

Prepared by and return to:
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Southaven, MS 38671-0266
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030006

Neosa P. Rowland, a Widowed Person

BK 0437 PG 0147

STATE MS. - DESOTO CO. FILED

FEB 3 2 30 PM '03

BK 437 PG 147
W.E. DAVIS CH. CLK.

GRANTOR

to:

QUITCLAIM DEED

Neosa Rowland and David Stewart,

GRANTEES.

FOR AND IN CONSIDERATION of the sum of Ten and No/100 Dollars (\$10.00), cash in hand paid and other good and valuable considerations, the receipt of all which is hereby acknowledged, Grantor's, Neosa P. Rowland, a Widowed Person does hereby convey, transfer, remise, release, relinquish and quitclaim unto Grantee, Neosa Rowland and David Stewart, as joint tenants with full right of survivorship and not as tenants in common, Grantee's heirs and assigns, all of Grantor's right, title and interest in and to real property lying and being situated in DeSoto County, Mississippi, being more particularly described as follows, to wit:

Lot 2046, Section I, Southaven West Subdivision, in Section 23, Township 1 South, Range 8 West, DeSoto County, Mississippi as per plat thereof recorded in Plat Book 3, Page(s) 42-43 in the office of the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation, Grantor's lawful spouse, James E. Rowland, departed this life on July 10, 2001 while an adult resident citizen of DeSoto County, Mississippi, as evidenced by the attached death certificate.

The above described property is improved property.

Source of Grantor's equitable interest is a Warranty Deed recorded in Book 318, Page 70 in the office of the Chancery Court Clerk of DeSoto County, Mississippi.

IN WITNESS WHEREOF, Grantor has caused this instrument to be executed on the 27th day of January 2003.



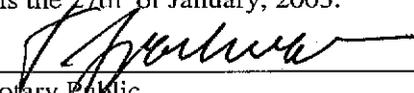
Neosa P. Rowland

State of Mississippi
County of DeSoto

PERSONALLY appeared before me, the undersigned authority in and for the State and County aforesaid, the within named. Neosa P. Rowland, who acknowledge that she executed and delivered the above and foregoing Quitclaim Deed on the day and year therein mentioned 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 27th of January, 2003.





Notary Public

Grantor Address: 8341 Hastings Cove Southaven, MS 38671
Grantor Telephone Number: Home- 662-393-9824 Work- 901-396-8146
Grantee Address: 8341 Hastings Cove Southaven, MS 38671
Grantee Telephone Number: Home- 662-393-9824 Work- 901-396-8146

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

Stanley S. Cooper
STANLEY S. COOPER
 ASSISTANT STATE REGISTRAR
 HEALTH AND HUMAN SERVICES SYSTEM

DATE OF ISSUANCE
JUL 25 2001
 LINCOLN, NEBRASKA

STATE OF NEBRASKA- DEPARTMENT OF HEALTH AND HUMAN SERVICES FINANCE AND SUPPORT
 VITAL STATISTICS

CERTIFICATE OF DEATH

01 07792

1 DECEASED NAME James Edward Rowland, Sr.			2 SEX Male	3 DATE OF DEATH July 10, 2001	
4 CITY AND STATE OF BIRTH Marks, Mississippi		5a AGE - Last Birthday 60	5b UNDER 1 YEAR MOS DAYS	5c UNDER 1 DAY HOURS MINS	
7 SOCIAL SECURITY NUMBER 427-76-9632		8a PLACE OF DEATH HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER Outpatient <input type="checkbox"/> DCA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other <input checked="" type="checkbox"/> I-80			
8b FACILITY - Name MileMarker 156; Interstate 80		8c CITY TOWN OR LOCATION OF DEATH Sutherland			
9a RESIDENCE - STATE Mississippi		9b COUNTY DeSoto	9c CITY TOWN OR LOCATION Southaven	9d STREET AND NUMBER 8341 Hastings Cove 38671	
10 RACE White		11 ANCESTRY American	12 MARRIED <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED	13 NAME OF SPOUSE Neosa Pierce	
14a USUAL OCCUPATION Truck Driver		14b KIND OF BUSINESS INDUSTRY Trucking Company		15 EDUCATION 11	
16 FATHER - NAME Tom Watson Rowland			17 MOTHER Rena Winters		
18 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> "Unknown"		19a INFORMANT - NAME Neosa Rowland (Wife)			
19b INFORMANT MAILING ADDRESS 8341 Hastings Cove; Southaven, Mississippi 38671					
20 EMBALMER SIGNATURE & LICENSE NO. <i>Michael M. Montgomery</i> #1208		21a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Removal <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation		21b DATE July 14, 2001	
22a FUNERAL HOME NAME Twin Oaks Funeral Home Adams & Swanson Funeral Home for		21c CEMETERY OR CREMATORY NAME Tennessee Cremations			
22b FUNERAL HOME ADDRESS 290 Goodman Rd. East; Southaven, Mississippi 38671 P.O. Box 489, 421 West 4th Street; North Platte, Nebraska 69103-0489 for		21d CEMETERY OR CREMATORY LOCATION Memphis, Tennessee			
23 IMMEDIATE CAUSE PART a Trauma to the body DUE TO, OR AS A CONSEQUENCE OF PART b DUE TO, OR AS A CONSEQUENCE OF PART c OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related					
25a Accidental <input checked="" type="checkbox"/> Unintentional <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Investigation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		26b DATE OF INJURY 7-10-01	26c HOUR OF INJURY 2:30 A M	26d DESCRIBE HOW INJURY OCCURRED Single semi-truck accident collided w/foundation on bridge 155.51 in median area	
27a DATE OF DEATH 7-12-01		27b DATE SIGNED 7-10-01	27c TIME OF DEATH 2:30 A M	28a DATE SIGNED 7-10-01	
27d To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated. Signature and Title <i>Joe Wright, Deputy Atty.</i>		27e TIME OF DEATH 4:00 A M		28b TIME OF DEATH 4:00 A M	
29 DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		30a HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		30b WAS CONSENT GRANTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
31 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY - Type or Print) Assistant Co. Atty.; Joe Wright; 301 North Jeffers, Suite 101A; No. Platte, NE 69101					
32a REGISTRAR <i>Stanley S. Cooper</i>		32b DATE FILED BY REGISTRAR JUL 18 2001			

DECEDENT

PARENTS

CAUSE

CERTIFIER