

WARRANTY DEED

This Deed of Conveyance is this day made by the undersigned DEBORAH CORRINN TRAFFORD and HARRIET RAMELLE TRAFFORD LUTYEN, hereinafter referred to as the GRANTORS, and DEBORAH CORRINN TRAFFORD, hereinafter referred to as the GRANTEES, WITNESSETH THAT:

For and in consideration of the sum of Ten Dollars (\$10.00) cash in hand paid by the GRANTEES to the GRANTORS, and other good and valuable consideration, the receipt and sufficiency of all of which is hereby acknowledged by the GRANTORS, DEBORAH CORRINN TRAFFORD and HARRIET RAMELLE TRAFFORD LUTYEN, the GRANTORS do hereby and by these presents sell, convey, and warrant unto DEBORAH CORRINN TRAFFORD, the GRANTEE, a single person, the hereinafter described real property located in the City of Hernando, DeSoto County, Mississippi, and being described as follows, to-wit:

Lot 21, First Revision, Section "B", Phase II, Crenshaw Manor Patio Homes, as situated in Section 18, Township 3 South, Range 7 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 48, Pages 49-50, in the Office of the Chancery Clerk of DeSoto County, Mississippi.

The foregoing covenant of warranty is made subject to the following: all rights of ways and easements for public roads and public utilities; all subdivision and zoning regulations in effect in the City of Hernando, DeSoto County, Mississippi; to any prior reservation or conveyance of minerals of every kind and character, including, but not

Stockett

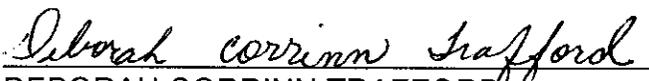
limited to, oil, gas, sand and gravel in, on and under the subject property; and to all restrictive covenants building restrictions and easements of record including but not limited to those as found with the recorded plat of said subdivision.

Taxes and assessments against said property for the year 2005 shall be the responsibility of the GRANTEE, and/or her successor's in interest and all subsequent years are hereby excepted from the foregoing covenant of warranty.

That by way of explanation the late Corrin V. Trafford departed this life on the November 3, 2003 and that attached hereto is a copy of her certificate of death. That the undersigned Harriet Ramelle Trafford Lutyen warrants that the property being conveyed does not constitute any part or parcel of her homestead.

Possession shall be given upon delivery of this deed.

WITNESS the signature of the GRANTORS on this the 28th day of March, 2005.


DEBORAH CORRINN TRAFFORD


HARRIET RAMELLE TRAFFORD LUTYEN

STATE OF MISSISSIPPI
COUNTY OF DESOTO

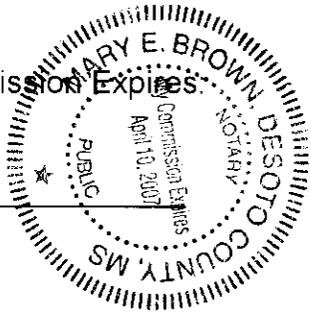
Personally appeared before me, the undersigned authority in and for the said county and state, on this the 28th day of March, 2005, within my jurisdiction, the within named Deborah Corinn Trafford and Harriet Ramelle Trafford Lutyen, who acknowledged that they executed the above and foregoing instrument.

Mary E. Brown

NOTARY PUBLIC

My Commission Expires:

(SEAL)



GRANTORS' ADDRESS:
392 Kimber Lane
Hernando, MS 38632
RES. TEL.: N/A
BUS. TEL.: N/A

GRANTEES' ADDRESS:
392 Kimber Lane
Hernando, MS 38632
RES. TEL.: N/A
BUS. TEL.: N/A

Prepared by:
KENNETH E. STOCKTON
ATTORNEY AT LAW
5 WEST COMMERCE STREET
HERNANDO, MS 38632
662-429-3469

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

TYPE OR PRINT WITH BLACK INK		FILING DATE		CERTIFICATE OF DEATH		STATE FILE NUMBER		
		NOV 18 2003		STATE OF MISSISSIPPI		123- 03-023106		
DECEASED	1 NAME			2 SEX		3a HOUR OF DEATH		
	Douglas Corrin Trafford			Female		12:40 ^{am}		
	3b DATE OF DEATH (Month, Day, Year)					11-3-2003		
	4 RACE (Specify White, Black, American Indian, etc.)		5a AGE AT LAST BIRTHDAY		6 DATE OF BIRTH (Month, Day, Year)		7a COUNTY OF DEATH	
	White		79 Years		12-18-1923		DeSoto	
	7b CITY OR TOWN OF DEATH		7c HOSPITAL OR OTHER INSTITUTION NAME AND NUMBER (If not in either give street address, route number or other location)		7d IF IN HOSP. OR INST. SPECIFY INPT, OUTPT, EMER, RM OR DOA		8 STATE OF BIRTH	
Southaven		108 Clarrington Dr.		Residence		TN		
9 DECEDENT'S EDUCATION (Specify only highest grade completed)		10 MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify)		11 SURVIVING SPOUSE (If wife give maiden name)		12 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No)		
Elem/High School, College		Widowed		N/A		No		
13 ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.)		14 SOCIAL SECURITY NUMBER		15a USUAL OCCUPATION (Kind of work done most of working life)		15b KIND OF BUSINESS OR INDUSTRY		
American		409-20-1391		Secretary		Memphis Defense Depot		
16a RESIDENCE—STATE		16b COUNTY		16c CITY OR TOWN		16d INSIDE CITY LIMITS (Specify Yes or No)		
MS		DeSoto		Southaven		Yes		
17 FATHER—NAME		18 MOTHER—NAME		16e STREET AND NUMBER OR RURAL LOCATION				
Embery Van Sickle		Annie Mae Sharpe		108 Clarrington Dr.				
19a INFORMANT—NAME (Type or print)		19b MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)						
Deborah C. Trafford		1561 Pontotoc Rd. Hernando, MS 38632						
20a BURIAL, CREMATION, REMOVAL (Specify)		20b CEMETERY, CREMATORY—NAME		20c LOCATION (City and State)		21a EMBALMER—SIGNATURE AND NUMBER		
Burial		Forest Hill Midtown Cem.		Memphis, TN		Eyon A. Brownlee FS794		
21b FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER		21c MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)						
Hernando Funeral Home 17S		140 W. Commerce St. Hernando, MS 38632						
22a PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print)		22b PRONOUNCED DEAD (Month, Day, Year)		22c PRONOUNCED DEAD (Hour) AT				
Bill Baldwin, DCMEI		Nov. 3, 2003		2:20A				
23a CERTIFIER—NAME (Type or print)		23b MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)						
Jeffery Pounders		4942 Pounders Rd. Nesbit, MS 38651						
24a To the best of my knowledge, death occurred due to the cause(s) and manner as stated		24b DATE SIGNED (Month, Day, Year)		24c STATE LICENSE NUMBER		24d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		
SIGNATURE						DeSoto County Coroner		
24e On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated		24f DATE SIGNED (Month, Day, Year)		24g DATE SIGNED (Month, Day, Year)				
SIGNATURE				Nov. 10, 2003				
25 PART I. DEATH CAUSED BY		IMMEDIATE CAUSE (Enter one cause only)		Interval between onset and death				
(a)		Alzheimers Disease						
(b)		DUE TO OR AS A CONSEQUENCE OF (Enter one cause only)		Interval between onset and death				
(c)		Asthma		Interval between onset and death				
26 PART II. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I		27. AUTOPSY (Yes or No)		28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)				
		No		Yes				
29a ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)		29b DATE OF INJURY (Month, Day, Year)		29c HOUR OF INJURY		29d DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED		
NOT								
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

NOV 18 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 COUNTERFEIT THIS DOCUMENT.

