

BK 0451 PG 0746

STATE MS.-DESOTO CO. DC
FILED AC

RE03-0057

Dustin L. Dallas,
GRANTORS

SEP 2 2 24 PM '03

WARRANTY

TO

DEED

Paula Brown,
GRANTEES

BK 451 PG 746
W.E. DAVIS CH. CLK.

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, Dustin L. Dallas, do hereby sell, convey, and warrant unto Paula Brown, the land lying and being situated in DeSoto County, Mississippi, described as follows, to-wit:

See attached.

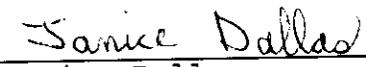
The warranty in this deed is subject to rights of ways and easements for public roads and public utilities, to building, zoning, subdivision and health department regulations in effect in DeSoto County, Mississippi. Further subject to Easement to Cane & Mussacuna Drainage District in Book 60, Page 217, in the Chancery Court Clerk's office of DeSoto County, Mississippi.

I, Janice Dallas, do hereby join in this instrument for the purpose of conveying any and all homestead rights I may have in the above property.

By way of explanation, Eleanor Dalton, who was joint owner of the property, died on February 27, 1999, in Washoe County, Nevada, a copy of her death certificate being attached hereto.

Taxes for the year 2003 have been prorated, and possession is given with this deed.

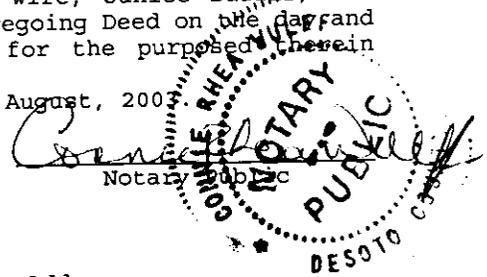
WITNESS my signature(s), this the 29th day of August, 2003.


Dustin L. Dallas

Janice Dallas

STATE OF MISSISSIPPI:
COUNTY OF DeSoto:

PERSONALLY APPEARED before me, the undersigned authority at law, in and for the State and County aforesaid, the within named, Dustin L. Dallas, and wife, Janice Dallas, who acknowledged that they signed and delivered the above and foregoing Deed on the day and year therein mentioned, as their free act and deed, and for the purposes therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the 29th day of August, 2003.



My commission expires: June 17, 2007

Grantors Address:

12141 Quilting Lane
Boca Raton FL 33428
Phone: Res.- 561-218-8880
Bus.- Same

Grantees Address:

308 South Pine
Hohenwald, TN 38462
Phone: Res.- 931-796-2630
Bus.- 931-796-3167

Prepared By:

Chamberlin-Nowak, P.C.
170 West Center St.
Hernando, MS 38632
662-429-7888

EXHIBIT A

Beginning at a point in the North line of the Northwest Quarter of Section 11, Township 4 South, Range 8 West, said point being in the Northwest corner of the West Half of the East Half of the said Northwest Quarter and said point being further described as being the Northwest corner of Share No. 9 as shown by Partition Deed of record in Book 31, Page 182; thence East on said North section line 395 feet to a point; thence South 745 feet, more or less, to an old fence (incorrectly described as an "old ditch" by Deed dated March 6, 1969, of record in Book 77, Page 591); thence West along said fence 395 feet to a point in the west line of said east half of said Northwest Quarter; thence North along said line 745 feet, more or less, to the point of beginning. *Lying in the NW 1/4, of Section 11, Township 4 South, Range 8 West.*

Together with the use and benefit of that certain right of way of record in Book 100, Page 462 and a thirty foot (30') easement along the North side of the 4 acre tract conveyed in Simon E. Weir, et ux by Deed of record in Book 124, Page 647 all in the office of the Chancery Clerk of DeSoto County, Mississippi.

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

BK 451 Pg 748

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

ROLL 96 IMAGE 469 496

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED—NAME First Middle Last Eleanor C. DALTON		DATE OF DEATH (Month, Day, Year) 2 February 27, 1999	COUNTY OF DEATH 3a Washoe
CITY, TOWN OR LOCATION OF DEATH 3b Reno		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c Washoe Medical Center	SEX 4 Female
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5 White	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years) 7a 83	DATE OF BIRTH (Mo., Day, Yr.) 6 May 7, 1915
STATE OF BIRTH (If not U.S.A., name country) 8a Ohio	CITIZEN OF WHAT COUNTRY 9b U.S.A.	Decedent's Education. Specify highest grade completed. 10 16	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11 Widowed
SOCIAL SECURITY NUMBER 13	USUAL OCCUPATION (Give kind of work done during most of Working Life—Emit if Retired) 14a Secretary	KIND OF BUSINESS OR INDUSTRY 14b Administrative	
RESIDENCE—STATE 13a Nevada	COUNTY 18a Washoe	CITY, TOWN, OR LOCATION 15c Reno	STREET AND NUMBER 15d Sunnyside Drive 65
FATHER—NAME First Middle Last 16 Bitner Chambers		MOTHER—MAIDEN NAME First Middle Last 17 Ethel Mosbacher	

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE INSTRUCTIONS REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

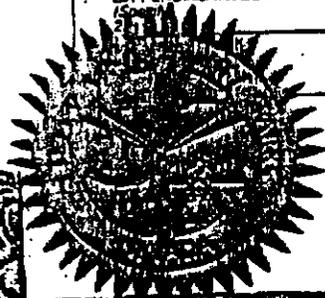
DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

INFORMANT—NAME (Type or Print) 14a Donn Dalton		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 15b 3700 Microwave Road - Reno, Nevada 89510	
BURIAL CREMATION, REMOVAL OTHER (Specify) 18a Cremation		CEMETERY OR CREMATORY—NAME 18b Sierra Crematory	LOCATION City or Town State 18c Reno Nevada
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting As Such) <i>Wmmy Binner</i>	FUNERAL DIRECTOR LICENSE NUMBER 20a 9	NAME AND ADDRESS OF FACILITY 20b John Sparks Memorial 644 Pyramid Way - Sparks, Nevada 89431	
21a. 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>George F. Sieffert, M.D.</i>		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated.	
DATE SIGNED (Mo., Day, Yr.) 21b 03-04-99	HOUR OF DEATH 21c 0857	DATE SIGNED (Mo., Day, Yr.) 22b	HOUR OF DEATH 22c
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d George Sieffert, M.D. 75 Pringle Way Suite 601 Reno, NV. 89502		PRONOUNCED DEAD (Mo., Day, Yr.) 22d	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a George Sieffert, M.D. 75 Pringle Way Suite 601 Reno, NV. 89502		LICENSE NUMBER 23b 5079	
REGISTRAR 24a (Signature) <i>[Signature]</i> Dep.	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b March 3, 1999	DEATH DUE TO COMMUNICABLE DISEASE 24c YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			
PART (a) Cardiopulmonary Arrest		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:			
(b) Acute Myocardial Infarction		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:			
PART (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		AUTOPSY (Specify Yes or No) 26 No	
WAS CASE REFERRED TO CORONER (Specify Yes or No) 27 No			
ACC. SUICIDE, HON., UNDET., OR PENDING INVEST. (Specify) 28a	DATE OF INJURY (Mo., Day, Yr.) 28b	HOUR OF INJURY 28c	DESCRIBE HOW INJURY OCCURRED 28d
PLACE OF INJURY—(At home, farm, street, factory, office building, etc.) (Specify) 28e	LOCATION 28f	STREET OR R.F.D. No. 28g	CITY OR TOWN STATE



STATE REGISTRAR

This is to certify that the above is a true and legal copy of the certificate on file in this office.

Deputy Registrar *[Signature]*

Date: **MAR 10 1999**

No. 145143