

STATE MS. - DESOTO CO.
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WARRANTY DEED

BK. 371 PG. 240
W.C. CLERK. CLK.

THIS WARRANTY DEED is given by DEBRA D. ALLEN, Grantor, in favor of DESOTO SUNRISE, INC., a Mississippi non-profit corporation, 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 Grantor, and other good and valuable considerations, the receipt and sufficiency of all of which are hereby acknowledged, Grantor does hereby grant, bargain, sell, convey and warrant, except as hereinafter set forth, unto the Grantee, the following described property, together with the improvements, hereditaments and appurtenances thereunto belonging, including but not limited to all mineral rights that Grantor has, located in the County of DeSoto, State of Mississippi, and more particularly described as follows, to-wit:

Lot 127 in Section B of KoKo Reef Subdivision as shown on the Plat appearing in Plat Book 7, Pages 26-34, in the Chancery Court Clerk's Office of DeSoto County, Mississippi, to which recorded Plat reference is made for a more particular description, said lot being situated in Section 30, Township 3, Range 9.

TO HAVE AND TO HOLD unto the Grantee, its successors and/or 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.
- 4) The covenants, limitations and restrictions which are to run with the land in the same manner and for the same time as the restrictions on said recorded plat of subdivision which are more fully set forth in Deed of record in Deed Book 125, Page 499 in the land records of DeSoto County, Mississippi.

Grantor further warrants that the Title to the subject property is vested in Bennie F. Weeks. Bennie F. Weeks died testate on August 23, 1985, as evidenced by a copy of his death certificate which is attached hereto as Exhibit "A" and incorporated herein by reference. His estate was probated in the Chancery Court of DeSoto County, Mississippi in Cause Number 85-9-604 and his wife, Dorothy Smith Weeks was his sole beneficiary, as evidenced by a copy of the Decree Finally Discharging Executrix attached hereto as Exhibit "B" and incorporated herein by reference.

Grantor further warrants that Dorothy Smith Weeks died testate on August 2, 1984, as evidenced by a copy of her death certificate which is attached hereto as Exhibit "C" and incorporated herein by reference. Her estate was probated in the Chancery Court of DeSoto County, Mississippi in Cause Number 94-9-1069 and her daughter, Debra D. Allen, formerly known as Debra D. Weeks, was the her sole beneficiary, as evidenced by a copy of the Decree Finally Discharging Executrix attached hereto as Exhibit "D" and incorporated herein by reference.

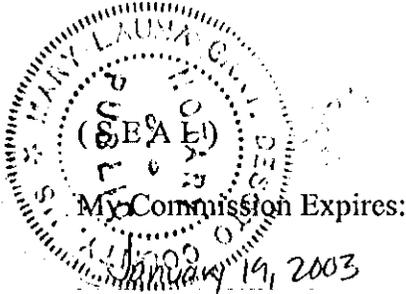
WITNESS THE SIGNATURE of the Grantor, this the 13th day of April, 2000.


DEBRA ALLEN

STATE OF Mississippi

COUNTY OF De Soto

Personally appeared before me, a Notary Public, in and for said jurisdiction, the within named DEBRA ALLEN who acknowledged that she executed and delivered the above and foregoing instrument on this the 13th day of April, 2000.



Mary Laura Gray
NOTARY PUBLIC

NOTE: NO TITLE WORK WAS REQUESTED OR PERFORMED BY HOLCOMB DUNBAR, A PROFESSIONAL ASSOCIATION

ADDRESS OF GRANTORS:
5580 Kings Point
Memphis TN 38120
Phone: 901-682-9454
Phone: 901-682-9454

ADDRESS OF GRANTEEES:
Post Office Drawer 246
Hernando, Mississippi 38632
Phone: 662-429-3609
Phone: none

PREPARER'S STATEMENT AND INDEXING INSTRUCTION

TYPE OF INSTRUMENT:

Warranty Deed

PREPARER'S NAME AND ADDRESS:

M. LaUna Gray
Holcomb Dunbar, P.A.
P.O. Box 190
Southaven, MS 38671
601-349-0664

INDEXING INSTRUCTIONS:

Lot 127 in Section B of KoKo Reef Subdivision

TENDERED FOR RECORDING BY (PLEASE RETURN TO):

M. LaUna Gray
Holcomb Dunbar, P.A.
P.O. Box 190
Southaven, MS 38671
601-349-0664

CERTIFICATE OF DEATH
TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

005662

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

TYPE OR PRINT IN PERMANENT BLACK INK.

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS AND INFORMANT

PERMIT REQUIRED PRIOR TO TRANSPORTATION OF BODY BY COMMON CARRIER OR REMOVAL FROM STATE.

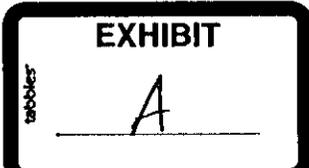
DISPOSITION

CERTIFIER

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE. ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

CAUSE

DECEASED—NAME: Bennie
 FIRST: Frank
 MIDDLE: Weeks
 LAST: Weeks
 BIRTH NO.: 478
 STATE FILE NO.: 005662
 DATE OF DEATH (MONTH, DAY, YEAR): Aug. 23, 1985
 AGE—LAST BIRTHDAY (YEARS, MONTHS, DAYS): 63
 SEX: Male
 RACE: White
 ETHNIC OR DESCENT: American
 COUNTY OF DEATH: Shelby
 CITY, TOWN OR LOCATION: Memphis
 HOSPITAL OR OTHER INSTITUTION—NAME: Methodist South Hospital
 STATUS: Inpatient
 STATE OF BIRTH (IF NOT IN U.S.): Miss.
 CITIZENSHIP: U.S.A.
 MARRIAGE: Married
 SURVIVING SPOUSE: Dorothy Smith
 SOCIAL SECURITY NUMBER: 427-24-8832
 USUAL OCCUPATION: School Administrator
 KIND OF BUSINESS OR INDUSTRY: Public School
 RESIDENCE—STATE: Miss.
 COUNTY: Desoto
 CITY, TOWN OR LOCATION: Hernando
 STREET AND NUMBER: 435 Vaiden Dr.
 CITY OR TOWN: Hernando
 STATE: Miss.
 FATHER—NAME: Benjamin R. Weeks
 MOTHER—MAIDEN NAME: Bessie N. Baker
 DATE OF BIRTH (MONTH, DAY, YEAR): Aug. 25, 1985
 CEMETERY OR CREMATORY: Magnolia Cemetery
 LOCATION: Coldwater, Ms.
 LICENSE NO.: 422
 REGISTRATION NO.: 862
 FUNERAL HOME—NAME AND ADDRESS: Hernando Funeral Home, Hernando, Ms. 38632
 PHYSICIAN—CERTIFY THAT THE DEATH OCCURRED AT THE PLACE ON THE DATE AND DUE TO THE CAUSE STATED.
 SIGNATURE: Gary Whitlock, M.D.
 TITLE: Doctor
 DATE SIGNED (MONTH, DAY, YEAR): 8/26/81
 MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE STATED.
 SIGNATURE: Gary Whitlock, M.D.
 TITLE: Doctor
 DATE SIGNED (MONTH, DAY, YEAR): 8/26/81
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE: Myocardial infarction
 CAUSE IN CHAIN: Due to, or as a consequence of:
 CAUSE IN CHAIN: Due to, or as a consequence of:
 PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)
 ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):
 DATE OF INJURY (MONTH, DAY, YEAR):
 HOUR:
 PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE, SCHOOL, ETC. (SPECIFY):
 CITY OR TOWN:
 STATE:



MEMPHIS & SHELBY COUNTY HEALTH DEPARTMENT-814 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 SEP 30 1994

by

Glenn D. Fouse

Glenn D. Fouse, Registrar
Vital Records Section

IN THE CHANCERY COURT OF DESOTO COUNTY, MISSISSIPPI

IN THE MATTER OF THE ESTATE OF
BENNIE FRANK WEEKS

CAUSE NO. 85-9-604

DECREE FINALLY DISCHARGING EXECUTRIX

The sworn Petition of Dorothy Smith Weeks in her official capacity as Executrix of the estate of Bennie Frank Weeks, deceased, and individually, she being the sole beneficiary and devisee under the Last Will And Testament of the decedent having been presented unto the Court on this day and the Court having considered same is of the opinion and does so find as follows:

1. That Bennie Frank Weeks an adult resident and citizen of DeSoto County, Mississippi, with a fixed place of residence therein, died testate on August 23, 1985. That Testator's will was duly admitted to probated in this cause on September 5, 1985. That the said Executrix duly qualified as such for the estate, without bond, she being relieved therefrom under the provisions of the said Last Will And Testament.

2. That the Executrix has given notice to creditors according to law and the time has now long expired for creditors to probate claims, all of which is shown by proper proof of publication of Notice To Creditors filed in this cause. That no claims were probated in this cause.

3. That the Executrix has duly administered the estate of said Testator according to law and has duly collected all the personal property assets belonging to said estate and has paid all funeral expenses incurred on the Testator's behalf. That the value of the estate of the Testator is not of a sufficient amount to cause to be filed either a State of

EXHIBIT

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H. G. GIBSON, CL

BY

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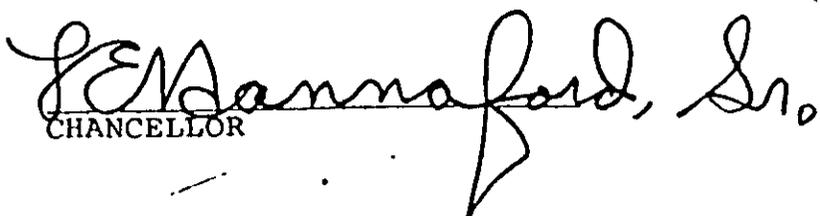
Mississippi or federal estate tax return. That no fiduciary returns are required as Executrix will report all income of decedent in a joint tax return with Executrix for the year 1985.

4. That said estate has now been fully administered and no further act remains of said Executrix other than to pay a small balance of court costs accrued in this cause, attorney's fees, and to transfer and deliver to Dorothy Smith Weeks, the sole beneficiary under the provisions of said Last Will And Testament, all bank accounts of the Testator and all other personal property assets of whatsoever nature belonging to the estate of the said Testator. That the Executrix waives all commissions for her services in said capacity.

5. That Dorothy Smith Weeks, individually and as said sole beneficiary under the said Last Will And Testament of the said decedent, does hereby join in said petition for the express purpose of waiving all statutory requirements of final accounting, process, time, etc., and thereby agreed that said petition may be heard by the Court at any time.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that upon the payment of attorney's fees, court costs and the transfer and delivery of all personal property assets belonging to the estate of the Testator to Dorothy Smith Weeks, the sole beneficiary under the Last Will And Testament of the decedent, that the said Dorothy Smith Weeks, Executrix, be fully and finally discharged from all further liability in the premises.

ORDERED, ADJUDGED AND DECREED this the 16th day of January, 1986.


CHANCELLOR

005772

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last)
Dorothy Don Weeks

2. SEX
Female

3. DATE OF DEATH (Month, Day, Year)
Aug. 2, 1994

4. SOCIAL SECURITY NUMBER (of Decedent)
428-56-0024

5a. AGE - LAST BIRTHDAY (Years)
66

5b. BIRTHDAY (Month, Day, Year)
July 16, 1928

7. BIRTHPLACE (City and State or Foreign Country)
Coldwater, Ms.

8. WAS DECEDENT EVER IN U.S. ARMED FORCES?
1 Yes 2 No

9a. PLACE OF DEATH (Check only one)
HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)

9b. FACILITY NAME (If not institution, give street and number)
Baptist Memorial Hospital

9c. CITY, TOWN, OR LOCATION OF DEATH
Memphis

9d. COUNTY OF DEATH
Shelby

10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)
Widowed

11. SURVIVING SPOUSE (If wife, give maiden name)
NA

12a. DECEDENT'S USUAL OCCUPATION (One kind of work done during most of working life. Do not use retired)
Vice President

12b. KIND OF BUSINESS/INDUSTRY
Federal Land Bank

13a. RESIDENCE - STATE
Ms.

13b. COUNTY
Desoto

13c. CITY, TOWN OR LOCATION
Hernando

13d. STREET AND NUMBER OR RURAL LOCATION
153 Vaiden Dr.

13e. INSIDE CITY LIMITS? 1 Yes 2 No

13f. ZIP CODE
38632

14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.)
Yes No Specify, if yes

15. RACE - American Indian, Black, White, etc. (Specify)
White

16. DECEDENT'S EDUCATION (Specify only highest grade completed)
Elementary/Secondary (0-12) College (14 or 5+)

17. FATHER'S NAME (First, Middle, Last)
Jack Smith

18. MOTHER'S NAME (First, Middle, Maiden Surname)
Edna Cate

19a. INFORMANT'S NAME (Type/Print)
Debra Weeks

19b. RELATIONSHIP TO DECEASED
Daughter

19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
6616 Silver Oak Cove Memphis, Tn. 38141

20a. METHOD OF DISPOSITION
1 Burial 2 Cremation 3 Remove from State 4 Donation 5 Other (Specify)

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)
Magnolia Cemetery

20c. LOCATION - City or Town, State
Coldwater, Ms.

21a. SIGNATURE OF FUNERAL DIRECTOR
Harry Jones

21b. LICENSE NUMBER OF FUNERAL DIRECTOR
FS 153

21c. SIGNATURE OF EMBALMER
Murray Southland

21d. LICENSE NUMBER OF EMBALMER
FS 92

22a. NAME AND ADDRESS OF FUNERAL HOME
Hernando Funeral Home 315 Losher St. Hernando, Ms. 38632

22b. LICENSE NUMBER OF FUNERAL HOME
FE 47

23. REGISTRAR'S SIGNATURE
Mary Ann Bradshaw

24. DATE FILED (Month, Day, Year)
Deputy AUG 11 1994

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 SIGNATURE AND TITLE OF PHYSICIAN
Michael Wilons

25b. LICENSE NUMBER
TN 007996

25c. DATE SIGNED (Month, Day, Year)
8/5/94

25d. 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 SIGNATURE AND TITLE OF MEDICAL EXAMINER

25e. LICENSE NUMBER

25f. DATE SIGNED (Month, Day, Year)

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)
Dr. Michael Wilons 6025 Walnut Grove Suite 500 Memphis, Tn. 38120

28. PART I. Enter the disease, 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) → **Melanotic large cell carcinoma of lung**
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
Obstructive Pulmonary

29a. WAS AN AUTOPSY PERFORMED?
1 Yes 2 No

29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
1 Yes 2 No

30. MANNER OF DEATH
1 Natural 5 Pending Investigation
2 Accident
3 Suicide 6 Could not be Determined
4 Homicide

31a. DATE OF INJURY (Month, Day, Year)

31b. TIME OF INJURY
M

31c. INJURY AT WORK?
1 Yes
2 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)

TYPE / PRINT IN TRAILING SPACE FOR INSTRUCTIONS HANDBOOK
185
DECEDENT
NAME OF DECEDENT, for use by physician or informant
DE
CENSUS TRACT
PARENTS
INFORMANT
DISPOSITION
REGISTRAR
CERTIFIER
PHYSICIAN OR MEDICAL EXAMINER EXISTING CERTIFICATE LIST COMPLETE AND ON MEDICAL CERTIFICATION WITHIN 48 HOURS.
SEE INSTRUCTIONS ON OTHER SIDE
CAUSE OF DEATH

EXHIBIT
tabbies
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MEMPHIS & SHELBY COUNTY HEALTH DEPARTMENT-814 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 SEP 30 1994

by Glenn D. Fouse

Glenn D. Fouse, Registrar
Vital Records Section

IN THE CHANCERY COURT OF DESOTO COUNTY, MISSISSIPPI

IN THE MATTER OF THE ESTATE OF

NO. 94-9-1069

DOROTHY SMITH WEEKS

 DECREE FINALLY DISCHARGING EXECUTRIX

The sworn petition of DEBRA D. ALLEN, formerly known as DEBRA D. WEEKS acting in her official capacity as Executrix of the Estate of DOROTHY SMITH WEEKS, deceased, in which the Petitioner joined individually, praying her final discharge as said Executrix and for other relief, having been presented unto the court on this day, and the court having considered same is of the opinion and does so find as follows:

1. That DOROTHY SMITH WEEKS, an adult resident and citizen of DeSoto County, Mississippi, with a fixed place of residence therein, died testate on 2 August 1994 owning a real and personal estate situated in DeSoto County, Mississippi.

2. That the Testatrix's last will and testament was duly admitted to probate in this cause. That the said Executrix duly qualified as such for the estate, without bond, she being relieved therefrom under the provisions of said last will and testament.

3. That the said Executrix has given notice to creditors according to law and the time has now expired for creditors to probate claims, all of which is shown by affidavit pursuant to Section 91-7-145, Mississippi Code of 1972 Annotated, as amended, and proper proof of publication of Notice To Creditors both filed

EXHIBIT

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Minute Book 189 page 392

FILED

APR 18 1995

W E DAVIS, CLERK

in this cause. That no claims were probated in this cause.

4. That the said Executrix has duly administered the estate of said Testatrix according to law and has duly collected all the personal property assets belonging to said estate and has paid all the Testatrix's funeral expenses and the expenses of the last illness of the Testatrix.

5. That the Petitioner has been competently advised that the value of the estate of the Testatrix is not of a sufficient amount to cause to be filed either a State of Mississippi or Federal Estate Tax Return. That the Testatrix has duly filed state and federal income tax returns for the year 1994. That no fiduciary returns are required of the Executrix for the year 1995.

6. That said estate has now been fully administered and no further act remains of said Executrix other than to pay attorney's fees and to transfer and deliver to DEBRA D. ALLEN, formerly known as DEBRA D. WEEKS, individually, as the sole beneficiary under the provisions of said last will and testament, all bank accounts of the Testatrix and all other personal property assets of whatever nature belonging to the estate of the said Testatrix. That the Executrix has waived all commissions payable by statute to her for her services to said estate.

7. That DEBRA D. ALLEN, formerly known as DEBRA D. WEEKS individually and as said sole beneficiary under the provisions of said last will and testament, joined in said petition for the express purpose of waiving all statutory requirements of final accounting, process, and time and did thereby consent that said petition may be considered by the Court at any time.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED:

That upon the payment of attorney's fees and the transfer and delivery to DEBRA D. ALLEN, formerly known as DEBRA D. WEEKS, individually, as the sole beneficiary under the provisions of the last will and testament of DOROTHY SMITH WEEKS, deceased, of all bank accounts of the Testatrix and all other personal property assets of whatever nature belonging to the Testatrix, that the said Executrix be fully and finally discharged from all further liability in the premises.

ORDERED, ADJUDGED AND DECREED, THIS THE 18th day of April,
1995.


CHANCELLOR

STATE OF MISSISSIPPI, COUNTY OF DESOTO
I HEREBY CERTIFY that the above and foregoing is a true
copy of the original filed in this office.
This the 19 day of April, 19 95
W. E. DAVIS, Clerk of the Chancery Court
By W. Graham D.C.

LAST WILL AND TESTAMENT

OF

DOROTHY SMITH WEEKS

44-9-1069

I, Dorothy Smith Weeks, being the age of eighteen (18) years and over, of sound and disposing mind and memory, a resident citizen of DeSoto County, Mississippi, do hereby make, publish and declare this my Last Will And Testament, revoking all previous wills by me heretofore made.

ITEM ONE: I do hereby will, devise and bequeath all the property which I die seized and possessed, of whatever kind or character, whether real or personal, to my daughter, Debra D. Weeks.

ITEM TWO: I hereby nominate, constitute and appoint my daughter, Debra D. Weeks, Executrix of this my Last Will And Testament and waive the necessity of her making bond or accounting to any Court for the faithful performance of her duties as such.

IN WITNESS WHEREOF, I have hereunto set my hand this the 28th day of January, 1986.

Dorothy Smith Weeks
DOROTHY SMITH WEEKS

This instrument was on the day and date shown above, signed, published and declared by Dorothy Smith Weeks to be her Last Will And Testament in our presence, and we, at her request, have hereunto subscribed our signature in her presence and in the presence of each other.

WITNESS:

ADDE. SS:

L. M. H. Bernal
Kate Campbell

Hernando, Mississippi
Hernando, Mississippi

FILED

JAN 29 1986

V. E. DAVIS CLERK

PROOF OF LAST WILL AND TESTAMENT OF
DOROTHY SMITH WEEKS

STATE OF MISSISSIPPI
COUNTY OF DESOTO

This day personally appeared before me, the undersigned authority in and for said County and State, WILLIAM W. BALLARD, one of the subscribing and attesting witnesses to the attached typewritten instrument dated 28 January 1986 purporting to be the Last Will And Testament of DOROTHY SMITH WEEKS, who by me being first duly sworn, makes oath as follows:

That on said date of 28 January 1986, the said DOROTHY SMITH WEEKS signed, published and declared said typewritten instrument as her Last Will And Testament in the presence of the affiant and in the presence of KATHY COOK MORRIS, the other subscribing witness, all of said parties having been present on said occasion.

That affiant and the said KATHY COOK MORRIS subscribed their signatures to said instrument as the attesting witnesses thereto, each in the presence of the other subscribing and attesting witness and each in the presence of and at the request of the said DOROTHY SMITH WEEKS.

That at the time the said DOROTHY SMITH WEEKS so signed, published and declared her Last Will And Testament she was of sound and disposing mind and memory, over 18 years of age and a citizen and resident of DeSoto County, Mississippi.

Wm W Ballard
WILLIAM W. BALLARD

All of which is sworn to and subscribed before me on this
the 29th day of September, 1994.

My Commission Expires:

3/23/97

Lisa Denise Johnson
NOTARY PUBLIC

FILED

SEP 29 1994

W E DAVIS, CLERK