

WARRANTY DEED

THIS WARRANTY DEED made and entered into this day by and between Evelyn Talley, a single person, Grantor, and Clarence L. West and Judy L. West, husband and wife, Grantees,

WITNESSETH:

THAT FOR AND IN CONSIDERATION of the sum of Ten and no/100 Dollars (\$10.00), cash in hand paid by the Grantees to the Grantor, and other good and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged, Grantor does hereby grant, bargain, sell, convey and warrant, except as hereinafter set forth, unto the Grantees, as tenants by the entirety with full right of survivorship and not as tenants in common, the following described property, together with the improvements, hereditaments and appurtenances thereunto belonging, located in the County of DESOTO, State of Mississippi, and more particularly described as follows, to-wit:

Lot 433, Section B, Revised Southaven Subdivision, in Section 23, Township 1 South, Range 8 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 2, Pages 14-16, in the Office of the Chancery Clerk of DeSoto County, Mississippi.

This being the same property conveyed to W. O. Talley and Evelyn Talley, husband and wife, as tenants by the entirety with full rights of survivorship and not as tenants in common, by virtue of Warranty Deed recorded in Book 179 Page 736, aforesaid Clerk's Office. By way of explanation, W. O. Talley died intestate on May 4, 2000 as evidenced by Death Certificate attached hereto as Exhibit A.

TO HAVE AND TO HOLD unto the Grantees, their heirs and assigns, in fee simple forever, and free from all liens and encumbrances except for the following exceptions:

- 1) Taxes and assessments for the current year and subsequent years, which are not yet due and payable.

STATE MS.-DESOTO CO. *MS*

SEP 29 4 22 PM '03

454 PG 360
CLERK'S OFFICE
CLK.

2) Zoning and/or other land use regulations promulgated by federal, state or local governments affecting the use or occupancy of the subject property.

3) Any and all matters which would be disclosed by an accurate survey of current date and/or an actual inspection of said property.

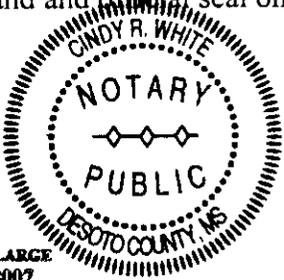
IN TESTIMONY WHEREOF, witness the signature of the Grantor on this the 25th day of September, 2003.

Evelyn Talley
Evelyn Talley

STATE OF MISSISSIPPI
COUNTY OF DESOTO

THIS DAY personally appeared before me, the undersigned authority within and for the State and County aforesaid, Evelyn Talley, who acknowledged that he/she signed, executed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned.

GIVEN under my hand and official seal on this the 25th day of September, 2003.



Cindy R. White
NOTARY PUBLIC

(SEAL)

My Commission Expires:
NOTARY PUBLIC STATE OF MISSISSIPPI AT LARGE
MY COMMISSION EXPIRES: Aug 23, 2007
BONDED THRU NOTARY PUBLIC UNDERWRITERS

ADDRESS OF GRANTOR:
1444 Bennington Drive
Southaven, MS 38671
Home: (662) 393-4236
Work: n/a

ADDRESS OF GRANTEEES:
1434 Bennington Drive
Southaven, Mississippi 38671
Home: (662) 393-2358
Work: n/a

PREPARED BY AND RETURN TO:
HOLCOMB DUNBAR, P.A.
P. O. BOX 190
SOUTHAVEN, MS 38671-0190
(662) 349-0664

FILE# 803639

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

BK 0454 PG 0362

TYPE OR PRINT WITH BLACK INK <input checked="" type="checkbox"/>	FILING DATE MAY 22 2000	CERTIFICATE OF DEATH STATE OF MISSISSIPPI	STATE FILE NUMBER 123-
DECEASED			
1. NAME First Middle Last WILLIAM O TALLEY		2. SEX MALE	
3a. HOUR OF DEATH 12:00P m		3b. DATE OF DEATH (Month, Day, Year) MAY 4, 2000	
4. RACE (Specify White, Black, American Indian, etc.) WHITE		5a. AGE AT LAST BIRTHDAY 91 Years	
5b. MOS 91		5c. DAYS 1-4	
5d. HOURS 1-4		5e. MINS 1-4	
6. DATE OF BIRTH (Month, Day, Year) JULY 6, 1908		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 HOSPITAL-DESOTO 17B	
7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA INPT		8. STATE OF BIRTH MISSOURI	
9. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/High School, College 3		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
11. SURVIVING SPOUSE (If wife, give maiden name) EVELYN PRIM		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 487-22-0742	
15a. USUAL OCCUPATION (Kind of work done, most of working life) TRUCK DRIVER		15b. KIND OF BUSINESS OR INDUSTRY SELF-EMPLOYED	
16a. RESIDENCE—STATE MISSISSIPPI		16b. COUNTY DESOTO	
16c. CITY OR TOWN SOUTHAVEN		16d. INSIDE CITY LIMITS (Specify Yes or No) YES	
16e. STREET AND NUMBER OR RURAL LOCATION 1444 BENNINGTON DRIVE			
17. FATHER—NAME First Middle Last FRANK TALLEY		18. MOTHER—NAME First Middle Maiden MINNIE STALLINS	
19a. INFORMANT—NAME (Type or print) EVELYN TALLEY		19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 1444 BENNINGTON DRIVE SOUTHAVEN, MS 38671	
20a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		20b. CEMETERY, CREMATORY—NAME MT. ZION CEMETERY	
20c. LOCATION (City and State) STEELE, MISSOURI		21a. EMBALMER—SIGNATURE AND NUMBER <i>John A. Ellis FS-589</i>	
21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER TWIN OAKS FUNERAL HOME 17 T		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 290 GOODMAN ROAD EAST SOUTHAVEN, MS 38671	
22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) GINA BRAY, D.O.		22b. PRONOUNCED DEAD (Month, Day, Year) ON MAY 4, 2000	
22c. PRONOUNCED DEAD (Hour) AT 12:00P m			
23a. CERTIFIER—NAME (Type or print) ROBERT MEACHAM, M.D.		23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 7603 SOUTHCREST #300 SOUTHAVEN, MS 38671	
24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE <i>Robert Meacham</i>		24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE <i>Robert Meacham</i>	
24b. DATE SIGNED (Month, Day, Year) 5/12/00		24c. STATE LICENSE NUMBER 14648	
24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		24f. TITLE	
24g. DATE SIGNED (Month, Day, Year)			
CAUSE OF DEATH			
25. PART I. DEATH CAUSED BY:		IMMEDIATE CAUSE (Enter one cause only):	
(a) CARDIOPULMONARY FAILURE		Interval between onset and death	
(b) CHF EXACERBATION		Interval between onset and death	
(c) NON Q WAVE MI		Interval between onset and death	
26. PART II. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I ACUTE ON CHRONIC RENAL FAILURE, PNEUMONIA			
27. AUTOPSY (Yes or 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		Street or route number City or town 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. MD

F. E. Thompson, Jr., M.D., M.P.H.
STATE HEALTH OFFICER

Nita Cox Gunter

Nita Cox Gunter
STATE REGISTRAR

MAY 23 2000

WARNING:

A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

