

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

LESTER R. SUNDA, 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 LESTER R. SUNDA, JR. AND WIFE, DIANNE D. SUNDA (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:

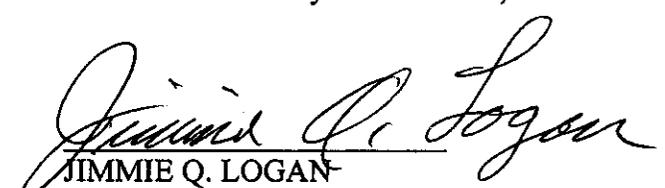
TRACT 2

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 A 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'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, REVISIONS, EASEMENTS AND RIGHTS-OF-WAY OF RECORD. Indexed in Southwest 1/4 of Southeast 1/4 of SW corner of Section 32, Township 3 South, Range 7 West, DeSoto Co. By way of explanation, Boyd E. Logan, Sr., departed this life on April 15, 2005 MS

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.

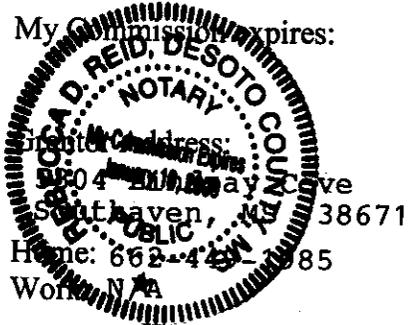

JIMMIE Q. LOGAN

*Ms Real Est
serv.*

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 named JIMMIE Q. LOGAN, who acknowledged that she executed the above and foregoing instrument.

My Commission Expires:



Rebecca D. Reid
Notary Public

Grantee Address:
1623 Deerwood Place
Hernando, MS 38632
Home: 901-486-3554
Work: 504-615-8832

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

BK 519 P6 57

TYPE OR PRINT WITH BLACK INK

FILING DATE **MAY 09 2005**

CERTIFICATE OF DEATH STATE OF MISSISSIPPI

STATE FILE NUMBER **12305-009462**

DECEASED death occurred in institution, see HANDBOOK, regarding completion of RESIDENCE items RESIDENCE items, list actual location home rather than mailing address	1. NAME First: BOYD Middle: E Last: 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		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 12			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			
	16a. 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 First: Graves Middle: Logan Last: Logan				18. MOTHER—NAME First: Vassie Middle: Weeden Maiden: 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, CREMATOR, NAME Hernando Memorial Park		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						
This section to be completed by physician if NOT a medical examiner.		24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE <i>[Signature]</i> 5/3/05 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) 5/3/05				24f. TITLE				
		24c. STATE LICENSE NUMBER 12991				24g. DATE SIGNED (Month, Day, Year)				
		24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)								
Conditions, if any, which gave rise to immediate cause stating the underlying cause last		25. PART I: IMMEDIATE CAUSE (Enter one cause only): (a) mygestive heart failure Interval between onset and death: several weeks								
		(b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): Coronary artery disease Interval between onset and death: over 10yrs								
		(c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): Diabetes mellitus Interval between onset and death: over 10yrs								
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)		
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 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.



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