

Prepared by and return to:
O'Brien Law Firm, LLC
1630 Goodman Road East, Suite 5
Southaven, MS 38671
(662) 349-3339
File No. 20060434

JO ANN WHITE, UNMARRIED
Grantor

TO

WARRANTY DEED

RICHARD E. WALKER AND WIFE, AMANDA P. WALKER
Grantees

For and in consideration of Ten Dollars (\$10.00), cash in hand paid, and other good and valuable considerations, the receipt of all of which is hereby acknowledged, the undersigned, **JO ANN WHITE, UNMARRIED**, Grantor, does hereby sell, convey and warrant unto **RICHARD E. WALKER AND WIFE, AMANDA P. WALKER**, Grantees, as tenants by the entirety with full rights of survivorship and not as tenants in common, the following described real property located and situated in DeSoto County, Mississippi, and more particularly described as follows, to-wit:

Lot 12, Stonehedge Townhomes 1, in Section 32, Township 1 South, Range 7 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 28, Page 30, in the Office of the Chancery Clerk of DeSoto County, Mississippi.

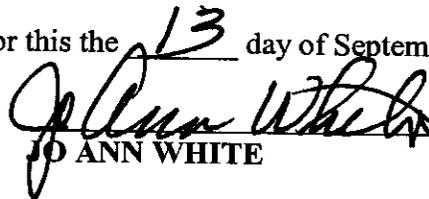
The warranty in this deed is subject to restrictive covenants and utility easements shown on plat of said subdivision, subdivision and zoning regulations in effect in DeSoto County, Mississippi, rights of ways and easements for public roads and public utilities and all applicable building restrictions and easements of record, Health Department regulations in effect in DeSoto County, Mississippi, and any prior reservation of minerals of every kind and character, including, but not limited to, oil, gas, sand and gravel, in, on and under the aforescribed real property.

Possession will be given upon delivery of this deed.

Taxes for the year 2006 will be prorated between the Grantor and Grantees.

By way of explanation, this is the same property conveyed to Thomas R. White and wife, Jo Ann White, as joint tenants with full rights of survivorship and not as tenants in common by Warranty Deed recorded 7-6-88 in Deed Book 205, Page 712. Thomas R. White departed this life August 3, 2002. Jo Ann White received this property by survivorship. See attached death certificate.

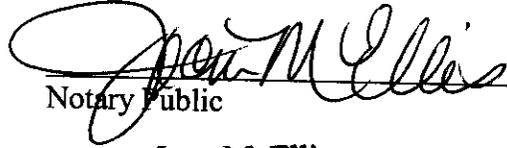
WITNESS THE SIGNATURES of the Grantor this the 13 day of September, 2006.


JO ANN WHITE

O'Brien

STATE OF Florida
COUNTY OF Walton

Personally appeared before me, the undersigned authority in and for the said County and State aforesaid, on this 13 day of September, 2006, within my jurisdiction, the within named, **JO ANN WHITE** who acknowledged that she executed the above instrument for the purposes described therein.


Notary Public

My commission expires: 5/11/08



Joan M. Ellis
Commission #DD318525
Expires: May 11, 2008
Bonded Thru
Atlantic Bonding Co., Inc.

Grantor's Address

356 Calle Escada
Santa Rosa Beach, FL 32459
Home: 850-502-0848
Work: 850-82-0848

Grantee's Address

1475 Fox Chase
Southaven, MS 38671
Home: 870-733-4539
Work: 901-224-0133

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

TYPE OF PRINT WITH BLACK INK		FILE NO. 113 2 3 002		CERTIFICATE OF DEATH STATE OF MISSISSIPPI		STATE FILE NUMBER 123	
DECEASED		1. NAME First Middle Last THOMAS RANDOL WHITE		2. SEX MALE		3. HOUR OF DEATH 7:15A	
4. RACE (Specify White, Black, American Indian, etc.) WHITE		5. AGE AT LAST BIRTHDAY 62		6. DATE OF BIRTH (Month, Day, Year) AUGUST 1, 1940		7. COUNTY OF DEATH DESOTO	
8. CITY OR TOWN OF DEATH SOUTHAVEN		9. HOSPITAL OR OTHER INSTITUTION NAME AND NUMBER (if not in Bureau) BAPTIST HOSPITAL DESOTO 178		10. P. (M) HOSP. OR INST. SPECIFY INST., HOSP. OR EMER. ROOM NO. 1111		11. STATE OF BIRTH TENNESSEE	
12. DECEASED'S EDUCATION (Specify only highest grade completed) High School		13. MARRIED/NEVER MARRIED/UNWEDDED/SEPARATED MARRIED		14. SURVIVING SPOUSE (if wife, give maiden name) JO ANN LOONEY		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) NO	
16. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) AMERICAN		17. SOCIAL SECURITY NUMBER 411-64-1527		18. USUAL OCCUPATION (Kind of work done, most of working life) SALESMAN		19. KIND OF BUSINESS OR INDUSTRY QUALITY ULTRA PRINT, INC	
20. RESIDENCE—STATE MISSISSIPPI		21. COUNTY DESOTO		22. CITY OR TOWN SOUTHAVEN		23. INSIDE CITY LIMITS (Specify Yes or No) YES	
24. STREET AND NUMBER OR RURAL LOCATION 1475 FOX CHASE COVE		17. FATHER—NAME (First Middle Last) JAMES O. WHITE		18. MOTHER—NAME (First Middle Last) FANNIE SOB. McLEMORE			
198. INFORMANT—NAME (Type or print) JO ANN LOONEY WHITE		199. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 1475 FOX CHASE COVE SOUTHAVEN, MS 38671					
200. BURIAL, CREMATION, REINTERMENT, (Specify) CREMATION		201. CEMETERY, CREMATORY—NAME TENNESSEE CREMATIONS		202. LOCATION (City and State) MEMPHIS, TN		203. EMBALMER—SIGNATURE AND NUMBER	
210. FUNERAL HOME—NAME AND MISSISSIPPI ID NUMBER TWIN OAKS FUNERAL HOME 17T		211. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 290 GOODMAN ROAD EAST SOUTHAVEN, MS 38671					
220. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) GRADY MARLOW, MD		221. PRONOUNCED DEAD (Month, Day, Year) AUGUST 03, 2002		222. PRONOUNCED DEAD (Hour, Minute) 7:15A			
230. CERTIFIER—NAME (Type or print) DAVID SULLIVAN, MD		231. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 100 N. HUMPHREYS BLVD MEMPHIS, TN 38120					
240. To the best of my knowledge, death occurred due to the cause(s) stated hereon. SEPSIS		241. DATE SIGNED (Month, Day, Year) 8-14-02		242. STATE LICENSE NUMBER 11785		243. On the basis of examination and investigation, in my opinion, death occurred due to the cause(s) and transfer as stated. SEPSIS	
244. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		245. DATE SIGNED (Month, Day, Year)		246. TITLE		247. DATE SIGNED (Month, Day, Year)	
25. PART I. DEATH CAUSED BY: (a) IMMEDIATE CAUSE (Enter one cause only) SEPSIS (b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only) LUNG CANCER (c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only)		Interval between onset and death 2-3 days		Interval between onset and death 3-6 months		Interval between onset and death	
26. PART II. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause (Specify in Part I)		27. ATOPSY (Yes or No)		28. WAS CASE REFERRED TO MEDICAL EXAMINER (Yes or No)			
29. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)		30. DATE OF INJURY (Month, Day, Year)		31. HOUR OF INJURY		32. DESCRIBE HOW/WHY BY WHAT MEANS INJURY OCCURRED	
33. INJURY AT WORK (Yes or No)		34. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)		35. 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

F. E. Thompson Jr. MD
F. E. Thompson, Jr., M.D., M.P.H.
STATE HEALTH OFFICER

Joey Moulder
JOEY MOULDER
STATE REGISTRAR

AUG 23 2002

WARNING:

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