

Prepared by and Return to:
Davis Law Firm, P.C.
Attorneys at Law
5185 Getwell Road
Southaven, MS 38671
(662) 393-8542
06-151

Gerald Deming and wife, Leigh Ann Deming
GRANTORS,

TO: WARRANTY DEED

Gary Cannon
GRANTEE

For and in consideration of the sum of Ten and No/100 (\$10.00) Dollars, cash in hand paid, and other good, legal sufficient and valuable consideration, the receipt of which is hereby acknowledged Gerald Deming and wife, Leigh Ann Deming, the undersigned Grantors do hereby sell, convey, and warrant unto the above Grantee, Gary Cannon, the following described real estate, located and situated in DeSoto County, Mississippi and more particularly described as follows, to-wit:

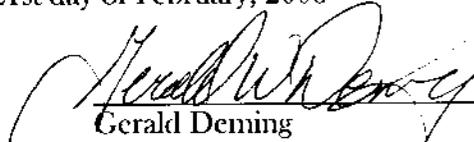
Lot 42, Gardens of Greenbrook, situated in Section 30, Township 1 South, Range 8 West, City of Southaven, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 44, Page 25, in the Office of the Chancery Clerk of DeSoto County, Mississippi.

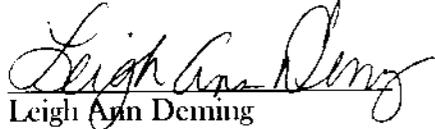
By way of explanation, Anna Louise Cannon died on December 26, 2003 in DeSoto County, Mississippi. A copy of the Death Certificate is attached hereto and made a part hereof.

The warranty of this deed is subject to rights of way and easements for public roads and public utilities; to building, zoning, subdivision and health department regulations in effect in DeSoto County, Mississippi; and to the covenants, limitations and restrictions set forth with the recorded plat of said subdivision as well as any amendments thereto.

Taxes have been prorated and possession is given with the deed.

Witness my signature this the 21st day of February, 2006

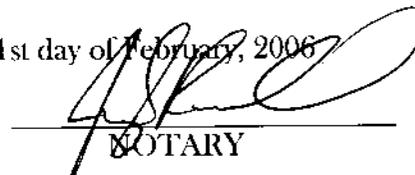

Gerald Deming


Leigh Ann Deming

STATE OF MISSISSIPPI
COUNTY OF DESOTO

Personally appeared before me, the undersigned authority of law in and for the jurisdiction aforesaid, the within named Gerald Deming and wife, Leigh Ann Deming who acknowledged that they signed and delivered the above and foregoing instrument on the day and year therein mentioned.

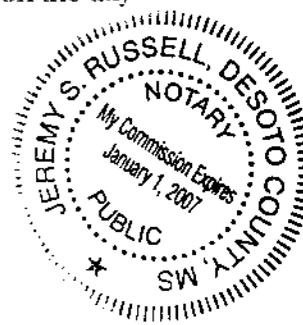
Given under my hand and seal this 21st day of February, 2006


NOTARY

My Commission Expires:

Grantor's Address:
8770 Oak Ridge
Walls, MS 38680
901 332 4942
N/A

Grantee's Address
7604 Iris Drive
Southaven, MS 38671
(H) 901 652-0460
(W) 662 393-4250



Louis

STATE OF MISSISSIPPI

BK 521 PG 770

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

TYPE OR PRINT
IN BLACK INK

	FILING DATE JAN 12 2004	CERTIFICATE OF DEATH STATE OF MISSISSIPPI	STATE FILE NUMBER 123-03-027275	
DECEASED If death occurred in institution, see HANDBOOK, regarding completion of RESIDENCE items RESIDENCE items refer actual location home rather than filing address	1. NAME First Middle Last Anna Louise Cannon		2. SEX Female	
	3a. HOUR OF DEATH m		3b. DATE OF DEATH (Month, Day, Year) Dec. 26, 2003	
	4. RACE (Specify White, Black, American Indian, etc.) White	5a. AGE AT LAST BIRTHDAY 72 Years	5b. MOS 72	5c. DAYS 72
	6. DATE OF BIRTH (Month, Day, Year) Apr. 26, 1931		7a. COUNTY OF DEATH DeSoto	
	7b. CITY OR TOWN OF DEATH Walls	7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) 8770 Oak Ridge Dr.		7d. IF IN HOSP. OR INST. SPECIFY (INPT., OUTPT., EMER. RM. OR DOA) Residence
9. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/High School College (0-12) 12		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	11. SURVIVING SPOUSE (If wife, give maiden name) N/A	
13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) American		14. SOCIAL SECURITY NUMBER 431-50-2578	15a. USUAL OCCUPATION (Kind of work done most of working life) Homemaker	
16a. RESIDENCE-STATE MS		16b. COUNTY DeSoto	16c. CITY OR TOWN Southaven	
16d. INSIDE CITY LIMITS (Specify Yes or No) Yes		16e. STREET AND NUMBER OR RURAL LOCATION 7604 Iris		
17. FATHER-NAME First Middle Last Jack Ward		18. MOTHER-NAME First Middle Maiden Bertha Ryles		
19a. INFORMANT-NAME (Type or print) Leigh Ann Deming		19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 8770 Oak Ridge Dr. Walls, MS 38680		
20a. BURIAL, CREMATION, REMOVAL (Specify) Burial		20b. CEMETERY, CREMATORY-NAME Forest Hill South	20c. LOCATION (City and State) Memphis, TN	
21a. EMBALMER-SIGNATURE AND NUMBER William S. Joyner 4341		21b. FUNERAL HOME-NAME AND MISSISSIPPI I.D. NUMBER Forest Hill South 920		
21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 2545 E. Holmes Rd. Memphis, TN 38118		22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print) ON		
22b. PRONOUNCED DEAD (Month, Day, Year) ON		22c. PRONOUNCED DEAD (Hour) (AT) (m) AT		
23a. CERTIFIER-NAME (Type or print) Charles E. Brown MD		23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 7260 SOUTHCREST PKWY STE 2 SOUTHAVEN MS 38617		
24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE [Signature]		24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE [Signature]		
24b. DATE SIGNED (Month, Day, Year) 12/2/04		24c. STATE LICENSE NUMBER MS 15547		
24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		24f. TITLE		
24g. DATE SIGNED (Month, Day, Year)		24h. DATE SIGNED (Month, Day, Year)		
25. PART I: IMMEDIATE CAUSE (Enter one cause only): DEATH CAUSED BY: (a) Cardio respiratory		Interval between onset and death		
(b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): Amiotrophic lateral Sclerosis		Interval between onset and death		
(c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		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		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	
29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED		29e. LOCATION Street or route number City or town State		
29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)		29g. LOCATION Street or route number City or town State		

If death occurred in institution, see HANDBOOK, regarding completion of RESIDENCE items

RESIDENCE items refer actual location home rather than filing address

Mississippi State Board of Health Form No. 511 Revised 1-1-89

Conditions, if any, which gave rise to immediate cause stating the underlying cause last.

Had Decedent been Pregnant within 90 Days prior to Death?
 Yes No

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE



JAN 22 2004

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.