

BK 0369 PG 0484

STATE MS. - DESOTO CO.
FILED
MAR 21 10 29 AM '00

H99-0049

Estate of Ella Sloan, deceased
GRANTORS

WARRANTY

TO

BK 369 PG 484
W.E. DEWEE CH. CLK.

DEED

Odum Austin Road Project, a MS General Partnership,
GRANTEES

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00) cash in hand paid, and other good and valuable considerations, the receipt of all of which is hereby acknowledged, Estate of Ella Sloan, deceased, does hereby sell, convey, and warrant unto Odum Austin Road Project, a MS General Partnership, the land lying and being situated in DeSoto County, Mississippi, described as follows, to-wit:

Indexing Instructions: Northeast Quarter of Section 14, Township 2 South, Range 9 West, DeSoto County, Mississippi.

Beginning at the Northeast Corner of Section 14, Township 2 South, Range 9 West (Called); Thence South 05 degrees 26' 49" East a distance of 2112.00 feet to a point; Thence South 84 degrees 31' 55" West 825.00 feet to a point; Thence North 05 degrees 26' 49" West 2112.00 feet to a point; thence North 84 degrees 31' 55" East 825.00 feet to the point of beginning containing 40.00 acres more or less, subject to all rights of way and easements of record.

The warranty in this deed is subject to rights of ways and easements for public roads and public utilities, to building, zoning, subdivision and health department regulations in effect in DeSoto County, Mississippi. Further subject to Right of Way to MP&L in Book 25, Page 400, in the Chancery Court Clerk's office of DeSoto County, Mississippi.

By way of explanation, the Warranty Deed of record in Book 183, Page 537, attached heirship affidavits which were executed by purported heirs, rather than by a third party. Attached hereto are two Heirship Affidavits of Henretta S. Wright each of which have been executed by a third party.

Further, the Grantors herein have authority to sell said property pursuant to the Order for Approval of Sale of Real Estate and Confirming the Closing of Estate and Final Discharge of Co-Administratrixes filed in the Chancery Court of DeSoto County, Mississippi, on August 23, 1999, in Minute Book 262, Page 780, Cause Number 98-4-443.

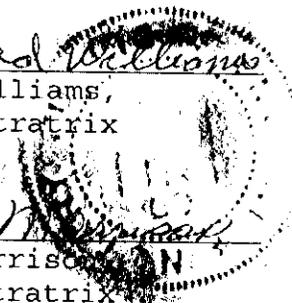
Taxes for 2000 have been prorated, and possession is given with this deed.

WITNESS OUR signature(s), this the 14th day of March, 2000.

ESTATE OF ELLA SLOAN,
DECEASED

By: Mildred Williams
Mildred Williams,
Co-Administratrix

By: Verdell Morris
Verdell Morris,
Co-Administratrix



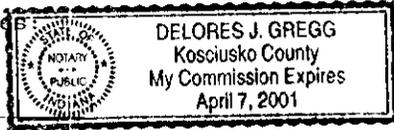
STATE OF INDIANA :
COUNTY OF ALLEN :

PERSONALLY APPEARED before me, the undersigned authority at law, in and for the State and County aforesaid, the within named, Mildred Williams, who acknowledged that she signed and delivered the above and foregoing Warranty Deed as Co-Administratrix of the Estate of Ella Sloan, deceased, on the day and year therein mentioned, as her free act and deed, and for the purposed therein expressed and in the capacity therein set forth.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the 14th day of March, 2000.

Delores J. Gregg
Notary Public

My commission expires



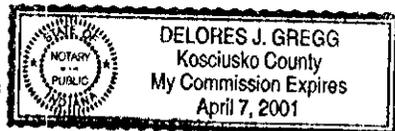
STATE OF _____
COUNTY OF _____

PERSONALLY APPEARED before me, the undersigned authority at law, in and for the State and County aforesaid, the within named, Verdell Morrison, who acknowledged that she signed and delivered the above and foregoing Warranty Deed as Co-Administratrix of the Estate of Ella Sloan, deceased, on the day and year therein mentioned, as her free act and deed, and for the purposed therein expressed and in the capacity therein set forth.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the 14th day of March, 2000.

Delores J. Gregg
Notary Public

My commission expires



Grantors Address:
2519 Drexel Avenue
Ft. Wayne, IN 46806

Phone: Res.- 219-745-2308
Bus.- N/A

Grantees Address:
7205 Austin Road
Lake Cormorant, MS 38641

Phone: Res.- 342-0987
Bus.- 342-0987

Prepared By:

Austin Law Firm, P.A.
316 W. Commerce St.
Hernando, MS 38632
662-429-7888



HEIRSHIP AFFIDAVIT

(Heirship of Henretta S. Wright Deceased)

STATE OF MS
COUNTY OF Oxford

M.
ANNIE McDONALD

of lawful age,
being first duly sworn, upon his oath deposes and says:

That he was personally well acquainted with the above decedent, during his lifetime, having known him for _____ years, and that affiant bears the following relationship to the said decedent, to-wit: Henretta S. Wright

Affiant further states that the said decedent departed this life at _____, in Allen County, State of Indiana, on or about May 28, 19 84, being 77 years old at the date of his death.

Affiant further states that he was well acquainted with the family and near relatives of the said decedent, and with all those who would under the laws of the State of MS, be his heirs, and that the following statements and the answers to the following named questions are based upon the personal knowledge of affiant and are true and correct:

QUESTION 1 - Did the decedent leave a will? ANSWER: No

QUESTION 2 - If so, has the will been admitted to probate - at what place, and when? ANSWER: No

QUESTION 3 - Has an administrator been appointed for the estate of said deceased? ANSWER: No

QUESTION 4 - If so, give the County in which the said administration proceedings are pending, and the name and address of the administrator. ANSWER: N/A

QUESTION 5 - Did the decedent receive the benefit of any Medicaid payments? ANSWER: Yes _____ No X

If yes, attach copy of Division of Medicaid Waiver of Recovery pursuant to Section 43-13-317.

QUESTION 6 - Give the name and address of the surviving widow or widower of decedent. ANSWER: None - Deceased - Feb. 5, 1974

If not living, state date of death _____.

QUESTION 7 - If the decedent was married more than once, give the name of the former husband or wife, and state whether said former spouse is dead or divorced.

ANSWER: N/A

QUESTION 8 - On the blank lines below, give the names and places of residence of all surviving children of deceased, together with the other information called for. ANSWER: (Give names of surviving children only)

	NAME OF CHILD	DATE OF BIRTH	IF NOT LIVING DATE OF DEATH	NAME OF HUSBAND OR WIFE	ADDRESS OR IF NOT LIVING DATE OF DEATH
1.	<u>Mildred Williams</u>	<u>5-2-30</u>		<u>Sidney Williams</u>	<u>2519 Drexel Av., Ft. Wayne, IN</u>
2.	<u>Verdell Morrison</u>	<u>11-3-32</u>		<u>Hubert Morrison</u>	<u>3618 New Haven, Ft. Wayne, IN</u>
3.					
4.					

QUESTION 9 - Give below the names of any deceased children of the decedent, together with the other information called for. ANSWER:

	NAME OF CHILD	DATE OF BIRTH	DATE OF DEATH	SURVIVING HUSBAND OR WIFE	IF NOT LIVING DATE OF DEATH
1.	<u>Lorine Clemons</u>	<u>10-1-27</u>	<u>3-20-97</u>	<u>Tommie Lee Clemons</u>	<u>(Separated/divorced)</u>
2.	<u>Leroy Wright</u>	<u>2-13-26</u>	<u>7-30-86</u>	<u>No wife or children</u>	
3.	<u>Robert Lee Wright</u>	<u>8-19-23</u>	<u>1-28-74</u>	<u>No wife or children</u>	
4.					

QUESTION 10 - Give the names of the children of any deceased son or daughter of the decedent: ANSWER:

	NAME OF CHILD	DATE OF BIRTH	ADDRESS OR IF NOT LIVING, DATE OF DEATH	NAME OF FATHER AND MOTHER
1.	See attached for 10 children	of	Lorine Clemons	
2.				
3.				
4.				

QUESTION 11 - Did the decedent have any adopted children, or step-children taken into his home?

ANSWER: Yes _____ No X IF SO, WRITE THEIR NAMES, AGES, AND ADDRESSES IN THE BLANK LINES BELOW:

	NAME	AGE	ADDRESS
1			
2			
3			
4			
5			

QUESTION 12 - Did the decedent leave any unpaid debts; and if so, give as nearly as possible, the amount of such debts, and whether they have since been paid.

ANSWER: No

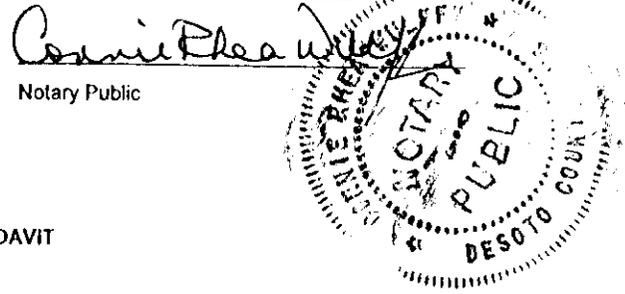
QUESTION 13 - If the decedent left no children, then give below the names and addresses (together with other information called for), of his surviving father, mother, brothers and sisters: ANSWER:

	NAME	RELATIONSHIP	AGE	ADDRESS OR IF NOT LIVING, DATE OF DEATH
1				
2				
3				
4				
5				

Annie M. McDonald
Signature of Affiant ANNIE MCDONALD M.

Subscribed and sworn to before me this 3rd day of December, 19 99

My commission expires June 17, 2003



CORROBORATION AFFIDAVIT

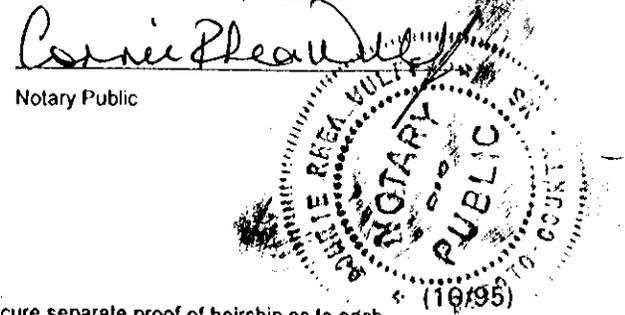
STATE OF MS (To be signed by some person other than the one making the foregoing affidavit)
COUNTY OF Desoto

James Moore, of lawful age, being first duly sworn, upon his oath states: That the information given in the above and foregoing affidavit, made by Annie McDonald is true, to the personal knowledge of this affiant.

James Moore
Signature of Corroborating Affiant
JAMES MOORE

Subscribed and sworn to before me this 3rd day of December, 19 99

My commission expires June 17, 2003



Children of Lorine Clemons:

Ruby L. Brown

Robert Earl Wright

Ralph Clemons

James O. Clemons

Loretta Smith

Tommie L. Clemons, Jr.

Laverne Morgan

Betty Spearnock

Linda F. Clemons

Stanley Clemons



HEIRSHIP AFFIDAVIT

(Heirship of Henretta S. Wright Deceased)

STATE OF MS
 COUNTY OF Desoto

James Moore, of lawful age,
 being first duly sworn, upon his oath deposes and says:

That he was personally well acquainted with the above decedent, during his lifetime, having known ^{her} ~~him~~ for 50 years, and that affiant bears the following relationship to the said decedent, to wit: Henretta S. Wright

Affiant further states that the said decedent departed this life at _____, in Allen County, State of Indiana, on or about May 28, 1984, being 77 years old at the date of his death.

Affiant further states that he was well acquainted with the family and near relatives of the said decedent, and with all those who would under the laws of the State of MS, be his heirs, and that the following statements and the answers to the following named questions are based upon the personal knowledge of affiant and are true and correct:

QUESTION 1 - Did the decedent leave a will? ANSWER: No

QUESTION 2 - If so, has the will been admitted to probate - at what place, and when? ANSWER: No

QUESTION 3 - Has an administrator been appointed for the estate of said deceased? ANSWER: No

QUESTION 4 - If so, give the County in which the said administration proceedings are pending, and the name and address of the administrator. ANSWER: N/A

QUESTION 5 - Did the decedent receive the benefit of any Medicaid payments? ANSWER: Yes _____ No X
 If yes, attach copy of Division of Medicaid Waiver of Recovery pursuant to Section 43-13-317.

QUESTION 6 - Give the name and address of the surviving widow or widower of decedent. ANSWER: None - Deceased - Feb. 5, 1974
 If not living, state date of death _____

QUESTION 7 - If the decedent was married more than once, give the name of the former husband or wife, and state whether said former spouse is dead or divorced.
 ANSWER: N/A

QUESTION 8 - On the blank lines below, give the names and places of residence of all surviving children of deceased, together with the other information called for. ANSWER: (Give names of surviving children only)

	NAME OF CHILD	DATE OF BIRTH	IF NOT LIVING DATE OF DEATH	NAME OF HUSBAND OR WIFE	ADDRESS OR IF NOT LIVING DATE OF DEATH
1.	<u>Mildred Williams</u>	<u>5-2-30</u>		<u>Sidney Williams</u>	<u>2519 Drexel Av., Ft. Wayne, IN</u>
2.	<u>Verdell Morrison</u>	<u>11-3-32</u>		<u>Hubert Morrison</u>	<u>3618 New Haven, Ft. Wayne, IN</u>
3.					
4.					

QUESTION 9 - Give below the names of any deceased children of the decedent, together with the other information called for. ANSWER:

	NAME OF CHILD	DATE OF BIRTH	DATE OF DEATH	SURVIVING HUSBAND OR WIFE	IF NOT LIVING DATE OF DEATH
1.	<u>Lorine Clemons</u>	<u>10-1-27</u>	<u>3-20-97</u>	<u>Tommie Lee Clemons</u>	<u>(Separated/divorced)</u>
2.	<u>Leroy Wright</u>	<u>2-13-26</u>	<u>7-30-86</u>	<u>No wife or children</u>	
3.	<u>Robert Lee Wright</u>	<u>8-19-23</u>	<u>1-28-74</u>	<u>No wife or children</u>	
4.					

QUESTION 10 - Give the names of the children of any deceased son or daughter of the decedent: ANSWER:

	NAME OF CHILD	DATE OF BIRTH	ADDRESS OR IF NOT LIVING, DATE OF DEATH	NAME OF FATHER AND MOTHER
1	See attached for 10 children	of	Lorine Clemons	
2				
3				
4				

QUESTION 11 - Did the decedent have any adopted children, or step-children taken into his home?

ANSWER: Yes _____ No X IF SO, WRITE THEIR NAMES, AGES, AND ADDRESSES IN THE BLANK LINES BELOW:

	NAME	AGE	ADDRESS
1			
2			
3			
4			
5			

QUESTION 12 - Did the decedent leave any unpaid debts; and if so, give as nearly as possible, the amount of such debts, and whether they have since been paid.

ANSWER: No

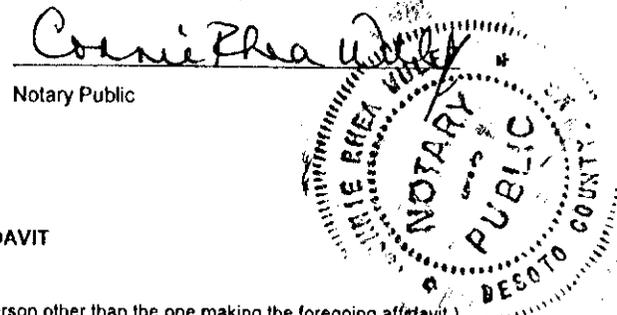
QUESTION 13 - If the decedent left no children, then give below the names and addresses (together with other information called for), of his surviving father, mother, brothers and sisters: ANSWER:

	NAME	RELATIONSHIP	AGE	ADDRESS OR IF NOT LIVING DATE OF DEATH
1				
2				
3				
4				
5				

James Moore
Signature of Affiant JAMES MOORE

Subscribed and sworn to before me this 3rd day of December, 19 99

My commission expires June 17, 2003



CORROBORATION AFFIDAVIT

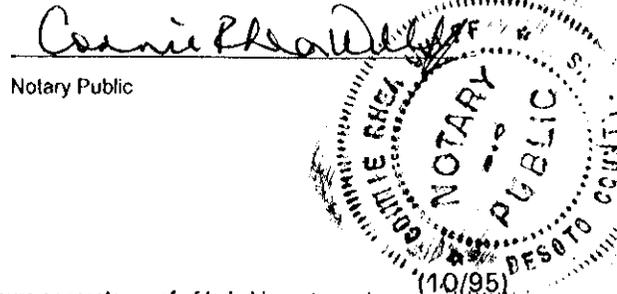
STATE OF MS (To be signed by some person other than the one making the foregoing affidavit)
COUNTY OF DeSoto
Annie McDonald, of lawful

age, being first duly sworn, upon his oath states: That the information given in the above and foregoing affidavit, made by James Moore is true, to the personal knowledge of this affiant.

Annie M. McDonald
Signature of Corroborating Affiant
ANNIE MCDONALD

Subscribed and sworn to before me this 3rd day of December, 19 99

My commission expires June 17, 2003



Children of Lorine Clemons:

Ruby L. Brown

Robert Earl Wright

Ralph Clemons

James O. Clemons

Loretta Smith

Tommie L. Clemons, Jr.

Laverne Morgan

Betty Spearnock

Linda F. Clemons

Stanley Clemons