

Prepared by and Return to:
TAYLOR, JONES & ALEXANDER, LTD.
ATTORNEYS AT LAW
P. O. BOX 188
SOUTHAVEN, MS. 38671
(662-342-1300)

**PATRICIA ANN BOYD THOMPSON,
EXECUTRIX OF THE ESTATE OF
ELIZABETH ANN O'NEAL BOYD A/KA
ELIZABETH A. BOYD
GRANTOR(S)**

TO

QUITCLAIM DEED

**PATRICIA ANN BOYD THOMPSON AND
LUCAS GLENN BOYD
GRANTEE(S)**

For and in consideration of the sum of Ten Dollars (\$10.00), cash in hand paid, and other good, legal sufficient and valuable consideration, the receipt of all of which is hereby acknowledged, I, **PATRICIA ANN BOYD THOMPSON, EXECUTRIX OF THE ESTATE** do hereby quitclaim and convey all of my right, title and interest unto **PATRICIA ANN BOYD THOMPSON AND LUCAS GLENN BOYD** as **joint tenants with right of survivorship and not as tenants in common** the following described land and property situated in the County of DeSoto, State of Mississippi, being more particularly described as follows, to-wit:

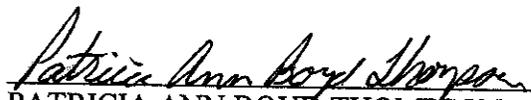
Lot 2073, Section "I", SOUTHAVEN WEST SUBDIVISION, situated in Section 23, Township 1 South, Range 8 West, City of Southaven, DeSoto County, Mississippi as per plat of record in Plat Book 3, Pages 42-43 in the Chancery Clerk's Office of DeSoto County, Mississippi.

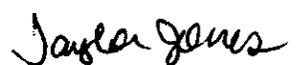
PARCEL #1086.2315-0 02073.00

The above property is the same property conveyed to Gene Austin Boyd and wife, Elizabeth A. Boyd by Warranty Deed of record in Book 90, Page 141 in the Chancery Clerk's Office of DeSoto County, Mississippi. **Gene Austin Boyd passed away on September 11, 2003. The Grantor herein conveys the above property as Executrix of the Estate of Elizabeth A. Boyd who passed away on July 10, 2004.** Said estate of Elizabeth A. Boyd was probated in Cause No. 04-08-1357, filed in the Chancery Clerk's Office, DeSoto County, Ms. This conveyance is made subject to all applicable building restrictions, restrictive covenants and easements of record.

Possession of the premises is to be given by the Grantor to the Grantees, upon delivery of this Deed.

WITNESS our signature(s) this the 24th day of February, 2005.


PATRICIA ANN BOYD THOMPSON
EXECUTRIX OF THE ESTATE OF
ELIZABETH ANN O'NEAL BOYD



STATE OF MICHIGAN

COUNTY OF Wayne

PERSONALLY appeared before me, the undersigned authority of law in and for the jurisdiction aforesaid, the within named, PATRICIA ANN BOYD THOMPSON, EXECUTRIX OF THE ESTATE OF ELIZABETH ANN O'NEAL BOYD who acknowledged that she signed and delivered the above and foregoing instrument on the day and year therein mentioned and for the purposes therein expressed.

GIVEN under my hand and official seal of office this the 24 day of February, 2005.



TINA L. TERPEVICH
Notary Public, Wayne County, MI
Acting in Wayne Co., MI
My Commission Expires: 9-21-2005

Tina L. Terpevich
NOTARY PUBLIC

PROPERTY ADDRESS: 8324 COLONIAL HILLS COVE, SOUTHAVEN, MS. 38671

GRANTOR'S
7067 Foxridge Dr.
Canton, Michigan 48187
Res# 734-262-1570
Bus# 734-262-1570

GRANTEE'S ADDRESS:
(Lucas Glenn Boyd)
8324 Colonial Hills Cove
Southaven, Ms. 38671
Res# 662-393-0872
Bus# 662-393-0872

THIS INSTRUMENT IS PREPARED WITHOUT THE BENEFIT OF TITLE EXAMINATION FROM INFORMATION FURNISHED TO PREPARER. PREPARER MAKES NO WARRANTIES AS TO TITLE TO THE PROPERTY OR TO THE ACCURACY OF INFORMATION FURNISHED.



TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEASED

DECEASED

NR

ENBUS TRACT

PARENTS

INFORMANT

POSTION

ISTRAR

IFIER

MEDICAL
CLINIC
JUST
D SIGN
IFICATION
RS.

IONS
SIDE

SE OF
ATH

6/99

1. DECEDENT'S NAME (First, Middle, Last) Elizabeth Ann Boyd

2. SEX Female

3. DATE OF DEATH (Month, Day, Year) July 10, 2004

4. SOCIAL SECURITY NUMBER (of Decedent) 425-66-7054

5a. AGE - LAST BIRTHDAY (Years) 67

5b. UNDER 1 YEAR MO. DAYS

5c. UNDER 1 DAY HOUR MIN.

6. DATE OF BIRTH (Month, Day, Year) December 26, 1936

7. BIRTHPLACE (City and State or Foreign Country) Memphis, Tennessee

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 No

9a. PLACE OF DEATH (Check only one) HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)

9b. FACILITY NAME (If not institution, give street and number) Baptist Memorial Hospital - Memphis

9c. CITY, TOWN, OR LOCATION OF DEATH Memphis

9d. COUNTY OF DEATH Shelby

10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed

11. SURVIVING SPOUSE (If wife, give maiden name) None

12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Teacher

12b. KIND OF BUSINESS/INDUSTRY Walls Elementary School

13a. RESIDENCE - STATE Mississippi

13b. COUNTY DeSoto

13c. CITY, TOWN OR LOCATION Southaven

13d. STREET AND NUMBER OR RURAL LOCATION 8324 Colonial Hills Cove

13e. INSIDE CITY LIMITS? 1 Yes 2 No

13f. ZIP CODE 38671

14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No - if yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes No No

15. RACE - American Indian, Black, White, etc. (Specify) White

16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 4 College (1-4 or 5+) 4

17. FATHER'S NAME (First, Middle, Last) Glenn O'Neal

18. MOTHER'S NAME (First, Middle, Maiden Surname) Elizabeth Jepsen

19a. INFORMANT'S NAME (Type/Print) Patricia Boyd Thompson

19b. RELATIONSHIP TO DECEASED Daughter

19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7067 Foxridge Drive Canton, MI 48187

20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Pleasant Grove Cemetery

20c. LOCATION - City or Town, State Pleasant Grove, Mississippi

21a. SIGNATURE OF FUNERAL DIRECTOR *Reym K Rebler*

21b. LICENSE NUMBER OF FUNERAL DIRECTOR FS-789

21c. SIGNATURE OF EMBALMER *Reym K Rebler*

21d. LICENSE NUMBER OF EMBALMER FS-789

22a. NAME AND ADDRESS OF FUNERAL HOME Twin Oaks Funeral Home 290 Goodman Road East, Southaven, MS 38671

22b. LICENSE NUMBER OF FUNERAL HOME 429

23. REGISTRAR'S SIGNATURE *Nancy Ann Bradshaw Deputy*

24. DATE FILED (Month, Day, Year) JUL 22 2004

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 SIGNATURE AND TITLE OF PHYSICIAN *W Russo*

25b. LICENSE NUMBER MD 7142

25c. DATE SIGNED (Month, Day, Year) 7-13-2004

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 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) Dr. William Russo 8060 Wolf River, Germantown, TN 38138

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. Severe Encephalopathy

DUE TO (OR AS A CONSEQUENCE OF):

b. Cardiac arrest after Coronary bypass surgery

c. possible protamine reaction

d.

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.

29a. WAS AN AUTOPSY PERFORMED? 1 Yes 2 No

29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No

30. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be Determined 4 Homicide

31a. DATE OF INJURY (Month, Day, Year)

31b. TIME OF INJURY M

31c. INJURY AT WORK? 1 Yes 2 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)

BIRTH NO.

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

TYPE OR PRINT IN BLACK INK

FILING DATE SEP 29 2003

CERTIFICATE OF DEATH

STATE FILE NUMBER 123-03-019318

DECEASED: 1. NAME GENE AUSTIN BOYD; 2. SEX MALE; 3a. HOUR OF DEATH 05:26A m; 3b. DATE OF DEATH SEPTEMBER 11, 2003; 4. RACE WHITE; 5a. AGE AT LAST BIRTHDAY 68 Years; 5b. MOS; 5c. DAYS; 5d. HOURS; 5e. MIN; 6. DATE OF BIRTH DECEMBER 15, 1934; 7a. COUNTY OF DEATH DESOTO; 7b. CITY OR TOWN OF DEATH SOUTHAVEN; 7c. HOSPITAL OR OTHER INSTITUTION NAME AND NUMBER BAPTIST HOSPITAL-DESOTO 17B; 7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR OOA INPT; 7e. STATE OF BIRTH MISSISSIPPI; 8. DECEASED'S EDUCATION High School; 9. ORIGIN OR DESCENT AMERICAN; 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED; 11. SURVIVING SPOUSE ELIZABETH ANN O'NEAL; 12. WAS DECEASED EVER IN U.S. ARMED FORCES? YES; 13. SOCIAL SECURITY NUMBER 427-56-6041; 14a. USUAL OCCUPATION MANAGER; 14b. KIND OF BUSINESS OR INDUSTRY CONVENIENCE STORE; 15a. RESIDENCE-STATE MISSISSIPPI; 15b. COUNTY DESOTO; 15c. CITY OR TOWN SOUTHAVEN; 15d. INSIDE CITY LIMITS YES; 15e. STREET AND NUMBER OR RURAL LOCATION 8324 COLONIAL HILLS COVE

17. FATHER-NAME LUCAS G. BOYD; 18. MOTHER-NAME DORA MCKEITHEN

19a. INFORMANT-NAME ELIZABETH ANN O'NEAL BOYD; 19b. MAILING ADDRESS 8324 COLONIAL HILLS COVE SOUTHAVEN, MS 38671

20a. BURIAL CREMATION REMOVAL BURIAL; 20b. CEMETERY PLEASANT GROVE CEMETERY; 20c. LOCATION PLEASANT GROVE, MS; 20d. EMBALMER- SIGNATURE AND NUMBER FS-789; 21a. FUNERAL HOME TWIN OAKS FUNERAL HOME 17T; 21b. MAILING ADDRESS 290 GOODMAN ROAD EAST SOUTHAVEN, MS 38671

22a. PERSON WHO PRONOUNCED DEATH JAMES DEWIS, MD; 22b. PRONOUNCED DEAD SEPTEMBER 11, 2003 05:26A m; 22c. PRONOUNCED DEAD (Hour)

23a. CERTIFIER CHARLES BROWN, MD; 23b. MAILING ADDRESS 7900 AIRWAYS BLVD BLDG C STE 1, SOUTHAVEN, MS 38671

24a. SIGNATURE; 24b. DATE SIGNED 9/29/03; 24c. STATE LICENSE NUMBER 15877; 24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER; 24e. TITLE; 24f. DATE SIGNED

25. PART I: IMMEDIATE CAUSE (a) Cardiorespiratory Arrest; (b) Bacterial Pneumonia; (c) Chronic Obstructive Pulmonary Disease

26. PART II: OTHER SIGNIFICANT CONDITIONS; 27. AUTOPSY; 28. WAS CASE REFERRED TO MEDICAL EXAMINER?; 29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED; 29b. DATE OF INJURY; 29c. HOUR OF INJURY; 29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED; 29e. INJURY AT WORK; 29f. PLACE OF INJURY; 29g. LOCATION

Was Decedent Pregnant within 90 Days prior to Death? Yes No

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

SEP 29 2003

Judy Moulder STATE REGISTRAR

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 CONFECK THIS DOCUMENT.



IF THE FRONT OF THIS DOCUMENT HAS A COLORED BACKGROUND OR WHITE PAPER, THIS IS WATERMARKED PAPER. DO NOT ACCEPT WITHOUT FIRST HOLDING TO LIGHT TO VERIFY WATERMARK