

QUITCLAIM DEED

THIS QUITCLAIM DEED, Executed this 6th day of January ,

2005 (year),
by first party, Grantor,
whose post office address is
to second party, Grantee,
whose post office address is

John P. Person
974 Scaife Road, Memphis, TN 38116 901-848-7368
James N. Reeves III N/A
5144 Hilo Drive, Hernando, MS 38632
901-870-6875
662-449-3304

WITNESSETH, That the said first party, for good consideration and for the sum of
Ten Dollars (\$10.00) paid by the said second party, the receipt whereof
is hereby acknowledged, does hereby remise, release and quitclaim unto the said second party
forever, all the right, title, interest and claim which the said first party has in and to the following
described parcel of land, and improvements and appurtenances thereto in the County of,
DeSoto State of Mississippi to wit:

5244 Waikiki Cove, Hernando, MS 38632
Lot 32, in Section B Revised, Koko Reef Subdivision in Section 31, Township 3, Range 9,
DeSoto County, Mississippi as by the plat recorded in Plat Book 7, Pages 30-34, in the Office of
the Chancery Clerk of DeSoto County, MS.


Initials of First Party

[Signatures on following page.]

AHAAZZAP

IN WITNESS WHEREOF, The said first party has signed and sealed these presents the day and year first above written. Signed, sealed and delivered in presence of:

Billie S. Cates
Signature of Witness

John P. Person
Signature of First Party, Grantor

Billie S. Cates
Print name of Witness

John P. Person
Print name of First Party

Signature of Witness

Signature of First Party, Grantor

Print name of Witness

Print name of First Party

STATE OF _____ }
COUNTY OF _____ }

before me,

appeared

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Cynthia M. Bobo
Signature of Notary



Affiant _____ Known _____ Produced ID _____
Type of ID MS DL

James N. Reeves III
Signature of Preparer

James N. Reeves III
Print Name of Preparer

5144 Wils Dr, Hernando, MS 38632
Address of Preparer
901-870-6875

Initials of First Party