

Prepared by and Return to:
N. MS Title, Inc.
Hugh H. Armistead, Attorney
P.O. Box 609
Olive Branch, MS 38654
662-895-4844

STATE MS.-DESOTO CO.
FILED

Oct 9 10 31 AM '00

BK 380 PG 721
W.E. STUBBS CLERK

BILLY D. WHITE, ET AL,

**GRANTORS,
TO**

WARRANTY DEED

BILLY D. WHITE,

GRANTEE

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, We, **BILLY D. WHITE, WILEY WHITE, ARCHIE WHITE, LONNIE WHITE, SANDRA WHITE MCCALLUM, ANN WHITE DOUELL and JAMES E. WHITE,** do hereby sell, convey and warrant unto **BILLY D. WHITE,** the land lying and being situated in DeSoto County, Mississippi, described as follows, to-wit:

Lot 5, Walter Subdivision, situated in part of the Southwest Quarter of Section 16, Township 1 South, Range 5 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 2, at Page 1, in the Office of the Chancery Clerk of DeSoto County, Mississippi., and being the same property conveyed to Maude Mae White in Warranty Deed Book No. 73, at Page 62, and recorded in said Clerk's Office.

The warranty in this Deed is subject to subdivision and zoning regulations in effect in DeSoto County, Mississippi; to rights of ways and easements for public roads and public utilities shown or not shown on the public records; to the restrictive covenants of said subdivision; and to any prior conveyances or reservation of minerals of every kind and character, including, but not limited to oil, gas, sand and gravel, in, on and under subject property.

By way of explantation, the Grantors are the sole surviving heirs of Maude Mae White, who departed this life on the 1st day of January, 2000, a copy of her death certificate being attached hereto and made a part hereof as if fully copied herein.

Taxes for the year 2000 are to be paid by the Grantee, and possession is to take place upon delivery of this deed.

WITNESS OUR SIGNATURES, this the 30th day of June, 2000.

Billy White
BILLY D. WHITE

Wiley White
WILEY WHITE

Archie White
ARCHIE WHITE

Lonnie White
LONNIE WHITE

Sandra White McCallum
SANDRA WHITE MCCALLUM

Ann White Douell
ANN WHITE DOUELL

James E. White
JAMES E. WHITE

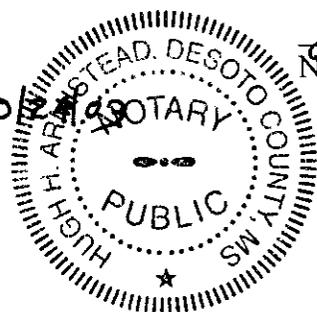
STATE OF MISSISSIPPI

COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and for the said county and state, on this 30th day of June, 2000, within my jurisdiction, the within named **BILLY D. WHITE, WILEY WHITE, ARCHIE WHITE, LONNIE WHITE, SANDRA WHITE MCCALLUM, and ANN WHITE DOUELL**, who acknowledged that they executed the above and foregoing instrument.

[Signature]
NOTARY PUBLIC

My Commission Expires: 10/21/03



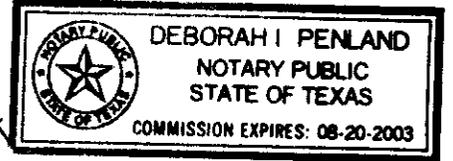
STATE OF TEXAS

COUNTY OF HARDIN

Personally appeared before me, the undersigned authority in and for the said county and state, on this 21st day of **June, 2000**, within my jurisdiction, the within named **JAMES E. WHITE**, who acknowledged that he executed the above and foregoing instrument.

Deborah I. Penland
NOTARY PUBLIC

My Commission Expires: 8-20-03



Grantors' Address: 115 EL PINO Lumberton TX
Home No. (~~409~~ 409) 755 ; Business No. () N/A
409 0092

Grantee's Address: P.O. Box 69, Olive Branch, MS 38654
Home No. N/a; Business No. (901) 331-9208

James E. White
115 EL PINO
Lumberton
TX 72657

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

BK0380PG0724

000214

E/PRINT
 IN
 WAGENT
 (CK INK
 FOR
 UCTIONS
 ANDBOOK

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last) Maudie Mae WHITE				2. SEX Female		3. DATE OF DEATH (Month, Day, Year) January 1, 2000			
4. SOCIAL SECURITY NUMBER (of Decedent) 482-42-7077		5a. AGE-LAST BIRTHDAY (Years) 81	5b. UNDER 1 YEAR MO. DAYS	5c. UNDER 1 DAY HOURS MIN.	6. DATE OF BIRTH (Month, Day, Year) April 2, 1918		7. BIRTHPLACE (City and State or Foreign Country) DeSoto County 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) St Francis				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 (Give kind of work done during most of working life. Do not use retired.) Homemaker		12b. KIND OF BUSINESS/INDUSTRY Home			
13a. RESIDENCE-STATE MS		13b. COUNTY DeSoto		13c. CITY, TOWN OR LOCATION Olive Branch		13d. STREET AND NUMBER OR RURAL LOCATION 9096 Center Hill			
13e. INSIDE CITY LIMITS? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		13f. ZIP CODE 38654		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"/>		15. RACE-American Indian, Black, White, etc. (Specify) White			
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 8		17. FATHER'S NAME (First, Middle, Last) Harvey Dunlap				18. MOTHER'S NAME (First, Middle, Maiden Surname) Maude Busby			
19a. INFORMANT'S NAME (Type/Print) Sandra McCallum				19b. RELATIONSHIP TO DECEASED Daughter		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5985 Center Hill Olive Branch MS 38654			
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) Pleasant Hill Cemetery		20c. LOCATION-City or Town, State Pleasant Hill MS					
21a. SIGNATURE OF FUNERAL DIRECTOR Larry Wray		21b. LICENSE NUMBER OF FUNERAL DIRECTOR 178		21c. SIGNATURE OF EMBALMER Charles Bone		21d. LICENSE NUMBER OF EMBALMER 4359			
22a. NAME AND ADDRESS OF FUNERAL HOME Brantley Funeral Home P.O. Box 17069 Memphis TN 38187-0069						22b. LICENSE NUMBER OF FUNERAL HOME FE117			
23. REGISTRAR'S SIGNATURE <i>Capeland Green</i>				24. DATE FILED (Month, Day, Year) January 18, 2000					
25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.									
1 <input type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <i>J.C. Taylor M.D.</i>				25b. LICENSE NUMBER 15407		25c. DATE SIGNED (Month, Day, Year) 1-13-2000			
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the 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) J.C. Taylor, M.D. P.O. Box 40839 Memphis TN 38174									
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.						Approximate Interval Between Onset and Death			
IMMEDIATE CAUSE (Final disease or condition resulting in death) →		a. Hypoxemia DUE TO (OR AS A CONSEQUENCE OF):							
		b. Pneumonia DUE TO (OR AS A CONSEQUENCE OF):							
		c. Pulmonary embolus DUE TO (OR AS A CONSEQUENCE OF):							
		d.							
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 3 <input type="checkbox"/> Suicide 6 <input type="checkbox"/> Could not be Determined 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	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)					

288
 DECEDENT

NR
 CENSUS TRACT

PARENTS

INFORMANT

DISPOSITION

REGISTRAR

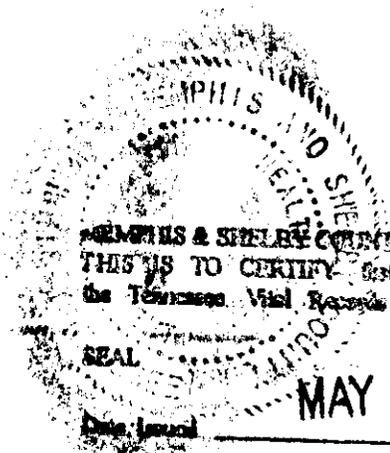
CERTIFIER

NAME OR MEDICAL EXAMINER EX-CERTIFICATE COMPLETE AND LOCAL CERTIFICATE WITHIN 48

INSTRUCTIONS HERE SIDE

CAUSE OF DEATH

BIRTH NO.



MEMPHIS & SHELBY COUNTY HEALTH DEPARTMENT 214 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

MAY 17 2000

Date Issued

by Glenn D. Fouse

Glenn D. Fouse, Registrar
Vital Records Section

Hugh