

STATE MS. - DESOTO CO.
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BOBBIE POUNDERS KING

TO:

BK 434 PG 416 WARRANTY DEED
W.E. DAVIS CH. CLK.**BRIAN D. BUNTING and wife, PATTY L. BUNTING**

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, I, **BOBBIE POUNDERS KING**, a widow, do hereby sell, convey and warrant unto **BRIAN D. BUNTING and wife, PATTY L. BUNTING**, as tenants by the entirety with full rights of survivorship and not as tenants in common, the land lying and being situated in DeSoto County, Mississippi, described as follows, to-wit:

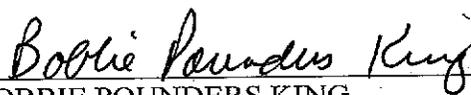
Being in the Northwest Quarter of Section 23, Township 2 South, Range 6 West, DeSoto County, Mississippi and being more particularly described as follows: COMMENCE at the Northwest corner of said section; thence southward along the west line of said section approximately 1620 feet to the centerline of Woolsey Road, the point of beginning; thence continuing southward along said west line approximately 1045 feet to the half section line of said section; thence eastward along said half section line 552.42 feet to the east line of the E.P. Pounders tract; thence northward along said east line approximately 1042 feet to the centerline of said Woolsey Road; thence westward along said centerline of Woolsey Road approximately 552 feet to the point of beginning, containing 13.2 acres, more or less. Being part of that tract conveyed to E.P. Pounders et ux by Correction Deed dated December 19, 1956, and recorded in Deed Book 44, at Page 389 of the Land Deed Records, Chancery Clerk's Office, DeSoto County, Mississippi.

The warranty in this Deed is subject to subdivision and zoning regulations in effect in DeSoto County, Mississippi and easements for public roads and public utilities. The warranty in this instrument is further subject to right of way to Mississippi Power and Light as recorded in Book 37, Page 155 of the Land Deed Records, Chancery Clerk's Office, DeSoto County, Mississippi.

Grantor herein recites that M. L. King died on August 6, 1999 in Lee County, Mississippi as per death certificate attached hereto and incorporated herein as Exhibit "A".

Taxes for the year 2002 have been prorated as of the date of this instrument and shall be paid by Grantee when and as due and possession is to take place upon the delivery of this Deed.

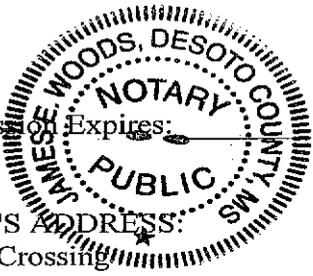
WITNESS MY SIGNATURE, this 17th day of December, 2002.


BOBBIE POUNDERS KING

STATE OF MISSISSIPPI
COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and for the said county and state, on this the 17th day of December, 2002, within my jurisdiction, the within named BOBBIE POUNDERS KING, who acknowledged that he executed the above and foregoing instrument.

J. E. Woods
NOTARY PUBLIC



My Commission Expires: 7-14-07

GRANTOR'S ADDRESS:
348 Barnes Crossing
Saltillo, MS 38866
Home Phone # 662-842-4971
Work Phone # 662-678-7091

GRANTEE'S ADDRESS:
1570 Hickory Crest S.
Walls, MS 38680
Home Phone # (662) 781-1818
Work Phone #365-2139

PREPARED BY AND RETURN TO:

JAMES E. WOODS
WATKINS LUDLAM WINTER & STENNIS, P.A.
P. O. Box 1456
Olive Branch, MS 38654
(662) 895-2996

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

EXHIBIT
A

BK 0434 PG 0418

TYPE OR PRINT WITH BLACK INK		FILING DATE AUG 20 1999		CERTIFICATE OF DEATH		STATE FILE NUMBER 123	
DECEASED		1. NAME (First, Middle, Last) M. L. King		2. SEX Male		3a. HOUR OF DEATH 1:37 p.m.	
		3b. DATE OF DEATH (Month, Day, Year) August 6, 1999		4. RACE (Specify White, Black, American Indian, etc.) White		5a. AGE AT LAST BIRTHDAY 73	
		5b. MOE Years		5c. DAYS ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY		5d. HOURS ONLY IF UNDER 1 DAY ONLY IF UNDER 1 DAY	
		6. DATE OF BIRTH (Month, Day, Year) September 20, 1929		7a. COUNTY OF DEATH Lee		7b. CITY OR TOWN OF DEATH Tupelo	
		7c. HOSPITAL OR OTHER INSTITUTION NAME AND NUMBER (If not in either, give street address, route number, or other location) North Mississippi Medical Center 411		7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA Inpatient		7e. STATE OF BIRTH Arkansas	
		9. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/High School, College		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Bobbie Pounders	
		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) Yes		13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) American		14. SOCIAL SECURITY NUMBER 432-40-1572	
		15a. USUAL OCCUPATION (Kind of work done, most of working life) Accountant		15b. KIND OF BUSINESS OR INDUSTRY Farm Equipment		16a. RESIDENCE—STATE Mississippi	
		16b. COUNTY Lee		16c. CITY OR TOWN Saltillo		16d. INSIDE CITY LIMITS (Specify Yes or No) No	
		16e. STREET AND NUMBER OR RURAL LOCATION 348 Barnes Crossing Road		17. FATHER—NAME (First, Middle, Last) George King		18. MOTHER—NAME (First, Middle, Maiden) Molly Jones	
INFORMANT		19a. INFORMANT—NAME (Type or print) Mrs. Bobbie King		19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 348 Barnes Crossing Road, Saltillo, MS 38866			
DISPOSITION		20a. BURIAL, CREMATION, REMOVAL (Specify) Burial		20b. CEMETERY, CREMATORY—NAME Bethel Cemetery		20c. LOCATION (City and State) Desota Co., MS	
		20d. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER W.E. Pegues Funeral Home 41P		20e. EMBALMER—SIGNATURE AND NUMBER RS642			
		21a. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 535 Jefferson, P.O. Box 1488, Tupelo, MS 38802		21b. MARRIAGE LICENSE NUMBER 06404			
PRONOUNCEMENT		22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) Max Hutchinson, M. D.		22b. PRONOUNCED DEAD (Month, Day, Year) on August 6, 1999		22c. PRONOUNCED DEAD (Hour) at 1:37 p.m.	
CERTIFIER		23a. CERTIFIER—NAME (Type or print) Alan Flowers, M. D.		23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) Post Office Box 7240, Tupelo, Mississippi 38802			
		24a. To the best of my knowledge and belief, I have examined the body and the manner of death and I certify that the cause of death is as stated. SIGNATURE: [Signature]		24b. DATE SIGNED (Month, Day, Year) 8/11/99		24c. STATE LICENSE NUMBER 06404	
		24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		24e. DATE SIGNED (Month, Day, Year)		24f. TITLE	
CAUSE OF DEATH		25. PART I. DEATH CAUSED BY: (a) Cardiovascular arrest (b) Coronary artery disease (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause Wrist ulcer, bacterial teno		27. AUTOPSY (Yes or No) NO		28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Year No) NO	
		25a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)		25b. DATE OF INJURY (Month, Day, Year)		25c. HOUR OF INJURY (m)	
		25d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED		25e. INJURY AT WORK (Yes or No)		25f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)	
		25g. LOCATION		25h. STREET OR ROUTE NUMBER		25i. CITY OR TOWN	
		25j. STATE		25k. STATE		25l. 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., M.D.
F. E. Thompson, Jr., M.D., M.P.H.
STATE HEALTH OFFICER

AUG 21 99

Nita Cox Gunter
Nita Cox Gunter
STATE REGISTRAR

WARNING:

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