

WARRANTY DEED

THIS WARRANTY DEED made and entered into this day by and between Bernard R. Mullins, and Lera M. Mullins, who joins the conveyance for the purpose of conveying any homestead rights, or other marital rights, she may have to the property by virtue of her marriage to Bernard R. Mullins, Grantors, and Jeffry Scott James and Ramona A. James, husband and wife, Grantees,

## WITNESSETH:

THAT FOR AND IN CONSIDERATION of the sum of Ten and no/100 Dollars (\$10.00), cash in hand paid by the Grantees to the Grantors, and other good and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged, Grantors do hereby grant, bargain, sell, convey and warrant, except as hereinafter set forth, unto the Grantees, as tenants by the entirety with full right of survivorship and not as tenants in common, the following described property, together with the improvements, hereditaments and appurtenances thereunto belonging, located in the County of DeSoto, State of Mississippi, and more particularly described as follows, to-wit:

Lot 272, Section B, Chickasaw Bluff Lakes Subdivision, situated in Section 7, Township 3 South, Range 9 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 6, Pages 29-34, in the Office of the Chancery Clerk of DeSoto County, Mississippi

By way of explanation, Florence Allene Mullins, died on October 7, 1994 in DeSoto County, Mississippi. See Exhibit "A" (Death Certificate) attached hereto and made a part hereof as if copied herein verbatim.

TO HAVE AND TO HOLD unto the Grantees, their heirs and assigns, in fee simple forever, and free from all liens and encumbrances except for the following exceptions:

10.00

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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.

IN TESTIMONY WHEREOF, witness the signature of the Grantor on this the 10th day of October, 2001.

*Bernard R. Mullins*  
Bernard R. Mullins

*Lera M. Mullins*  
Lera M. Mullins

STATE OF MISSISSIPPI  
COUNTY OF DESOTO

THIS DAY personally appeared before me, the undersigned authority within and for the State and County aforesaid, Bernard R. Mullins and Lera M. Mullins, who acknowledged that they signed, executed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned.

GIVEN under my hand and official seal on this the 10th day of October, 2001.

*Krista Kay White*  
NOTARY PUBLIC

My Commission Expires:  
8/9/2003

ADDRESS OF GRANTOR:  
8645 Baker Road  
Lake Cormorant, Mississippi 38641  
Home: 662-349-3096  
Work: n/a

ADDRESS OF GRANTEEES:  
11052 Horseshoe Bend Drive  
Hernando, Mississippi 38632  
Home: 781-3611  
Work: n/a

PREPARED BY AND RETURN TO:  
HOLCOMB DUNBAR, P.A.  
P. O. BOX 190  
SOUTHAVEN, MS 38671-0190  
(601) 349-0664

FILE# 801712/JSM

# STATE OF MISSISSIPPI

## MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

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TYPE OR PRINT WITH BLACK INK	FILING DATE <b>NOV 07 1994</b>	<b>CERTIFICATE OF DEATH</b> STATE OF MISSISSIPPI	STATE FILE NUMBER <b>123-</b>
DECEASED	1. NAME First Middle Last <b>FLORENCE ALLENE MULLINS</b>		2. SEX <b>FEMALE</b>
	3a. HOUR OF DEATH <b>3:00A m.</b>		3b. DATE OF DEATH (Month, Day, Year) <b>OCTOBER 7, 1994</b>
	4. RACE (Specify White, Black, American Indian, etc.) <b>WHITE</b>		5a. AGE AT LAST BIRTHDAY <b>54</b> Years
	5b. MOS <b>54</b>		5c. DAYS <b>54</b>
If death occurred in an institution, see HANDBOOK, regarding completion of RESIDENCE items	6. DATE OF BIRTH (Month, Day, Year) <b>JUNE 4, 1940</b>		7a. COUNTY OF DEATH <b>DESOTO</b>
	7b. CITY OR TOWN OF DEATH <b>HERNANDO</b>		7c. HOSPITAL OR OTHER INSTITUTION NAME AND NUMBER (If not in either, give street address, route number or other location) <b>11052 HORSESHOE BEND</b>
	7d. IF IN HOSP., OR INST. SPECIFY INPT., OUTPT., EMER. RM., OR DOA <b>N/A</b>		8. STATE OF BIRTH <b>KY.</b>
	9. DECEDENT'S EDUCATION (Specify only highest grade completed) Elern/High School: <b>2</b> College: <b>2</b>		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>
For RESIDENCE items, enter actual location of home rather than mailing address	11. SURVIVING SPOUSE (If wife, give maiden name) <b>BERNARD R. MULLINS</b>		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) <b>NO</b>
	13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) <b>AMERICAN</b>		14. SOCIAL SECURITY NUMBER <b>402-50-9059</b>
	15a. USUAL OCCUPATION (Kind of work done most of working life) <b>SECRETARY</b>		15b. KIND OF BUSINESS OR INDUSTRY <b>DESOTO CO. SCHOOL BOARD</b>
	16a. RESIDENCE—STATE <b>MS</b>	16b. COUNTY <b>DESOTO</b>	16c. CITY OR TOWN <b>HERNANDO</b>
16d. INSIDE CITY LIMITS (Specify Yes or No) <b>NO</b>		16e. STREET AND NUMBER OR RURAL LOCATION <b>11052 HORSESHOE BEND</b>	
17. FATHER—NAME First Middle Last <b>WILLARD GIBSON</b>		18. MOTHER—NAME First Middle Maiden <b>SUSAN McCRAY</b>	
19a. INFORMANT—NAME (Type or print) <b>BERNARD MULLINS, JR.</b>		19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>11052 HORSESHOE BEND HERNANDO, MS. 38632</b>	
20a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		20b. CEMETERY, CREMATORY—NAME <b>FOREST HILL SOUTH</b>	20c. LOCATION (City and State) <b>MEMPHIS</b>
20d. EMBALMER—SIGNATURE AND NUMBER <b>JOHN WILLIAMS #4240</b>		21a. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER <b>FOREST HILL SOUTH FUNERAL HOME</b>	
21b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>2545 E. HOLMES RD. MEMPHIS, TN. 38118</b>		21c. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER <b>FOREST HILL SOUTH FUNERAL HOME</b>	
22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) <b>Jeffery Pounders Desoto CMEI</b>		22b. PRONOUNCED DEAD (Month, Day, Year) <b>ON 10/07/1994</b>	22c. PRONOUNCED DEAD (Hour) AT <b>5:00a</b> m.
23a. CERTIFIER—NAME (Type or print) <b>Jeffery Pounders</b>		23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>4942 Pounders Rd. Nesbit, Ms. 38651</b>	
Mississippi State Board of Health Form No. 511 Revised 1-1-89	24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE <b>Jeffery Pounders</b>		This section to be completed by medical examiner ONLY 24c. STATE LICENSE NUMBER <b>MD</b>
	24b. DATE SIGNED (Month, Day, Year)		
	24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		
	24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE <b>Jeffery Pounders</b>		
24f. DATE SIGNED (Month, Day, Year) <b>10/20/1994</b>		24g. TITLE <b>Desoto CMEI</b>	
25. PART I. DEATH CAUSED BY: (a) IMMEDIATE CAUSE (Enter one cause only): <b>Cancer Of Brain &amp; Lungs</b>		Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		Interval between onset and death	
26. PART II. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I		27. AUTOPSY (Yes or No) <b>No</b>	28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) <b>Yes</b>
Use if death NOT due to natural causes	29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)	29b. DATE OF INJURY (Month, Day, Year)	29c. HOUR OF INJURY m.
	29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED	29e. INJURY AT WORK (Yes or No)	29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)
29g. LOCATION		Street or route number	City or town State

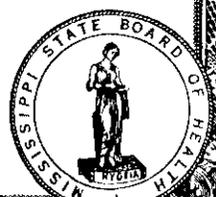
THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

*F. E. Thompson Jr. MD*  
F. E. Thompson, Jr., M.D., M.P.H.  
STATE HEALTH OFFICER

November 9, 1994

*Nita Cox Gunter*  
Nita Cox Gunter  
STATE REGISTRAR

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