

Nettye N. Billions and
William Joseph Billions
and wife Jan Billions,
GRANTORS

WARRANTY

TO

DEED

Gary Degutis,
GRANTEES

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00) cash in hand paid, and other good and valuable considerations, the receipt of all of which is hereby acknowledged, Nettye N. Billions, and William Joseph Billions, and wife, Jan Billions, do hereby sell, convey, and warrant unto Gary Degutis, the land lying and being situated in DeSoto County, Mississippi, described as follows, to-wit:

Lot 28, Section A, Chickasaw Bluff Lakes Subdivision, located in Section 18, Township 3 South, Range 9 West, DeSoto County, Mississippi, as per plat thereof of record in Plat Book 6, Pages 18-22, in the Chancery Court Clerk's office of DeSoto County, Mississippi.

The warranty in this deed is subject to rights of ways and easements for public roads and public utilities, to building, zoning, subdivision and health department regulations in effect in DeSoto County, Mississippi. Further subject to riparian and other rights created by the fact that subject property fronts on water.

Subject to subdivision restrictive covenants, easements and building lines as recorded in Plat Book 6, Pages 18-22, Book 85, Page 190, Book 103, Page 20, Book 125, Page 668 and Book 252, Page 515, in the office of the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation, Robert A. Billions, Sr., husband of Nettye N. Billions, is deceased, a copy of his death certificate being attached hereto.

The Grantors hereby certify that no part of the above property constitutes any part of their homestead.

Taxes for the year 2005 have been prorated, and possession is given with this deed.

WITNESS our signature(s), on the dates as set forth below.

Nettye N. Billions
Nettye N. Billions
Dated: 6/03/05

William Joseph Billions
William Joseph Billions
Dated: 5-26-05

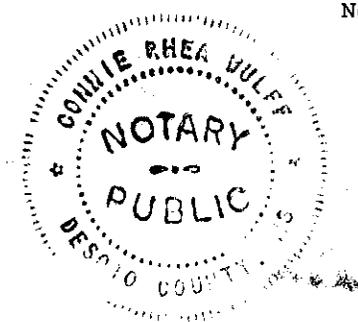
Jan Billions
Jan Billions
Dated: 5-26-05

STATE OF MISSISSIPPI:
COUNTY OF DeSoto:

PERSONALLY APPEARED before me, the undersigned authority at law, in and for the State and County aforesaid, the within named, Nettye N. Billions who acknowledged that she signed and delivered the above and foregoing Deed on the day and year therein mentioned, as her free act and deed, and for the purposed therein expressed.
GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the 3rd day of June, 2005.

Connie Rhea Wulf
Notary Public

My commission expires: June 17, 2007



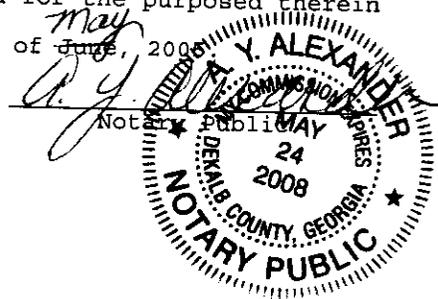
Nowak
Alyman

STATE OF Georgia :

COUNTY OF DeKalb :

PERSONALLY APPEARED before me, the undersigned authority at law, in and for the State and County aforesaid, the within named, William Joseph Billions and wife Jan Billions who acknowledged that they signed and delivered the above and foregoing Deed on the day and year therein mentioned, as their free act and deed, and for the purposed therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the 26th day of ~~June~~ ^{May}, 2008



My commission expires:

Grantors Address:

Nettye Billions
7942 Anne's Circle
Cordova, TN 38018
Phone: Res.- 901-753-9681
Bus.- N/A

Grantees Address:

3230 Harcourt Way #202
Memphis, TN 38119
Phone: Res.- 901-727-9381
Bus.- 901-547-2451

William & Jan Billions
7475 Brandonshire Road
Atlanta, GA 30350
Phone: Res.- 770-399-9123
Bus.- 678-784-1659

Prepared By:

Nowak & Neyman, P.C.
170 West Center St.
Hernando, MS 38632
662-429-7888

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

BIRTH NO. _____

STATE FILE NO. _____

DECEASED—NAME 1. ROBERT ALEXANDER BILLIONS, SR.				DATE OF DEATH (MONTH, DAY, YEAR) 2. SEPTEMBER 27, 1982			
AGE—LAST BIRTHDAY (YEARS) 3a. 62		DATE OF BIRTH (MONTH, DAY, YEAR) 3b. Jan. 2, 1920		HAIR (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)) 5. WHITE		SEX 6. MALE	
COUNTY OF DEATH 7a. SHELBY		CITY, TOWN OR LOCATION 7b. MEMPHIS		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. YES		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.) 7d. METHODIST HOSPITAL SOUTH	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. TENNESSEE		CITIZEN OF WHAT COUNTRY 9. USA		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. MARRIED		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. NETTYE NORTHAM	
SOCIAL SECURITY NUMBER (IF NONE, SPECIFY) 12a. [REDACTED]		SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE) 12b. YES		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. WELDING SUPERVISOR		KIND OF BUSINESS OR INDUSTRY COMPANY 13b. S.R. LEWELLYN WELDING	
RESIDENCE—STATE 14a. TENNESSEE		COUNTY 14b. SHELBY		CITY, TOWN, OR LOCATION 14c. MEMPHIS		STREET AND NUMBER 14d. 3842 WINDCREST RD	
INSIDE CITY LIMITS (SPECIFY YES OR NO) 14e. YES		CENSUS TRACT NO. 14f. _____		FATHER—NAME 15. ROY JOSEPH BILLIONS			
MOTHER—MAIDEN NAME 16. ETHEL FULLER				INFORMANT—NAME 17. MRS. NETTYE BILLIONS			
MAILING ADDRESS 17. SAME AS ABOVE				BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY) 18a. BURIAL			
DATE (MONTH, DAY, YEAR) 18b. SEPT. 29, 1982		CEMETERY OR CREMATORY—NAME 18c. CALVARY		LOCATION CITY OR TOWN STATE 18d. MEMPHIS, TENNESSEE			
FUNERAL DIRECTOR SIGNATURE 19a. <i>[Signature]</i>		LICENSE NO. 19b. 2811		EMBALMER SIGNATURE 19c. <i>[Signature]</i>		LICENSE NO. 19d. 3395	
FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20. MEMPHIS FUNERAL HOME 1177 UNION				REGISTRAR SIGNATURE 21a. <i>[Signature]</i>		DATE RECEIVED BY LOCAL REGISTRAR 21b. 10/7/82	
PHYSICIAN—CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. 22a. MEMPHIS, TENNESSEE THOMAS W. NICHOLS, M.D.				DEGREE M.D.		DATE SIGNED (MONTH, DAY, YEAR) 22b. 10/5/82	
MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 23a. _____				SIGNATURE 23b. _____		TITLE 23c. _____	
CERTIFIER—NAME (TYPE OR PRINT) 24a. Thomas W. Nichols, M.D.				MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 24b. 4250 Farowia, Memphis, TN 38116			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCTION DUE TO, OR AS A CONSEQUENCE OF: CONDITIONS IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____				ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c) INTERVAL BETWEEN ONSET AND DEATH IMMED.			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						AUTOPSY (YES OR NO) 26. NO	
ARTERIOSCLEROTIC HEART DISEASE WITH POST OP CORONARY ARTERY GRAFTING							
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 27a. _____		DATE OF INJURY (MONTH, DAY, YEAR) 27b. _____		HOUR 27c. _____ M.		DESCRIBE HOW INJURY OCCURRED 27d. _____	
INJURY AT WORK (SPECIFY YES OR NO) 27e. 1		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 27f. _____		LOCATION 27g. _____		STREET OR R.F.D. NO. CITY OR TOWN STATE	