

DORIS E. RIDDLE,
GRANTOR

WARRANTY

TO

DEED

ADOLPH WILLIAMS, JR. AND WIFE, TEALISHA STARKS-WILLIAMS,
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, Doris E. Riddle, does hereby sell, convey, and warrant unto Adolph Williams, Jr. and wife, Tealisha Starks-Williams, as tenants by the entirety with full rights of survivorship and not as tenants in common, the land lying and being situated in DeSoto County, Mississippi, described as follows, to-wit:

Lot 57, Section "B", Cherokee Meadows Subdivision, located in Section 31, Township 1 South, Range 6 West, DeSoto County, Mississippi, as recorded in Plat Book 68, Page 50 in the office of the Chancery Clerk 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.

Subject to subdivision restrictive covenants, easements and setback lines as recorded in Book 68, Page 50, in the office of the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation Donnie M. Riddle departed this life on March 9, 2005 leaving Doris E. Riddle as the surviving owner of the herein described property.

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

WITNESS my signature(s), this the 15th day of July, 2005.

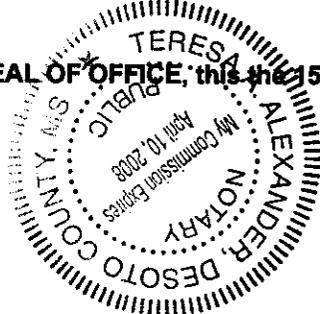
Doris E. Riddle
Doris E. Riddle

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 DORIS E. RIDDLE, 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 15th day of July, 2005.

My commission expires:



[Signature]
Notary Public

Grantors Address:
1212 Hatley Rd
Amory, MS 38821
Home Phone Number: 256-3780
Business Number: 497-4937

Grantees Address:
6519 Acree Woods Drive
Olive Branch, MS 38654
Home Phone Number: 318-4531
Business Number: 731-7161

Prepared By:

Austin Law Firm, P.A.
6928 Cobblestone Drive
Suite 100
Southaven, Mississippi 38672
(662) 890-7575

S06-05-0732

Austin

STATE OF MISSISSIPPI

BK 303 P6 43

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

TYPE OR PRINT
WITH BLACK INK

FILING DATE: **MAR 4 2005** **CERTIFICATE OF DEATH** STATE FILE NUMBER: **123-05-005927**
STATE OF MISSISSIPPI

DECEASED Death occurred in institution, see INDBOOK, regarding completion of RESIDENCE items RESIDENCE items, per actual location home rather than filing address	1. NAME First: Donnie Middle: Mack Last: Riddle			2. SEX Male		3a. HOUR OF DEATH 9:37 A m.		3b. DATE OF DEATH (Month, Day, Year) March 9, 2005			
	4. RACE (Specify White, Black, American Indian, etc.) White		5a. AGE AT LAST BIRTHDAY 52 years			ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY 5b. MOS 5c. DAYS 5d. HOURS 5e. MINS			6. DATE OF BIRTH (Month, Day, Year) July 31, 1952		7a. COUNTY OF DEATH Marshall
	7b. CITY OR TOWN OF DEATH Holly Springs			7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in city, give street address, route number or other location) BNSF Railroad 1/2 Mi. W. Of Hwy. 7				7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA		8. STATE OF BIRTH Ms.	
	8. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/High School			9. COLLEGE College		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Doris Murphy		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) No	
13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) American			14. SOCIAL SECURITY NUMBER 587-52-9402			15a. USUAL OCCUPATION (Kind of work done, most of working life) Locomotive Engineer			15b. KIND OF BUSINESS OR INDUSTRY Railroad		
16a. RESIDENCE—STATE Ms.		16b. COUNTY Desoto		16c. CITY OR TOWN Olive Branch		16d. INSIDE CITY LIMITS (Specify Yes or No) Yes		16e. STREET AND NUMBER OR RURAL LOCATION 6519 Acree Wood Dr.			
17. FATHER—NAME First: Erman Middle: Mack Last: Riddle			18. MOTHER—NAME First: Lona Middle: Cook								
19a. INFORMANT—NAME (Type or print) Doris M. Riddle						19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 6519 Acree Wood Dr. Olive Branch Ms. 38654					
20a. BURIAL, CREMATION, REMOVAL (Specify) Burial		20b. CEMETERY, CREMATORY—NAME Masonic Cemetery		20c. LOCATION (City and State) Amory, Ms.		21. EMPLOYER—SIGNATURE AND NUMBER <i>[Signature]</i> FS-948					
21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER E. E. Pickle Funeral Home 48P				21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) P.O. Box 127, Amory, Ms. 38821							
22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) John T. Garrison, Marshall Co. M.E.I.						22b. PRONOUNCED DEAD (Month, Day, Year) March 9, 2005		22c. PRONOUNCED DEAD (Hour) At 10:20A. m.			
23a. CERTIFIER—NAME (Type or print) John T. Garrison						23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) P.O. B. 5464, Holly Springs, Ms. 38634					
This section to be completed by physician or medical examiner		24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE: <i>[Signature]</i> MD				This section to be completed by medical examiner ONLY		24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE: <i>[Signature]</i>			
		24b. DATE SIGNED (Month, Day, Year) March 15, 2005		24c. STATE LICENSE NUMBER				24d. TITLE Marshall Co. M.E.I.		24f. DATE SIGNED (Month, Day, Year) March 15, 2005	
Conditions, if any, which gave rise to immediate cause stating the underlying cause last		25. PART I: IMMEDIATE CAUSE (Enter one cause only): DEATH CAUSED BY: (a) Cardio Pulmonary Arrest Interval between onset and death									
		DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (b) Myocardial Infarction Interval between onset and death									
		DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (c) None 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 None						27. AUTOPSY (Yes or No) No		28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) Yes			
Had Decedent been Pregnant within 90 Days prior to Death? <input type="checkbox"/> Yes <input type="checkbox"/> No		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		
		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

MAR 24 2005

[Signature]
Judy Moulder
STATE REGISTRAR

WARNING: A REPRODUCTION OF THIS DOCUMENT, REMOVES 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.

