

Indexing Instructions: Lot 72, Section "C", The Branch Subdivision

WARRANTY DEED

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00) cash and other good and valuable considerations, the receipt and sufficiency of all of which are hereby acknowledged, the undersigned, **Patti Lynn Robilio as Co-Trustee and Carol Annette O'Kelly as Co-Trustee of the Revocable Living Trust Agreement of Asa Jewel Taylor and Bonnie Mae Taylor**, does hereby Grant, Bargain, Sell, Convey and Warrant unto **Robert M. McNiell and Rose Ann McNiell, husband and wife as tenants by the entirety with full rights of survivorship and not as tenants in common**, the following land and property located and situated in DeSoto County, Mississippi, described as follows, to-wit:

Lot 72, Section "C", The Branch Subdivision, as situated in Section 35, Township 1 South, Range 6 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 36, Pages 17-19, in the office of the Chancery Clerk of DeSoto County, Mississippi.

The above described property is subject to the zoning regulations of DeSoto County, Mississippi, and air, water, pollution, and flood control regulations imposed by any governmental authority having jurisdiction over same. The conveyance is subject to those building restrictions and protective covenants recorded in Plat Book 36, Pages 17-19, on file in the office of the Chancery Clerk of DeSoto County, Mississippi, and which are incorporated herein by this reference.

IT IS AGREED AND UNDERSTOOD that the taxes for the current year have been prorated as of this date on an estimated basis and when said taxes are actually determined, if the pro-ration is incorrect then Grantor(s) agree to pay Grantee(s) or their assigns any deficiency and likewise Grantee(s) agree to pay Grantor(s) or their assigns any amount overpaid. The Grantee will be responsible for paying the property taxes due January 1, 2006.

By way of explanation, the sellers are executing this instrument within their capacity as Co-Trustees of the Trust Agreement of the Revocable Living Trust Agreement of Asa Jewel Taylor and Bonnie Mae Taylor dated August 8, 2002 and recorded August 16, 2002 in Book 95, Page 280, in the office of the Chancery Clerk of DeSoto County, Mississippi. Said Trust Agreement was amended on January 22, 2004 by Bonnie Mae Taylor, Grantor a copy of which is attached hereto as Exhibit "A".

By way of explanation the two original Co-Trustees, Asa Jewel Taylor and Bonnie Mae

Straw

Taylor are deceased as of the date of this document. A copy of the death certificate for each original Co-Trustee is attached hereto as Exhibits "B" and "C".

WITNESS THE SIGNATURE OF THE GRANTORS, this the 12th day of August, 2005.

Patti Lynn Robilio
Patti Lynn Robilio, Co-Trustee

Carol Annette O'Kelly
Carol Annette O'Kelly, Co-Trustee

STATE OF MISSISSIPPI

COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and for the jurisdiction aforesaid, Patti Lynn Robilio, Co-Trustee and Carol Annette O'Kelly, Co-Trustee, who acknowledged to me that he/she signed and delivered the foregoing instrument of writing, each as a Co-Trustee of the Revocable Living Trust Agreement of Asa Jewel Taylor and Bonnie Mae Taylor, dated August 8, 2002, and amended January 22, 2004, on the day and year and in the capacity therein set forth.

GIVEN UNDER MY HAND AND SEAL, this the 12th day of August, 2005.

[Signature]
NOTARY PUBLIC

MY COMMISSION EXPIRES: _____



Prepared By and
After Recording, Return To:
Stroud & Harper, P.C.
Post Office Box 210
Southaven, MS 38671
(662) 536-5656
File # 05-5604

Grantors Address: 434 Timber Way South, Hernando, MS 38632

Telephone Numbers: Home: 901-212-1250 Work: N/A

Grantees Address: 6835 Ironwood, Olive Branch, MS 38654

Telephone Numbers: Home: (662) 890-7258 Work: (901) 947-3417

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

TYPE OR PRINT WITH BLACK INK

FILING DATE **JUN 13 2005** **CERTIFICATE OF DEATH** STATE OF MISSISSIPPI STATE FILE NUMBER **12305-012011**

DECEASED death occurred in institution, see HANDBOOK, regarding completion of RESIDENCE items RESIDENCE items, give actual location home rather than mailing address	1. NAME		2. SEX		3a. HOUR OF DEATH		3b. DATE OF DEATH (Month, Day, Year)			
	First Middle Last		FEMALE		7:15 P m		MAY 16, 2005			
	BONNIE MAE TAYLOR									
	4. RACE (Specify White, Black, American Indian, etc.)		5a. AGE AT LAST BIRTHDAY		ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY		6. DATE OF BIRTH (Month, Day, Year)		7a. COUNTY OF DEATH	
	WHITE		75 Years		5b. MOS 5c. DAYS 5d. HOURS 5e. MINS		FEB 5, 1930		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	
	OLIVE BRANCH		6835 IRONWOOD						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 (0-12) 12 (1-4, 5+)		WIDOWED		NONE		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		414-42-6516		OFFICE WORKER		FLEMING CORPORATION				
16a. RESIDENCE—STATE		16b. COUNTY		16c. CITY OR TOWN		16d. INSIDE CITY LIMITS (Specify Yes or No)		16e. STREET AND NUMBER OR RURAL LOCATION		
MS		DESOTO		OLIVE BRANCH		YES		6835 IRONWOOD		
17. FATHER—NAME					18. MOTHER—NAME					
First Middle Last					First Middle Maiden					
HERSCHELL D. FREELAND					BONNIE M. REYNOLDS					
19a. INFORMANT—NAME (Type or print)					19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)					
CAROL O'KELLY					477 LANDEN CIRCLE, BYHALIA, MS, 38611					
20a. BURIAL, CREMATION, REMOVAL (Specify)		20b. CEMETERY, CREMATORY—NAME		20c. LOCATION (City and State)		21a. EMBALMER—SIGNATURE AND NUMBER				
BURIAL		MEMORIAL PARK CEM.		MEMPHIS, TN		CHUCK VINSON 3556				
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)						
MEMORIAL PARK FUNERAL HOME 522				5668 POPLAR AVE., MEMPHIS, TN 38119						
22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print)					22b. PRONOUNCED DEAD (Month, Day, Year)		22c. PRONOUNCED DEAD (Hour)			
					ON		AT			
23a. CERTIFIER—NAME (Type or print)					23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)					
KURT TAUER					P.O. BOX 240728, MEMPHIS, TN 38124					
24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated					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>Kurt Tauer</i> MD					SIGNATURE <i>Chuck Vinson</i>					
24b. DATE SIGNED (Month, Day, Year)					24c. STATE LICENSE NUMBER					
5-25-05					MO12823					
24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)					24f. DATE SIGNED (Month, Day, Year)					
Kurt Tauer										
25. PART I. DEATH CAUSED BY:		IMMEDIATE CAUSE (Enter one cause only):						Interval between onset and death		
Conditions, if any, which gave rise to immediate cause stating the underlying cause last		(a) <i>carcinosarcoma of the uterus</i>						<i>1 mo.</i>		
		DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):						Interval between onset and death		
		(b)								
		DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):						Interval between onset and death		
		(c)								
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)						
Use if death NOT due to natural causes		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		
		MVA				m				
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

Judy Moulder

JUN 13 2005

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.



THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THIS IS WATERMARKED PAPER. DO NOT ACCEPT WITHOUT FIRST HOLDING TO LIGHT TO VERIFY WATERMARK.

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

007790

SPRINT
BY
AGENT
CK INK
FOR
CTIONS
ND BOOK

1. DECEDENT'S NAME (First, Middle, Last) **ASA JEWEL TAYLOR** 2. SEX **MALE** 3. DATE OF DEATH (Month, Day, Year) **OCTOBER 17, 2003**

4. SOCIAL SECURITY NUMBER (of Decedent) **414-42-5534** 5a. AGE-LAST BIRTHDAY (Years) **78** 5b. UNDER 1 YEAR MO. DAYS 5c. UNDER 1 DAY HOURS MN.

6. DATE OF BIRTH (Month, Day, Year) **MARCH 23, 1925** 7. BIRTHPLACE (City and State or Foreign Country) **PARIS, TN**

DECEDENT

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) **METHODIST HOSPITAL** 9c. CITY, TOWN, OR LOCATION OF DEATH **GERMANTOWN** 9d. COUNTY OF DEATH **SHELBY**

10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify) **MARRIED** 11. SURVIVING SPOUSE (If wife, give maiden name) **BONNIE MAE FREELAND** 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) **SUPERVISOR** 12b. KIND OF BUSINESS/INDUSTRY **ARMY DEFENSE DEPOT**

13a. RESIDENCE-STATE **MS** 13b. COUNTY **DESOTO** 13c. CITY, TOWN OR LOCATION **OLIVE BRANCH** 13d. STREET AND NUMBER OR RURAL LOCATION **6835 IRONWOOD DR.**

CENSUS TRACT

13e. INSIDE CITY LIMITS? 1 Yes 2 No 13f. ZIP CODE **38654** 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes No 15. RACE-American Indian, Black, White, etc. (Specify) **WHITE** 16. DECEDENT'S EDUCATION (Specify only highest grade completed) **6** (Elementary/Secondary (0-12) College (1-4 or 5+))

PARENTS

17. FATHER'S NAME (First, Middle, Last) **ASA GREEN TAYLOR** 18. MOTHER'S NAME (First, Middle, Maiden Surname) **JESSIE MAY HICKS**

INFORMANT

19a. INFORMANT'S NAME (Type/Print) **BONNIE MAE TAYLOR** 19b. RELATIONSHIP TO DECEDENT **WIFE** 19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **6835 IRONWOOD DR., OLIVE BRANCH, MS 38654**

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) **MEMORIAL PARK SOUTHWOODS CEMETERY** 20c. LOCATION-City or Town, State **MEMPHIS, TN**

DISPOSITION

21a. SIGNATURE OF FUNERAL DIRECTOR **LORI MCNESPEY** 21b. LICENSE NUMBER OF FUNERAL DIRECTOR **5011** 21c. SIGNATURE OF EMBALMER **COLBY HITCHCOCK** 21d. LICENSE NUMBER OF EMBALMER **5536**

22a. NAME AND ADDRESS OF FUNERAL HOME **MEMORIAL PARK FUNERAL HOME 5668 POPLAR AVE., MEMPHIS, TN 38119** 22b. LICENSE NUMBER OF FUNERAL HOME **522**

REGISTRAR

23. REGISTRAR'S SIGNATURE *[Signature]* 24. DATE FILED (Month, Day, Year) **October 28, 2003**

CERTIFIER

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 25b. LICENSE NUMBER 25c. DATE SIGNED (Month, Day, Year)

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 **10602** 26c. DATE SIGNED (Month, Day, Year) **10/23/03**

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) **DR. LARRY BURKE, 6025 WALNUT GROVE RD., #311, MEMPHIS, TN 38120**

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) **Cardiac arrest** Approximate Interval Between Onset and Death **30 min**

INSTRUCTIONS OTHER SIDE

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

hemorrhagic shock DUE TO (OR AS A CONSEQUENCE OF): **1 hr**

aorto-duodenal fistula DUE TO (OR AS A CONSEQUENCE OF): **18 hrs**

CAUSE OF 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

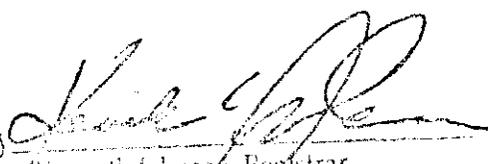
30. MANNER OF DEATH 1 Natural 5 Pending investigation 2 Accident 6 Could not be determined 3 Suicide 4 Homicide

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)

MEMPHIS & SHELBY COUNTY HEALTH DEPARTMENT-814 JEFFERSON AVE.,
MEMPHIS, TENNESSEE. THIS IS TO CERTIFY that this is a true and correct copy of
the record filed with the Tennessee Vital Records by the Memphis and Shelby County
Health Department.

SEAL

Date Issued **JUN 27 2005**

by 
Kenneth Johnson, Registrar
Vital Records Section