DEATH<br><b>Memphis</b>   |  | 9d. COUNTY OF DEATH<br><b>Shelby</b>   |  |
| 10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)<br><b>Never Married</b>  |  | 11. SURVIVING SPOUSE (If wife, give maiden name)<br><b>NA</b>  |  | 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)<br><b>Secretary</b>                    |  |
| 12b. KIND OF BUSINESS/INDUSTRY<br><b>Chrysler Corporation</b>   |  | 13a. RESIDENCE - STATE<br><b>TN</b>  |  | 13b. COUNTY<br><b>Shelby</b>   |  |
| 13c. CITY, TOWN OR LOCATION<br><b>Memphis</b>   |  | 13d. STREET AND NUMBER OR RURAL LOCATION<br><b>1355 Lynnfield #101</b>   |  | 13e. ZIP CODE<br><b>38119</b>  |  |
| 13f. INSIDE CITY LIMITS?<br>1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No   |  | 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.)<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | 15. RACE - American Indian, Black, White, etc. (Specify)<br><b>White</b>   |  |
| 16. DECEDENT'S EDUCATION (Specify only highest grade completed)<br>Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5+)  |  | 17. FATHER'S NAME (First, Middle, Last)<br><b>Henry J. Kearney</b>   |  | 18. MOTHER'S NAME (First, Middle, Maiden Surname)<br><b>Katherine McGuire</b>  |  |
| 19a. INFORMANT'S NAME (Type/Print)<br><b>Dorothy Bobo</b>   |  | 19b. RELATIONSHIP TO DECEASED<br><b>Friend</b>   |  | 19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)<br><b>1355 Lynnfield #101<br/>Memphis TN 38119</b> |  |
| 20a. METHOD OF DISPOSITION<br>1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State<br>4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)   |  | 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)<br><b>Calvary Cemetery</b>   |  | 20c. LOCATION - City or Town, State<br><b>Memphis TN</b>   |  |
| 21a. SIGNATURE OF FUNERAL DIRECTOR<br><b>Trey Danzey</b>  |  | 21b. LICENSE NUMBER OF FUNERAL DIRECTOR<br><b>4927</b>   |  | 21c. SIGNATURE OF EMBALMER<br><b>Glenn Gray</b>  |  |
| 21d. LICENSE NUMBER OF EMBALMER<br><b>4629</b>  |  | 22a. NAME AND ADDRESS OF FUNERAL HOME<br><b>Memphis Funeral Home Poplar<br/>P.O. Box 17069 Memphis TN 38187-0669</b>   |  | 22b. LICENSE NUMBER OF FUNERAL HOME<br><b>416</b>  |  |
| 23. REGISTRAR'S SIGNATURE<br><i>Tiffney Slater</i>  |  | 24. DATE FILED (Month, Day, Year)<br><b>Deputy MAR 06 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<br><i>James S. Flanery MD</i>   |  | 25b. LICENSE NUMBER<br><b>TN MD 9964</b>   |  | 25c. DATE SIGNED (Month, Day, Year)<br><b>2-28-98</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)<br><b>James S. Flanery MD, 6590 Kirby Center Cove, Memphis, Tenn. 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>Septicemia</b><br>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. <b>Urinary Tract Infection</b><br>DUE TO (OR AS A CONSEQUENCE OF):  |  |  |  |
|   |  | c. _____<br>DUE TO (OR AS A CONSEQUENCE OF):   |  |  |  |
|   |  | d. _____<br>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?<br>1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No  |  |
|   |  |  |  | 29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?<br>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No      |  |
| 30. MANNER OF DEATH<br>1 <input checked="" type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation<br>2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be Determined<br>3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide |  | 31a. DATE OF INJURY (Month, Day, Year)   |  | 31b. TIME OF INJURY<br><b>M</b>  |  |
|   |  | 31c. INJURY AT WORK?<br>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)   |  |

DECEDENT

PARENTS

INFORMANT

DISPOSITION

REGISTRAR

CERTIFIER

CAUSE OF DEATH

PHYSICIAN OR MEDICAL EXAMINER EXTINGUISHING CERTIFICATE IS COMPLETE AND NO MEDICAL CERTIFICATION WITHIN 48 HRS.

SEE INSTRUCTIONS ON OTHER SIDE

*Handwritten initials*