

STATE MS.-DESOTO CO. FILED

OCT 2 1 36 PM '00

GREGORY D. CRAIGEN,
HEIR AT LAW OF U.Z. CRAIGEN, SR.,
DECEASED, GRANTOR

BK 380 PG 341
WARRANTY DEED

TO

GREGORY D. CRAIGEN, GRANTEE

FOR AND IN CONSIDERATION of Ten Dollars (\$10.00), cash in hand paid, and other good and valuable legal consideration, the receipt and sufficiency of which is hereby acknowledged, the Grantor, GREGORY D. CRAIGEN, heir at law of U.Z. Craigen, Sr., Deceased, hereby conveys and warrants unto the Grantee, GREGORY D. CRAIGEN, the land in DeSoto County, Mississippi, being more particularly described as follows:

2.21 acres in the southeast quarter of Section 17, Township 3 South, Range 7 West, DeSoto County, Mississippi being more particularly described as follows:

Commencing at a point commonly accepted as the southwest corner of said quarter section, said point being on the centerline of Holly Springs Road (80 feet wide); thence run east a distance of 1331.27 feet along said centerline to a point; thence run north 00 degrees, 23 minutes, 26 seconds east a distance of 40.00 feet to a steel fence rail on the north right of way line of said Holly Springs Road and the point of beginning; thence run north 00 degrees, 10 minutes, 16 seconds west a distance of 618.09 feet to a steel fence rail; thence run south 89 degrees, 49 minutes, 44 seconds west a distance of 281.70 feet to a steel fence rail on the east line of the U. Z. Craigen property; thence run north 00 degrees, 10 minutes, 16 seconds west a distance of 197.00 feet along said Craigen east line to a steel fence rail; thence run north 89 degrees, 49 minutes, 44 seconds east a distance of 331.70 feet to a steel fence rail on the west line of the Weissinger Newberry, Jr., property; thence run south 00 degrees, 10 minutes, 16 seconds east a distance of 815.58 feet along said Newberry west line to a steel fence rail on said north right of way line; thence run north 89 degrees, 36 minutes, 34 seconds west a distance of 50.0 feet along said north right of way line to the point of beginning and containing 2.21 acres.

The above described land is part of the land partited to U.Z. Craigen, Sr. by a Partition Deed recorded in Book 212, Page 600. U.Z. Craigen, Sr. died without a Will in 1994 leaving his Widow, Thelma Craigen, and his ten children, Thelma Craigen, Tom

Craigen, U.Z. Craigen, Jr., Clyde Craigen, Warnia Craigen, Sallie Craigen, Charles Craigen, Linda C. Phillips, Carolyn C. Brownlee, Loris C. Jones, and Gregory C. Craigen as his only heirs-at-law. Subsequent to his death, the above described land was conveyed from his heirs-at-law, with the exception of Gregory C. Craigen, to Gregory C. Craigen by a Warranty Deed recorded in Book 362, Page 635.

By acceptance of this Deed, the parties agree that this conveyance is made subject to subdivision, health department, zoning and other regulations in effect in DeSoto County, Mississippi and rights of way and easements for public roads, flowage, and utilities. Possession will be given upon delivery of this Deed.

EXECUTED this the 29th day of September, 2000.

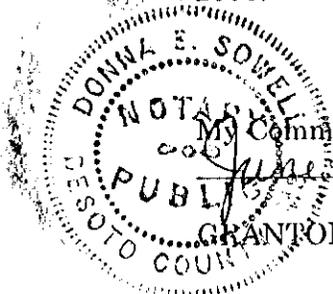

GREGORY D. CRAIGEN,
HEIR AT LAW OF U.Z.
CRAIGEN, SR., DECEASED

STATE OF MISSISSIPPI
COUNTY OF DESOTO

This day personally appeared before me, the undersigned authority in and for said County and State, the within named GREGORY D. CRAIGEN, Heir at Law of U.Z. Craigen, Sr., Deceased, who acknowledged signing and delivering the above and foregoing Warranty Deed on the day and year therein mentioned as a free and voluntary act and deed and for the purposes therein expressed.

GIVEN under my hand and official seal of office this the 29th day of September, 2000.

Donna E. Sowell
Notary Public



My Commission Expires:

GRANTOR'S ADDRESS:

1650 Holly Springs Road, Hernando, MS 38632
Home #: 662-429-4425 Bus. #: 662-429-8135

GRANTEE'S ADDRESS:

1650 Holly Springs Road, Hernando, MS 38632
Home #: 662-429-4425 Bus. #: 662-429-8135

Prepared by:
Walker, Brown & Brown, P. A.
P. O. Box 276
Hernando, MS 38632
(662) 429-5277
(901) 521-9292
j g craigen to g craigen wd 2001

HEIRSHIP AFFIDAVIT

STATE OF MISSISSIPPI
 COUNTY OF DESOTO

This day personally appeared before me, J. C. BOWDRE, of lawful age, being first duly sworn upon his oath says the following:

1. That he was personally well acquainted with U. Z. CRAIGEN during his lifetime and having known him for more than 55 years. The affiant bears no relationship to him.

2. Affiant further states that U. Z. CRAIGEN died on August 18, 1994 a resident of DeSoto County, Mississippi.

3. Affiant further states that he was well acquainted with the family of U. Z. CRAIGEN and he left his Wife, THELMA CRAIGEN, and the following children who were his heirs at law: TOM CRAIGEN, U. Z. CRAIGEN, JR., CLYDE CRAIGEN, WARNIA CRAIGEN, SALLIE CRAIGEN, CHARELS CRAIGEN, LINDA C. PHILLIPS, CAROLYN C. BROWNLEE, LORIS C. JONES and GREGORY D. CRAIGEN.

4. U. Z. CRAIGEN died without a Will and no Administrator has been appointed for his estate.

J. C. Bowdre
 Affiant

SWORN TO AND SUBSCRIBED before me this the 21st day of September, 2000.

Julie M. Huebner
 Notary Public

My Commission Expires:
April 26, 2003



HEIRSHIP AFFIDAVIT

STATE OF MISSISSIPPI
COUNTY OF DESOTO

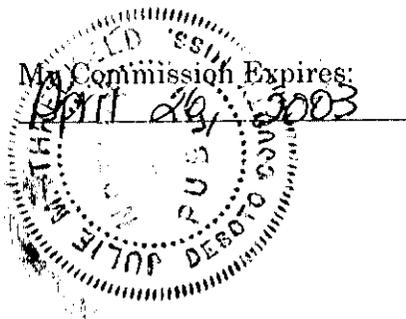
This day personally appeared before me, JAMES TUGGLE, of lawful age, being first duly sworn upon his oath says the following:

1. That he was personally well acquainted with U. Z. CRAIGEN during his lifetime and having known him for more than 25 years. The affiant bears no relationship to him.
2. Affiant further states that U. Z. CRAIGEN died on August 18, 1994 a resident of DeSoto County, Mississippi.
3. Affiant further states that he was well acquainted with the family of U. Z. CRAIGEN and he left his Wife, THELMA CRAIGEN, and the following children who were his heirs at law: TOM CRAIGEN, U. Z. CRAIGEN, JR., CLYDE CRAIGEN, WARNIA CRAIGEN, SALLIE CRAIGEN, CHARELS CRAIGEN, LINDA C. PHILLIPS, CAROLYN C. BROWNLEE, LORIS C. JONES and GREGORY D. CRAIGEN.
4. U. Z. CRAIGEN died without a Will and no Administrator has been appointed for his estate.

James Tuggle
Affiant

SWORN TO AND SUBSCRIBED before me this the 21st day of September, 2000.

Julie M. Shuckeed
Notary Public



TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

BK 0280 PG 0346

TYPE/PRINT
 IN
 PERMANENT
 LACK INK
 FOR
 INSTRUCTIONS
 HANDBOOK

NAME OF DECEASED:
 For use by physician or institution

1. DECEDENT'S NAME (First, Middle, Last) U. Z. Craigen				2. SEX M	3. DATE OF DEATH (Month, Day, Year) July 26, 1994		
4. SOCIAL SECURITY NUMBER (of Decedent) 426-52-9890		5a. AGE - LAST BIRTHDAY (Years) 67	5b. UNDER 1 YEAR MOSE DAYS	5c. UNDER 1 DAY HOURS MIN	6. DATE OF BIRTH (Month, Day, Year) Sept. 16, 27	7. BIRTHPLACE (City and State or Foreign Country) Hernando, MS	
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) Baptist Hospital Central			9c. CITY, TOWN, OR LOCATION OF DEATH Memphis		9d. COUNTY OF DEATH Shelby		
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Thelma Peoples		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Maintenance Worker		12b. KIND OF BUSINESS/INDUSTRY Maintenance	
13a. RESIDENCE - STATE MS		13b. COUNTY DeSoto		13c. CITY, TOWN OR LOCATION Hernando		13d. STREET AND NUMBER OR RURAL LOCATION 1650 Hollysprings Rd.	
13e. INSIDE CITY LIMITS? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		13f. ZIP CODE 38632		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Specify, if yes:		15. RACE—American Indian, Black, White, etc. (Specify) Black	
16. DECEASED'S EDUCATION (Specify only highest grade completed) N/A		17. FATHER'S NAME (First, Middle, Last) Will Craigen				18. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Bryant Craigen	
19a. INFORMANT'S NAME (Type/Print) U. Z. Craigen, Jr.			19b. RELATIONSHIP TO DECEASED Son		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 38651 1885 Pleasant Hill Rd., Nesbit, MS		
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) Greenview Cemetery		20c. LOCATION—City or Town, State Nesbit, MS			
21a. SIGNATURE OF FUNERAL DIRECTOR GW Henderson, Sr.		21b. LICENSE NUMBER OF FUNERAL DIRECTOR FD-1071		21c. SIGNATURE OF EMBALMER Clayton P. Henderson		21d. LICENSE NUMBER OF EMBALMER FS-511	
22a. NAME AND ADDRESS OF FUNERAL HOME Henderson Funeral Home 2746 S. Panola St., Hernando, MS					22b. LICENSE NUMBER OF FUNERAL HOME FE-318		
23. REGISTRAR'S SIGNATURE Mary Ann Bradshaw Deputy				24. DATE FILED (Month, Day, Year) AUG 18 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 <input type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN Will Secours						25b. LICENSE NUMBER 6249	25c. DATE SIGNED (Month, Day, Year) 8/16/94
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)							
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. Gastrointestinal Hemorrhage DUE TO (OR AS A CONSEQUENCE OF): b. Recurrent Malignant Lymphoma DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____ Approximate Interval Between Onset and Death 9 years							
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 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 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 type="checkbox"/> No	
31a. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)				31d. DESCRIBE HOW INJURY OCCURRED			
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH