

Prepared By and Return To:  
Lender's Title & Escrow, LLC  
John W. Haynes, IV, General Counsel  
5699 Getwell Road  
Building H, Suite 5  
Southaven, Mississippi 38672  
Phone: 662-536-3155  
File Number: 20060460

The Grantor and Grantee herein acknowledge that this document was prepared without the benefit of a title search.

### WARRANTY DEED

EVELYN S. CASHION

GRANTOR

TO

THOMAS JASON OLIVERIA

GRANTEE

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, EVELYN S. CASHION, does hereby sell, convey and warrant unto THOMAS JASON OLIVERIA, the land lying and being situated in DeSoto County, Mississippi, more particularly described as follows, to-wit:

Lot 1755, Section D, DeSoto Village Subdivision, (Belle Meade Subdivision), situated in Section 33, Township 1 South, Range 8 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 10, Page 9, in the office of the Chancery Clerk of DeSoto County, Mississippi.

The warranty in this deed is subject to rights of way and easements for public roads and public utilities, subdivision and zoning regulations in effect in DeSoto County, Mississippi and further subject to all applicable building restrictions and restrictive covenants of record.

BY WAY OF EXPLANATION William L. Cashion departed this life on November 14, 2005.

No taxes due for the current year, Grantor is tax-exempt.

Possession is to be given with delivery of Deed.

WITNESS our/my signature(s) this 4th, day of August, 2006.

*Evelyn S. Cashion*  
Evelyn S. Cashion

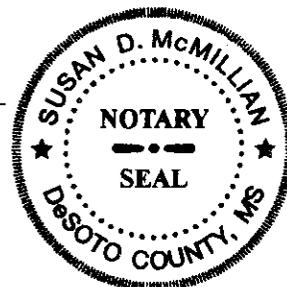
STATE OF MISSISSIPPI  
COUNTY OF DESOTO

PERSONALLY appeared before me, a Notary Public of said County and State, the within named bargainer, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he/she/they executed the foregoing instrument for the purposes therein contained as his/her/their free act and deed.

WITNESS my hand and Notary Seal at office the day and year above written.

My Commission Expires ~~My Commission Expires:~~  
April 6, 2007

*Susan D. McMillian*  
Notary Public



GRANTORS ADDRESS:

*3610 Woodland Dr.  
Horn Lake, MS 38637  
H) 662-393-6585  
B) n/a*

GRANTEES ADDRESS:

*3855 Hilltop  
Horn Lake, MS 38637  
H) 662-280-5692  
B) 901-438-3047*

*Lenders e*

*2*

## MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

TYPE OR PRINT WITH BLACK INK

FILE NO. **DEC 01 2005**

### CERTIFICATE OF DEATH STATE OF MISSISSIPPI

STATE FILE NUMBER **12305-024762**

DECEASED  If death occurred in an institution, see HANDBOOK regarding completion of RESIDENCE items.  If RESIDENCE items enter actual location of home rather than mailing address.	1. NAME First Middle Last <b>WILLIAM LEONARD CASHION</b>		2. SEX <b>MALE</b>		3a. HOUR OF DEATH <b>3:30 p.m.</b>		3b. DATE OF DEATH (Month, Day, Year) <b>NOVEMBER 14, 2005</b>		
	4. RACE (Specify White, Black, American Indian, etc.) <b>WHITE</b>		5a. AGE AT LAST BIRTHDAY <b>76</b> Years		5b. MOS <b>76</b>		5c. DAYS <b>76</b>		
	5d. ONLY IF UNDER 1 YEAR <b>76</b>		5e. ONLY IF UNDER 1 DAY <b>76</b>		6. DATE OF BIRTH (Month, Day, Year) <b>AUGUST 2, 1929</b>		7a. COUNTY OF DEATH <b>DESOTO</b>		
	7b. CITY OR TOWN OF DEATH <b>HORN LAKE</b>		7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) <b>3855 HILLTOP DRIVE</b>				7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA		8. STATE OF BIRTH <b>TN</b>
9. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/High School, College <b>12</b>			10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>EVELYN SHOOK</b>		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) <b>YES</b>		
13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) <b>AMERICAN</b>			14. SOCIAL SECURITY NUMBER <b>408-42-6652</b>		15a. USUAL OCCUPATION (Kind of work done, most of working life) <b>GLAZIER</b>		15b. KIND OF BUSINESS OR INDUSTRY <b>BINSWANGER GLASS CO.</b>		
16a. RESIDENCE—STATE <b>MISSISSIPPI</b>		16b. COUNTY <b>DESOTO</b>		16c. CITY OR TOWN <b>HORN LAKE</b>		16d. INSIDE CITY LIMITS (Specify Yes or No) <b>YES</b>		16e. STREET AND NUMBER OR RURAL LOCATION <b>3855 HILLTOP DRIVE</b>	
17. FATHER—NAME First Middle Last <b>JAMES F. CASHION</b>				18. MOTHER—NAME First Middle Maiden <b>MARGARET L. MCLISTER</b>					
19a. INFORMANT—NAME (Type or print) <b>EVELYN CASHION</b>				19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>3855 HILLTOP DRIVE—HORN LAKE, MS—38637</b>					
20a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		20b. CEMETERY, CREMATORY—NAME <b>MEMORIAL PARK</b>		20c. LOCATION (City and State) <b>MEMPHIS, TN</b>		21a. EMBALMER—SIGNATURE AND NUMBER <b>CHUCK VINSON - #3556</b>			
21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER <b>MEMORIAL PARK - #522</b>				21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>5668 POPLAR AVE—MEMPHIS, TN 38119</b>					
22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) <b>Edna Mercer R.N.</b>				22b. PRONOUNCED DEAD (Month, Day, Year) <b>Nov. 14, 2005</b>		22c. PRONOUNCED DEAD (Hour:Minute) <b>8:50A</b>			
23a. CERTIFIER—NAME (Type or print) <b>Jeffery Pounders</b>				23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>4942 Pounders Rd. Nesbit, Ms. 38651</b>					
24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. <b>SIGNATURE</b>		24b. DATE SIGNED (Month, Day, Year)		24c. STATE LICENSE NUMBER		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. <b>SIGNATURE</b>	
24f. TITLE <b>DEBOTO CMEI</b>		24g. DATE SIGNED (Month, Day, Year) <b>Nov. 18, 2005</b>							
25. PART I: DEATH CAUSED BY: <b>Cancer Of Colon With Metastasis</b>		IMMEDIATE CAUSE (Enter one cause only)						Interval between onset and death	
(a)		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) <b>No</b>		28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) <b>Yes</b>					
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

*Brian W. Amy, MD.*

Brian W. Amy, MD, MHA, MPH  
STATE HEALTH OFFICER

**DEC - 1 2005**

*Judy Moulder*

Judy Moulder  
STATE REGISTRAR



**WARNING:**

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