

## WARRANTY DEED

This Deed of Conveyance is this day made by the undersigned BETTY JO WATTS, hereinafter referred to as the GRANTOR, and RICHARD WATTS and wife, PAM WATTS, hereinafter referred to as the GRANTEES, WITNESSETH THAT:

For and in consideration of the sum of Ten Dollars (\$10.00) cash in hand paid by the GRANTEES to the GRANTOR, and other good and valuable consideration, the receipt and sufficiency of all of which is hereby acknowledged by the GRANTOR, BETTY JO WATTS, the GRANTOR does hereby and by these presents sell, convey, and warrant unto RICHARD WATTS and wife, PAM WATTS, the GRANTEES, as tenants by the entirety with full rights of survivorship and not as tenants in common, the hereinafter described real property located in DeSoto County, Mississippi, and being described as follows, to-wit:

Commencing at the commonly accepted northwest corner of the northeast quarter of Section 34, Township 3 South, Range 6 West, DeSoto County, Mississippi being a mag nail in the centerline of Treadway road; thence S 89 degrees 38 minutes, 25 seconds E, a distance of 40.02 feet to the east line of said road being the POINT OF BEGINNING; thence S 89 degrees 38 minutes 25 seconds E along the north line of said quarter section, a distance of 1059.32 feet to a cross-tie fence corner post; thence S 6 degrees 08 minutes 56 seconds W along a fence line, a distance of 738.56 feet to a 1/2" rebar at a fence corner post; thence N 81 degrees 04 minutes 47 seconds W along a fence line, a distance of 491.94 feet to a fence corner post; thence S 73 degrees 48 minutes 58 seconds W, a distance of 495.74 feet to the east line of said road; thence N 1 degree 17 minutes 30 seconds W along said road, a distance of 803.05 feet to the POINT OF BEGINNING; said described tract containing 16.625 Acres, more or less. Said tract being located in the Northeast Quarter of the above noted section, township and range.

The foregoing covenant of warranty is made subject to rights of ways and

STATE MS. - DESOTO CO.  
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MAY 15 2 16 PM '03

easements for public roads and public utilities, subdivision and zoning regulations in effect in DeSoto County, Mississippi; and to any prior reservation or conveyance of minerals of every kind and character, including, but not limited to, oil, gas, sand and gravel in, on and under the subject property; and to any unrecorded rights of way or easements; and any discrepancies, conflicts, encroachments, or shortages in area and boundaries which a correct survey and/or physical inspection of the property would reveal. That additionally this conveyance is subject to that certain right of way in favor of MP&L at Trust Deed Book 254 Page 44 in the Office of the Chancery Clerk of DeSoto County, Mississippi.

That by way of explanation it is hereby noted that the David R. Watts departed this life on December 21, 2001 and attached hereto is a copy of his certificate of death.

Taxes and assessments against said property for the year 2003 shall be paid by the GRANTOR and taxes for the year 2004 shall be the sole responsibility of the GRANTEES, and all subsequent years are hereby excepted from the foregoing covenant of warranty.

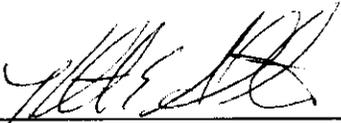
Possession shall be given upon delivery of this deed.

WITNESS the signature of the GRANTOR on this the 13th day of May, 2003.

  
BETTY JO WATTS

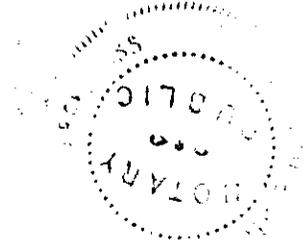
STATE OF MISSISSIPPI  
COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and for the said county and state, on this the 13th day of May, 2003, within my jurisdiction, the within named BETTY JO WATTS, who acknowledged that she executed the above and foregoing instrument.

  
\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:  
MY COMMISSION EXPIRES SEPT 24, 2003

\_\_\_\_\_  
(SEAL)



GRANTORS' ADDRESS:  
5090 Treadway Road  
Hernando, MS 38632  
RES. TEL.: 662-233-4335  
BUS. TEL.: N/A

GRANTEES' ADDRESS:  
5060 Treadway Road  
Hernando, MS 38632  
RES. TEL.: 662-233-4908  
BUS. TEL.: N/A

Prepared by:  
KENNETH E. STOCKTON  
ATTORNEY AT LAW  
5 WEST COMMERCE STREET  
HERNANDO, MS 38632  
662-429-3469

20005

TENNESSEE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK  
FOR  
INSTRUCTIONS  
SEE HANDBOOK

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last) **David Renard Watts**

2. SEX **Male**

3. DATE OF DEATH (Month, Day, Year) **December 21, 2001**

4. SOCIAL SECURITY NUMBER (of Decedent) **426-46-5078**

5a. AGE-LAST BIRTHDAY (Years) **72**

5b. UNDER 1 YEAR  
MOE:  DAY:  HOUR:  MIN:

6. DATE OF BIRTH (Month, Day, Year) **June 16, 1929**

7. BIRTH-PLACE (City and State or Foreign Country) **Tupelo, MS**

8. WAS DECEDENT EVER IN U.S. ARMED FORCES?  
1  Yes 2  No

9a. PLACE OF DEATH (Check only one)  
HOSPITAL: 1  Inpatient 2  ER/Outpatient 3  DOA 4  Nursing Home 5  Residence 6  Other (Specify)

9b. FACILITY NAME (If not institution, give street and number) **Methodist Central Hospital**

9c. CITY, TOWN, OR LOCATION OF DEATH **Memphis**

9d. COUNTY OF DEATH **Shelby**

10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify) **Married**

11. SURVIVING SPOUSE (If wife, give maiden name) **Betty Martin**

12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) **Dock Foreman**

12b. KIND OF BUSINESS/INDUSTRY **Transportation**

13a. RESIDENCE-STATE **MS**

13b. COUNTY **Desoto**

13c. CITY, TOWN OR LOCATION **Hernando**

13d. STREET AND NUMBER OR RURAL LOCATION **5090 Treadway Rd.**

13e. INSIDE CITY LIMITS? 1  Yes 2  No

13f. ZIP CODE **38632**

14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No; if yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes  No

15. RACE-American Indian, Black, White, etc. (Specify) **White**

16. DECEDENT'S EDUCATION (Specify only highest grade completed)  
Elementary; Secondary (9-12) **12** College (1-4 or more)

17. FATHER'S NAME (First, Middle, Last) **Fred Henry Watts**

18. MOTHER'S NAME (First, Middle, Maiden Surname) **Myrtle Rogers**

19a. INFORMANT'S NAME (Type/Print) **Betty Watts**

19b. RELATIONSHIP TO DECEASED **Wife**

19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **5090 Treadway Rd., Hernando, MS 38632**

20a. METHOD OF DISPOSITION  
1  Burial 2  Cremation 3  Removal from State 4  Donation 5  Other (Specify)

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **Cockrum Cemetery**

20c. LOCATION-City or Town, State **Hernando, MS**

21a. SIGNATURE OF FUNERAL DIRECTOR **James L. Wray**

21b. LICENSE NUMBER OF FUNERAL DIRECTOR **FS387**

21c. SIGNATURE OF EMBALMER **Alfred Barnes**

21d. LICENSE NUMBER OF EMBALMER **4586**

22a. NAME AND ADDRESS OF FUNERAL HOME **Brantley Funeral Home  
P. O. Box 428, Olive Branch, MS 38654-0428**

22b. LICENSE NUMBER OF FUNERAL HOME **FE117**

23. REGISTRAR'S SIGNATURE **Ann M. Williams**

24. DATE FILED (Month, Day, Year) **JAN 17 2002**

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  SIGNATURE AND TITLE OF PHYSICIAN **Tony L. Pagliarulo**

25b. LICENSE NUMBER **27299**

25c. DATE SIGNED (Month, Day, Year) **1/19/02**

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  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) **Dr. Tony Pagliarulo, 333 So. Bellevue, Memphis, TN 38104**

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → **Cardioplegic arrest**

a. **Cardioplegic arrest**  
DUE TO (OR AS A CONSEQUENCE OF):

b. **Cerebral vascular accident**  
DUE TO (OR AS A CONSEQUENCE OF):

c.   
DUE TO (OR AS A CONSEQUENCE OF):

d.   
DUE TO (OR AS A CONSEQUENCE OF):

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

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  Yes 2  No

29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1  Yes 2  No

30. MANNER OF DEATH  
1  Natural 5  Pending Investigation  
2  Accident  
3  Suicide 6  Could not be Determined  
4  Homicide

31a. DATE OF INJURY (Month, Day, Year)

31b. TIME OF INJURY

31c. INJURY AT WORK? 1  Yes 2  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)

129  
DECEDENT

AR  
CENSUS TRACT

PARENTS

APPROVED

DISPOSITION

REG STRAR

CERTIFER

PHYSICIAN OR MEDICAL EXAMINER EXERCISING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

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