

WARRANTY DEED

THIS WARRANTY DEED made and entered into this day by and between John W. Forister, a single man, Grantor, and Bennie L. Nelson and Barbara L. Nelson, 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 joint tenants 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 87, Woodland Lake Subdivision, situated in Section 19, Township 3 South, Range 9 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 1, Page 15A in the Office of the Chancery Clerk of DeSoto County, Mississippi.

BY WAY OF EXPLANATION:

Louise V. Forister, who took title to the aforementioned property with John W. Forister, as tenants by the entirety with the right of survivorship and not as tenants in common, passed away on or about June 6, 2004. See the death certificate attached as Exhibit "A" and incorporated herein by reference.

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:

STATE MS. - DESOTO CO. ^{SS}
 FILED ⁸⁵
 AUG 20 2 57 PM '04
 BK 480 PG 229
 W.E. DAVIS CH. CLK.

- 1) Taxes and assessments for the current year and subsequent years, which are not yet due and payable.
- 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 19th day of August, 2004.

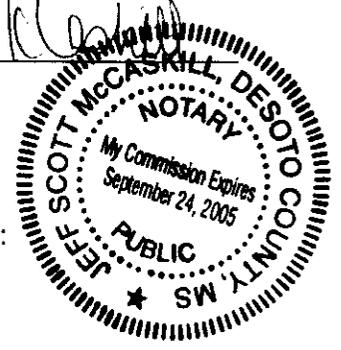
John W. Forister
John W. Forister

STATE OF MISSISSIPPI
COUNTY OF DESOTO

THIS DAY personally appeared before me, the undersigned authority within and for the State and County aforesaid, John W. Forister, who acknowledged that he 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 19th day of August, 2004.

Jeff Scott McCaskill
NOTARY PUBLIC



My Commission Expires: 9/24/2005

ADDRESS OF GRANTOR:
230 TRAINER
Whiteville, TN 38075
Home: (901) 231-0344
Work: N/A

ADDRESS OF GRANTEEES:
11019 Beech Drive
Hernando, MS 38632
Home: (662) 623-7917
Work: (662) 429-1470

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

FILE# 804371/JSM

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

BK 0480PG0231

TYPE OR PRINT
WITH BLACK INK

FILING DATE **JUL 06 2004**

CERTIFICATE OF DEATH

STATE FILE NUMBER **123-04-013091**

DECEASED Death occurred in institution, see HANDBOOK, regarding completion of RESIDENCE items RESIDENCE items, enter actual location home rather than mailing address	1. NAME—First Middle Last Louise Virginia Forister			2. SEX Female	3a. HOUR OF DEATH 12:37A m	3b. DATE OF DEATH (Month, Day, Year) June 6, 2004		
	4. RACE (Specify White, Black, American Indian, etc.) White	5a. AGE AT LAST BIRTHDAY 78 Years	ONLY IF UNDER 1 YEAR 5b. MOS	ONLY IF UNDER 1 DAY 5c. DAYS	5d. HOURS	5e. MINS	6. DATE OF BIRTH (Month, Day, Year) Jan. 5, 1926	7a. COUNTY OF DEATH Desoto
	7b. CITY OR TOWN OF DEATH Hernando		7c. HOSPITAL OR OTHER INSTITUTION—NAME AND NUMBER (If not in city, give street address, route number or other location) 11019 Beech Dr.			7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA	8. STATE OF BIRTH MS	
	9. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/High School College 12 (1-4, 5+)		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) John W. Forister	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 526-30-4327		15a. USUAL OCCUPATION (Kind of work done most of working life) Homemaker		15b. KIND OF BUSINESS OR INDUSTRY Own Home		
16a. RESIDENCE—STATE MS	16b. COUNTY Desoto	16c. CITY OR TOWN Hernando		16d. INSIDE CITY LIMITS (Specify Yes or No) No	16e. STREET AND NUMBER OR RURAL LOCATION 11019 Beech Dr.			
17. FATHER—NAME First Middle Last Henry Heidt			18. MOTHER—NAME First Middle Maiden Sallie Huskison					
19a. INFORMANT—NAME (Type or print) John W. Forister			19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 11019 Beech Dr., Hernando, MS 38632					
20a. BURIAL, CREMATION, REMOVAL (Specify) Burial	20b. CEMETERY, CREMATORY—NAME Forest Hill South	20c. LOCATION (City and State) Memphis, TN		21a. EMBALMER—SIGNATURE AND NUMBER William S. Joyner III 4341				
21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER Forest Hill South 920			21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 2545 E. Holmes Rd., Memphis, TN 38118					
22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) Bill Baldwin, DCMEI			22b. PRONOUNCED DEAD (Month, Day, Year) ON June 6, 2004		22c. PRONOUNCED DEAD (Hour) AT 1:50A m			
23a. CERTIFIER—NAME (Type or print) Jeffery Pounders			23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 4942 Pounders Rd. Nesbit, Ms. 38651					
This section to be completed by physician if NOT a medical examiner	24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. ASCD			This section to be completed by medical examiner ONLY	24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. ASCD			
	SIGNATURE	MD	SIGNATURE		24f. TITLE Desoto DCMEI			
	24b. DATE SIGNED (Month, Day, Year)	24c. STATE LICENSE NUMBER	24g. DATE SIGNED (Month, Day, Year) June 13, 2004					
	24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)							
Conditions, if any, which gave rise to immediate cause stating the underlying cause last	25. PART I: DEATH CAUSED BY:	IMMEDIATE CAUSE (Enter one cause only):					Interval between onset and death	
	(a)	ASCD						
	(b)	DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):					Interval between onset and death	
(c)	DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):					Interval between onset and death		
Had Decedent been Pregnant within 90 Days prior to Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	26. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I Past Heart Surgery				27. AUTOPSY (Yes or No) No	28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or 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 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

Judy Moulder

Judy Moulder
STATE REGISTRAR

JUL -6 2004

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.



THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THIS IS WATERMARKED PAPER. DO NOT ACCEPT WITHOUT FIRST HOLDING TO LIGHT TO VERIFY WATERMARK.