

MELVIN E. ROGERS AND WIFE, CHERYL ROGERS,
GRANTORS

WARRANTY

TO

DEED

RENE' A. HERBERT AND HUSBAND, JOHN J. HERBERT,
GRANTEES

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, We, Melvin E. Rogers and wife, Cheryl Rogers, do hereby sell, convey, and warrant unto Rene' A. Herbert and husband, John J. Herbert, as tenants by the entirety with full rights of survivorship and not as tenants in common, the land lying and being situated in DeSoto County, Mississippi, described as follows, to-wit:

Lot 21, Stargate II Subdivision, located in Section 17, Township 2 South, Range 7 West, DeSoto County, Mississippi, as recorded in Plat Book 22, Pages 25-26, in the office of the Chancery Clerk of DeSoto County, Mississippi.

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.

Subject to subdivision restrictive covenants, easements and setback lines as recorded in Book 22, Pages 25-26, in the office of the Chancery Clerk of DeSoto County, Mississippi.

Taxes for 2004 have been prorated, and possession is given with this deed.

By way of explanation Melvin E. Rogers and wife, Wanda K. Rogers held title to the above referenced property as tenants by the entirety with full rights of survivorship and not as tenants in common in Warranty Deed, recorded in Book 179, Page 607. Wanda K. Rogers departed this life on July 25, 2003.

Cheryl Rogers joins in the execution of this Warranty Deed for the sole and only purpose of conveying any and all homestead rights which she may now have or hereafter acquire in the above referenced property.

WITNESS our signature(s), this the 29th day of March, 2004.

STATE MS.-DESOTO CO.
MAR 31 9 40 AM '04
BK 468 PG 456
S. DAVIS CH. CLK.

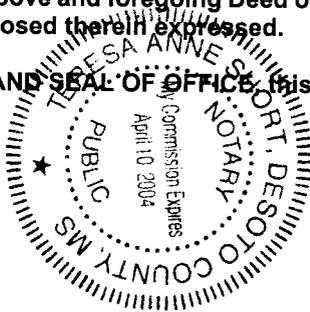
Melvin E. Rogers
Melvin E. Rogers
Cheryl Rogers
Cheryl Rogers

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 MELVIN E. ROGERS AND WIFE, CHERYL ROGERS, 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 March, 2004.

My commission expires:



[Signature]
Notary Public

Grantors Address:
531 Coll - Arlington
Collierville, TN 38017
Home Phone Number: 335-8514
Business Number: N/A

Grantees Address:
3320 Stargate Drive
Southaven, MS 38672
Home Phone Number: 893-0111
Business Number: 833-3008

Prepared By:
Austin Law Firm, P.A.
6928 Cobblestone Drive
Suite 100
Southaven, Mississippi 38672
(662) 890-7575



TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

E/PRINT IN MANENT BLACK INK FOR INSTRUCTIONS AND BOOK

1. DECEDENT'S NAME (First, Middle, Last) Wanda Kay ROGERS				2. SEX Female		3. DATE OF DEATH (Month, Day, Year) July 25, 2003	
4. SOCIAL SECURITY NUMBER (of Decedent) 410-98-2455		5a. AGE-LAST BIRTHDAY (Years) 47	5b. UNDER 1 YEAR MOS. DAYS	5c. UNDER 1 DAY HOURS MIN.	6. DATE OF BIRTH (Month, Day, Year) Jan 28, 1956		7. BIRTHPLACE (City and State or Foreign Country) Memphis, TN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		HOSPITAL: 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA		9a. PLACE OF DEATH (Check only one) OTHER: 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) St. Francis 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) Melvin Rogers		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) ASR		12b. KIND OF BUSINESS/INDUSTRY Transplace	
13a. RESIDENCE-STATE MS		13b. COUNTY Desoto	13c. CITY, TOWN OR LOCATION Southaven		13d. STREET AND NUMBER OR RURAL LOCATION 3320 Stargate		
CENSUS TRACT	13e. INSIDE CITY LIMITS? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	13f. ZIP CODE 38672	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify, if yes:		15. RACE-American Indian, Black, White, etc. (Specify) White	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+)	
PARENTS				17. FATHER'S NAME (First, Middle, Last) Larkin R. Ivy			
PARENTS				18. MOTHER'S NAME (First, Middle, Maiden Surname) Betty L. Martin			
INFORMANT				19a. INFORMANT'S NAME (Type/Print) Melvin Rogers		19b. RELATIONSHIP TO DECEASED Husband	
INFORMANT				19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3320 Stargate, Southaven, MS 38672			
DISPOSITION				20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) New Bethlehem Cemetery	
DISPOSITION				20c. LOCATION-City or Town, State Horn Lake, MS			
DISPOSITION				21a. SIGNATURE OF FUNERAL DIRECTOR Gandace Stokes		21b. LICENSE NUMBER OF FUNERAL DIRECTOR 4189	21c. SIGNATURE OF EMBALMER Buck Bailey
DISPOSITION				21d. LICENSE NUMBER OF EMBALMER 5544			
22a. NAME AND ADDRESS OF FUNERAL HOME Memphis Funeral Home-Poplar Chapel P.O. Box 17069, Memphis, TN 38187-0069						22b. LICENSE NUMBER OF FUNERAL HOME 416	
REGISTRAR				23. REGISTRAR'S SIGNATURE <i>[Signature]</i>		24. DATE FILED (Month, Day, Year) August 18, 2003	
CERTIFIER				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 <input type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN Sylvia S. Richey MD		25b. LICENSE NUMBER TN 34285	25c. DATE SIGNED (Month, Day, Year) August 11 2003
CERTIFIER				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 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER		26b. LICENSE NUMBER	26c. DATE SIGNED (Month, Day, Year)
CERTIFIER				27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) Sylvia Richey 6215 Humphreys Blvd, #209 Memphis, TN 38120			
CAUSE OF DEATH				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) → a. sepsis (septic shock) DUE TO (OR AS A CONSEQUENCE OF): b. bacteremia DUE TO (OR AS A CONSEQUENCE OF): c. amyloidosis DUE TO (OR AS A CONSEQUENCE OF): d. _____ Approximate Interval Between Onset and Death			
CAUSE OF DEATH				PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. renal insufficiency, morbid obesity, proteinuria			
CAUSE OF DEATH				29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		
30. MANNER OF DEATH 1 <input checked="" type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation 2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be Determined 3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide		31a. DATE OF INJURY (Month, Day, Year)	31b. TIME OF INJURY	31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> 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)					