

File No. S05-59
Prepared by & Return to:
MS Real Estate Closings, LLC
5699 Getwell Road, Bldg G, Suite 1
Southaven, MS 38672
662-349-1818

WARRANTY DEED

JIMMIE Q. LOGAN GRANTOR
TO
BOYD E. LOGAN, JR., ET UX GRANTEE

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00) cash in hand and other good and valuable consideration, the receipt and sufficiency of all of which is hereby acknowledged, I, the undersigned, JIMMIE Q. LOGAN (Grantor), does hereby sell, convey and warrant unto BOYD E. LOGAN, JR. AND WIFE, LORI E. LOGAN (Grantees), as tenants by the entirety with full rights of survivorship and not as tenants in common, the following described real property located and being situated in DeSoto County, Mississippi, and being more particularly described as follows, to wit:

SEE EXHIBIT A FOR LEGAL DESCRIPTION

By way of explanation, Boyd E. Logan, Sr., departed this life on April 15, 2005.

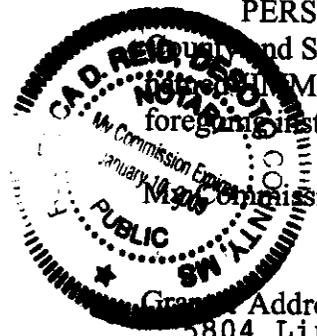
The warranty of this conveyance is made expressly subject to all applicable building restrictions and restrictive covenants of record, any subdivision and zoning regulations in effect, any rights-of-way, restrictions, easements or servitudes, and any lease, grant, exception or reservation of minerals or mineral rights.

Taxes for the current year were paid by Grantor.
Possession is to be given with delivery of deed.

WITNESS THE SIGNATURES of the Grantors this the 27th day of December, 2005.

Jimmie Q. Logan
JIMMIE Q. LOGAN

STATE OF MISSISSIPPI
COUNTY OF DESOTO



PERSONALLY appeared before me, the undersigned authority in and for said County and State, on this 27th day of December, 2005, within my jurisdiction, the within JIMMIE Q. LOGAN, who acknowledged that she executed the above and foregoing instrument.

Rebecca D. Reid
Notary Public

Grantor Address:
5804 Lindsay Cove
Southaven, MS 38671

Grantee Address:
5804 Lindsay Cove
Southaven, MS 38671

Home: 662-449-1985
Work: N/A

Home: 662-449-1985
Work: N/A

*Ms Reid
Est
rw*

Lot 2 of the Logan Tract containing 5.0 acres in part of Section 32, Township 3 South, Range 7 West, DeSoto County, Mississippi, described as BEGINNING at a point on the south line of Section 32, Township 3 South, Range 7 West, said point being 1410.0 feet west of the southeast corner of the southeast quarter of said section, said point being the southeast corner of the Logan 10.01 acre parcel; thence south $85^{\circ}30'$ west 700.0 feet to the southwest corner of the Logan 10.01 acre parcel; thence north $4^{\circ}30'$ west 387.0 feet to the northwest corner of said Logan tract; thence south $89^{\circ}30'$ east 102.52 feet to a point; thence north $32^{\circ}30'$ east 33.93 feet to a point; thence south $65^{\circ}26'$ east 154.13 feet to a point; thence south $81^{\circ}23'$ east 471.07 feet to a point in the east line of the Logan parcel; thence south $4^{\circ}30'$ east 230.0 feet to the point of beginning and containing 5.0 acres, more or less. All bearings are magnetic.

LESS AND EXCEPT:

Beginning at a Iron Pin (set); said pin being West 1410.00 feet and South 86 degrees, 01 minutes, 25 seconds West 81.94 feet from the Southeast corner of Section 32, Township 3 South, Range 7 West; thence South 86 degrees, 01 minutes, 25 seconds West 617.74 feet to a wood post (found); thence North 04 degrees, 31 minutes, 59 seconds West 362.00 feet to an iron pin (set); thence South 89 degrees, 30 minutes, 00 seconds East 99.52 feet along the southerly right-of-way of Deerwood Place (50 foot ROW) to a iron pin (found); thence North 32 degrees, 30 minutes, 00 seconds East 49.55 feet to a iron pin (found); thence South 65 degrees, 28 minutes, 52 seconds East 559.16 feet to a iron pin (set); thence South 04 degrees, 30 minutes, 00 seconds East, 127.29 feet to the Point of Beginning containing 4.00, more or less, acres of land being subject to all codes, regulations, revision, easements and rights-of-way of record.

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

BK 519 PG 54

TYPE OR PRINT
WITH BLACK INK

FILING DATE
MAY 09 2005

CERTIFICATE OF DEATH
STATE OF MISSISSIPPI

STATE FILE NUMBER
123 05-009462

DECEASED	1. NAME BOYD E LOGAN Sr.			2. SEX MALE		3a. HOUR OF DEATH 08:40A m.		3b. DATE OF DEATH (Month, Day, Year) APRIL 15, 2005	
	4. RACE (Specify White, Black, American Indian, etc.) White		5a. AGE AT LAST BIRTHDAY 76 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) Nov. 4, 1928		7a. COUNTY OF DEATH DESOTO
	7b. CITY OR TOWN OF DEATH SOUTHAVEN			7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) BAPTIST HOSPITAL-DESOTO 17B			7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA INPT		8. STATE OF BIRTH Miss.
	9. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/High School, College (0-12) 12 (1-4, 5+)			10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Jimmie Waldrop		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 428-48-0921		15a. USUAL OCCUPATION (Kind of work done) (most of working life) Store Manager		15b. KIND OF BUSINESS OR INDUSTRY Sears		
18a. RESIDENCE—STATE Miss.		16b. COUNTY Desoto		16c. CITY OR TOWN Hernando		16d. INSIDE CITY LIMITS (Specify Yes or No) Yes		16e. STREET AND NUMBER OR RURAL LOCATION 1623 Deerwood Pl.	
17. FATHER—NAME Graves Logan			18. MOTHER—NAME Vassie Weeden Logan						
19a. INFORMANT—NAME (Type or print) Jimmie W. Logan				19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 1623 Deerwood Pl. Hernando, Miss. 38632					
20a. BURIAL, CREMATION, REMOVAL (Specify) Burial		20b. CEMETERY, CREMATION HOME Hernando Memorial		20c. LOCATION (City and State) Hernando, Miss.		21a. EMBALMER—SIGNATURE AND NUMBER Regina Peebles F# 789			
21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER Brantley-Phillips 17B				21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 2470 Hwy, 51 South Hernando, Miss/38632					
22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) ELBERT BELK, MD				22b. PRONOUNCED DEAD (Month, Day, Year) ON APRIL 15, 2005		22c. PRONOUNCED DEAD (Hour) AT 08:40A m.			
23a. CERTIFIER—NAME (Type or print) KI CHANG, MD				23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 7900 AIRWAYS BLDG C#6, SOUTHAVEN, MS 38671					
24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE 5/3/05 MD		24b. DATE SIGNED (Month, Day, Year) 5/3/05		24c. STATE LICENSE NUMBER 12991		24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE	
24f. TITLE		24g. DATE SIGNED (Month, Day, Year)							
25. PART I: DEATH CAUSED BY:		IMMEDIATE CAUSE (Enter one cause only): (a) congestive heart failure Interval between onset and death: several weeks							
		DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (b) coronary artery disease Interval between onset and death: over 10 yrs							
		DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (c) Diabetes mellitus Interval between onset and death: over 10 yrs							
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)			
29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)		29b. DATE OF INJURY (Month, Day, Year)		29c. HOUR OF INJURY m.		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

MAY -9 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.

