

Prepared by and Return to:
Davis Law Firm, P.C.
Attorneys at Law
919 Ferncliff Cove, Suite 1
Southaven, MS 38671
(662) 393-8542
04-637

Ilsia C. Cardwell
GRANTOR,

TO: WARRANTY DEED

Mary James
GRANTEE,

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 Ilsia C. Cardwell, the undersigned Grantor does hereby sell, convey, and warrant unto the above Grantee, Mary James the following described real estate, located and situated in DeSoto County, Mississippi and more particularly described as follows, to-wit:

Lot 7, Wilson Mill PUD Subdivision, in Section 28, Township 2 South, Range 9 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 58, Pages 40-42, in the office of the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation Robert H. Cardwell died on March 18, 2002 in Memphis, Shelby County, Tennessee.

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.

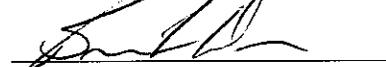
Witness my signature this the 19th day of October, 2004


Ilsia C. Cardwell

STATE OF MISSISSIPPI
COUNTY OF DESOTO

Personally appeared before me, the undersigned authority of law in and for the jurisdiction aforesaid, the within named Ilsia C. Cardwell who acknowledged that they signed and delivered the above and foregoing instrument on the day and year therein mentioned.

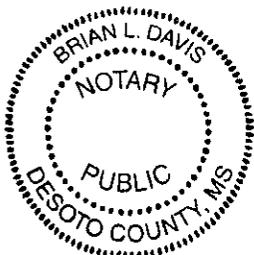
Given under my hand and seal this 19th day of October, 2004


NOTARY

My Commission Expires:

Grantor's Address:
1196 Wilson Ridge
Lake Cormorant, MS 38641
(H) 662-536-0806
(W) N/A

Grantee's Address
1196 Wilson Ridge
Lake Cormorant, MS 38641
(H) 662-256-9902
(W) 901-626-2838



Notary Public State of Mississippi
At Large
My Commission Expires
July 15, 2006
BONDED THRU
HEIDEN, BROOKS & GARLAND, INC.



TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

BK0485PG0047

TYPE/PRINT IN PERMANENT INK FOR REDUCTIONS HANDBOOK

For use by physician or institution

DISPOSITION

REGISTRAR

CERTIFIER

CAUSE OF DEATH

INSTRUCTIONS OTHER SIDE

1. DECEDENT'S NAME (First, Middle, Last) Robert Harold CARDWELL				2. SEX Male	3. DATE OF DEATH (Month, Day, Year) March 18, 2002	
4. SOCIAL SECURITY NUMBER (of Decedent) 428-66-5232	5a. AGE-LAST BIRTHDAY (Years) 65	5b. UNDER 1 YEAR MOS. _____ DAYS _____	5c. UNDER 1 DAY HOURS _____ MIN. _____	6. DATE OF BIRTH (Month, Day, Year) Jan 15, 1937	7. BIRTHPLACE (City and State or Foreign Country) Terry, MS	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) HOSPITAL: 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA 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) Baptist East		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) Ilsia Carballo	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Chairman & CEO		12b. KIND OF BUSINESS/INDUSTRY Cardwell Container, Inc.		
13a. RESIDENCE-STATE TN	13b. COUNTY Shelby	13c. CITY, TOWN OR LOCATION Germantown	13d. STREET AND NUMBER OR RURAL LOCATION 7976 Sunny Creek Dr.			
13e. INSIDE CITY LIMITS? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	13f. ZIP CODE 38138	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) <input type="checkbox"/> College (1-4 or 5+) <input checked="" type="checkbox"/> 2+		
17. FATHER'S NAME (First, Middle, Last) Russell Tolber Cardwell			18. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Hazel Finley			
19a. INFORMANT'S NAME (Type/Print) Ilsia C. Cardwell		19b. RELATIONSHIP TO DECEASED Wife	19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7976 Sunny Creek Dr. Germantown, TN 38138			
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) Memory Hill Gardens		20c. LOCATION-City or Town, State Memphis, TN		
21a. SIGNATURE OF FUNERAL DIRECTOR Oliver T. Buntin		21b. LICENSE NUMBER OF FUNERAL DIRECTOR 5291	21c. SIGNATURE OF EMBALMER Alfred Barnes		21d. LICENSE NUMBER OF EMBALMER 4586	
22a. NAME AND ADDRESS OF FUNERAL HOME Memphis Funeral Home Germantown P.O.Box 17069 Memphis, TN 38187-0069				22b. LICENSE NUMBER OF FUNERAL HOME 1023		
23. REGISTRAR'S SIGNATURE <i>[Signature]</i> Deputy			24. DATE FILED (Month, Day, Year) APR 15 2002			
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 <i>[Signature]</i>			25b. LICENSE NUMBER MD 7142	25c. DATE SIGNED (Month, Day, Year) 4-10-2002		
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)		
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) W.L. Russo 80 HUMPHREYS CENTER SUITE 200 MEMPHIS, TN 38120						
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. Idiopathic Dilated Cardiomyopathy DUE TO (OR AS A CONSEQUENCE OF): b. _____ DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____ Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST					Approximate Interval Between Onset and Death	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Chronic obstructive lung disease			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 M _____	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)			

MEMPHIS & SHELBY COUNTY HEALTH DEPARTMENT-814 JEFFERSON AVE.,
MEMPHIS, TENNESSEE. THIS IS TO CERTIFY that this is a true and correct copy of
the record filed with the Tennessee Vital Records by the Memphis and Shelby County
Health Department.

SEAL

APR 16 2002

Date Issued



Kenneth Johnson, Registrar
Vital Records Section