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DE SOTO COUNTY, MISSISSIPPI

AUG 28 8 22 AM '02

Mary Ann St. John nka)
Mary Ann Braden,)
GRANTOR)
)
)
TO)
)
)
Mary Ann Braden and)
Thomas M. Braden,)
GRANTEES)

BK 427 PG 21
W.E. DAVIS CH. CLK.

QUITCLAIM DEED

For and in consideration of the sum of Ten Dollars (\$10.00) cash in hand paid, and other good and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged, I, Mary Ann St. John nka Mary Ann Braden, do hereby sell, convey and quitclaim unto Mary Ann Braden and Thomas M. Braden, as joint tenants with full rights of survivorship and not as tenants in common, all my right, title and interest in and to the land lying and being situated in DeSoto County, Mississippi:

Lot 83, in Section A, Holly Hills Subdivision, situated in Section 30, Township 1 South, Range 8 West, DeSoto County, Mississippi, according to a map or plat thereof on file and record in the office of the Chancery Clerk of Said County, in Plat Book 10, Pages 34 and 35.

MARY ANN ST. JOHN NKA MARY ANN BRADEN ACQUIRED PROPERTY PER WARRANTY DEED DATED 09/09/1974 BOOK 114 PAGE 419 WITH FULL RIGHTS OF SURVIVORSHIP FOLLOWING HALBERT ST. JOHN JR.'S DEATH 09/28/1992.

Possession will be given with delivery of this deed.

WITNESS MY SIGNATURE, this the 23 day of August, 2002.

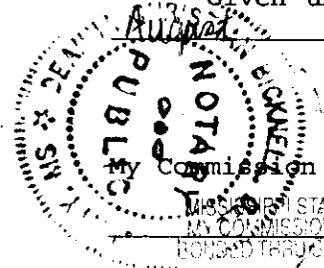
Mary Ann St. John nka Mary Ann Braden
Mary Ann St. John nka Mary Ann Braden

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, Mary Ann St. John nka Mary Ann Braden, who acknowledged that she signed and delivered the above and foregoing Quitclaim Deed as her free and voluntary act and deed and for the purposes therein expressed.

Given under my hand and official seal of office, this the 23 day of August, 2000.

Manna Christian Bucknell
NOTARY PUBLIC



My Commission Expires:
MISSISSIPPI STATE NOTARY PUBLIC
MY COMMISSION EXPIRES APR 6 2006
BOUNDED TO PUBLIC BY SERVICE
GRANTORS & GRANTEES ADDRESS:
5942 Briarwood Dr
Waltham, MS 38680
HOME NUMBER: 781-9819
BUSINESS NUMBER: N/A

NO TITLE WORK PERFORMED AND NONE REQUESTED

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

EX-107 PG 0022

TYPE OR PRINT
IN BLACK INK

DECEASED

CERTIFICATE OF DEATH

STATE FILE NUMBER 123-

FILING DATE OCT 08 1992		STATE OF MISSISSIPPI		STATE FILE NUMBER 123-	
NAME: First Halbert , Middle L. , Last St. John Jr.			2. SEX Male		3a. HOUR OF DEATH 9:05 A. m.
3b. DATE OF DEATH (Month, Day, Year) September 28, 1992		4. RACE (Specify White, Black, American Indian, etc.) White		5a. AGE AT LAST BIRTHDAY 52 Years	
5b. MGS 12		5c. DAYS 2		5d. HOURS 2	
6. DATE OF BIRTH (Month, Day, Year) January 4, 1940		7a. COUNTY OF DEATH DeSoto			
7b. CITY OR TOWN OF DEATH Southaven		7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) Baptist Memorial Hospital-DeSoto 17B		7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DCA INPT.	
7e. STATE OF BIRTH Arkansas		9. DECEDENT'S EDUCATION (Specify only highest grade completed) High School		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	
11. SURVIVING SPOUSE (If wife, give maiden name) Na		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) No			
13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) American		14. SOCIAL SECURITY NUMBER 430-66-2273		15a. USUAL OCCUPATION (Kind of work done) Boiler Maker	
15b. KIND OF BUSINESS OR INDUSTRY Steam Plant		16a. RESIDENCE - STATE MS		16b. COUNTY Desoto	
16c. CITY OR TOWN Walls		16d. INSIDE CITY LIMITS (Specify Yes or No) yes		16e. STREET AND NUMBER OR RURAL LOCATION 5942 Briarwood Dr.	
17. FATHER - NAME: First Halbert , Middle Lawrence , Last St John Sr			18. MOTHER - NAME: First Mary , Middle Gideon , Maiden		
19a. INFORMANT - NAME (Type or print) Donna Heilman			19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 7356 Vinson Cove, Walls, MS 38680		
20a. BURIAL, CREMATION, REMOVAL (Specify) Burial		20b. CEMETERY, CREMATORY - NAME Twin Oaks Mem Gdn		20c. LOCATION (City and State) Southaven, MS	
20d. FUNERAL HOME - NAME AND MISSISSIPPI I.D. NUMBER Twin Oaks Funeral Home 17T		21a. EMBALMER - SIGNATURE AND NUMBER Michael McCuen FS 680			
21b. FUNERAL HOME - MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 290 Goodman Rd E., Southaven, MS 38671		22a. PERSON WHO PRONOUNCED DEATH - NAME AND TITLE (Type or print) Ron Russell, M.D.		22b. PRONOUNCED DEAD (Month, Day, Year) ON 09/28/92	
22c. PRONOUNCED DEAD (Hour) AT 9:05 A. m.		23a. CERTIFIER - NAME (Type or print) Claude Ledes, M.D.		23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 5220 Park Avenue Memphis, TN 38119	
24a. SIGNATURE [Signature]		24b. DATE SIGNED (Month, Day, Year) 9/30/92		24c. STATE LICENSE NUMBER 5637	
24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER		24e. SIGNATURE [Signature]		24f. TITLE	
24g. DATE SIGNED (Month, Day, Year)		24h. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated.			
25. PART I: DEATH CAUSED BY:		(a) Acute Respiratory Failure		Interval between onset and death 2 days	
(b) Bronchogenic Carcinoma		(c)		Interval between onset and death	
25. PART II: OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I Vanilla Zoster		27. AUTOPSY (Yes or No) No		28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)	
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		29h. STREET OR ROUTE NUMBER		29i. CITY OR TOWN	
29j. STATE					

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

Alton B. Cobb, M.D.
Alton B. Cobb, M.D.
STATE HEALTH OFFICER

October 8, 1992

David Lohrisch
David Lohrisch
STATE REGISTRAR

WARNING:

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