

Prepared by and Return to:
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Southaven, MS 38671
(662) 393-8542
03-630.1

BK 0460PG0161

STATE MS.-DESOTO CO.

DEC 10 1 51 PM '03

BC
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460 PG 161
DAVIS CH. CLK.

Joseph W. McClendon
GRANTOR,

TO: WARRANTY DEED

W. H. Long and wife, Peggy Long
GRANTEES,

For and in consideration of the sum of Ten and No/100 (\$10.00) Dollars, cash in hand paid, and other good, legal sufficient and valuable consideration, the receipt of which is hereby acknowledged, Joseph W. McClendon, the undersigned Grantor does hereby sell, convey, and warrant unto the above Grantees, W. H. Long and wife, Peggy Long, as joint tenants with full right of survivorship and not as tenants in common, the following described real estate, located and situated in DeSoto County, Mississippi and more particularly described as follows, to-wit:

Lot 166, Section C, Plum Point Villages, in Section 6, Township 2 South, Range 7 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 27, Pages 52-54, in the office of the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation, Mildred McClendon died on May 25, 2002, in Drew, Sunflower County, Mississippi. Her Death Certificate is attached hereto and made a part hereof.

The warranty of this deed is subject to rights of way and easements for public roads and public utilities; to building, zoning, subdivision and health department regulations in effect in DeSoto County, Mississippi; and to the covenants, limitations and restrictions set forth with the recorded plat of said subdivision as well as any amendments thereto.

Taxes have been prorated and possession is given with the deed.

Witness my signature this the 5th day of December, 2003

Joseph W. McClendon
Joseph W. McClendon

STATE OF MISSISSIPPI
COUNTY OF DESOTO

Personally appeared before me, the undersigned authority of law in and for the jurisdiction aforesaid, the within named Joseph W. McClendon who acknowledged that he signed and delivered the above and foregoing instrument on the day and year therein mentioned.

Given under my hand and seal this 5th day of December, 2003

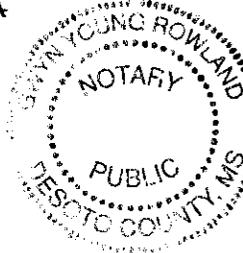
Heiden Brooks & Garland
NOTARY

My Commission Expires:

Grantor's Address:
5210 Pear Drive
Southaven, MS 38671
(H) 901-262-3522
(W) 901-262-3522

Grantee's Address
935 Long Street
Southaven, MS 38672
(H) 662-429-7880
(W) N/A

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Notary Public State of Mississippi
At Large
My Commission Expires
June 26, 2005
BONDED THRU
HEIDEN, BROOKS & GARLAND

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

BK 0460PG0162

TYPE OR PRINT WITH BLACK INK

FILING DATE **MAY 31 2002**

CERTIFICATE OF DEATH
STATE OF MISSISSIPPI

STATE FILE NUMBER **123-**

DECEASED	1. NAME		2. SEX		3a. HOUR OF DEATH		3b. DATE OF DEATH (Month, Day, Year)						
	Mildred McClendon		Female		8:15 P m.		May 25, 2002						
	4. RACE (Specify White, Black, American Indian, etc.)		5a. AGE AT LAST BIRTHDAY		6. DATE OF BIRTH (Month, Day, Year)		7a. COUNTY OF DEATH						
	White		35 Years		12-06-1966		Sunflower						
If death occurred in an institution, see HANDBOOK regarding completion of RESIDENCE items	7b. CITY OR TOWN OF DEATH		7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location)			7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA		8. STATE OF BIRTH					
	Drew		321 Drew- Merigold Road			n/a		Mississippi					
	9. DECEDENT'S EDUCATION (Specify only highest grade completed)		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		11. SURVIVING SPOUSE (If wife, give maiden name)		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No)						
	Elem/High School		College		married Joe McClendon, Jr.		no						
For RESIDENCE items, enter actual location of home rather than mailing address	13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.)		14. SOCIAL SECURITY NUMBER		15a. USUAL OCCUPATION (Kind of work done most of working life)		15b. KIND OF BUSINESS OR INDUSTRY						
	American		428-39-9090		Secretary		Davidson Hotel Co.						
	16a. RESIDENCE-STATE		16b. COUNTY		16c. CITY OR TOWN		16d. INSIDE CITY LIMITS (Specify Yes or No)						
	Miss.		Desoto		Southaven		yes						
16e. STREET AND NUMBER OR RURAL LOCATION		16f. CITY OR TOWN		16g. STATE		16h. ZIP CODE							
5210 Pear Drive		Southaven		Miss.		38671							
PARENTS				17. FATHER-NAME				18. MOTHER-NAME					
				Dennis Williams				Joyce Watford					
INFORMANT				19a. INFORMANT-NAME (Type or print)				19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)					
				Joe McClendon, Jr.				5210 Pear Dr. Southaven, MS 38671					
DISPOSITION				20a. BURIAL, CREMATION, REMOVAL (Specify)		20b. CEMETERY, CREMATORY-NAME		20c. LOCATION (City and State)		21a. EMBALMER-SIGNATURE AND NUMBER			
				Burial		Drew Cemetery		Drew, Miss.		William Newsome FS-807			
				21b. FUNERAL HOME-NAME AND MISSISSIPPI I.D. NUMBER		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)							
				Ray Funeral Home 06-R		P.O. Box 127 Cleveland, MS 38732							
PRONOUNCEMENT				22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print)				22b. PRONOUNCED DEAD (Month, Day, Year)		22c. PRONOUNCED DEAD (Hour)			
				Douglas Card CMEI				ON May 25, 2002		AT 8:15 P m.			
CERTIFIER				23a. CERTIFIER-NAME (Type or print)				23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)					
				Douglas Card				P O Box 287, Indianola, Ms 38751					
Mississippi State Board of Health Form No. 511 Revised 1-1-89	24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated.		24b. DATE SIGNED (Month, Day, Year)		24c. STATE LICENSE NUMBER		24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated.		24f. SIGNATURE		
	SIGNATURE		MD						SIGNATURE		Douglas Card		
									24g. DATE SIGNED (Month, Day, Year)		24h. TITLE		
									May 27, 2002		CMEI		
CAUSE OF DEATH				25. PART I: IMMEDIATE CAUSE (Enter one cause only):				Interval between onset and death					
				(a) Cardiac Arrest									
				DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):				Interval between onset and death					
				(b) Pineal Blastoma									
				DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):				Interval between onset and death					
				(c)									
Had Decedent been Pregnant Within 90 Days Prior to Death?				26. PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in PART I				27. AUTOPSY (Yes or No)		28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								NO		YES			
Use if death NOT due to natural causes		29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)		29b. DATE OF INJURY (Month, Day, Year)		29c. HOUR OF INJURY		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

Judy Moulder
Judy Moulder
STATE REGISTRAR

MAY 31 2002

WARNING:

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