

WARRANTY DEED

THIS WARRANTY DEED made and entered into this day by and between Wilber Frank Howard, Marion Archie Howard and Kathy Howard Wooten, Grantors, and James Michael Grist, a married person, Grantee,

WITNESSETH:

THAT FOR AND IN CONSIDERATION of the sum of Ten and no/100 Dollars (\$10.00), cash in hand paid by the Grantee to the Grantors, and other good and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged, Grantors do hereby grant, bargain, sell, convey and warrant, except as hereinafter set forth, unto the Grantee, the following described property, together with the improvements, hereditaments and appurtenances thereunto belonging, located in the County of DESOTO, State of MISSISSIPPI, and more particularly described as follows, to-wit:

LOT 183, SECTION "C", DESOTO WOODS SUBDIVISION, IN SECTION 1, TOWNSHIP 2 SOUTH, RANGE 8 WEST, DESOTO COUNTY, MISSISSIPPI, AS PER PLAT THEREOF RECORDED IN PLAT BOOK 7, PAGE 15, IN THE OFFICE OF THE CHANCERY CLERK OF DESOTO COUNTY, MISSISSIPPI.

INCLUDED IS A 1971 FLEETWOOD CARAVAN MODEL # 251F1R-2 WITH THE SERIAL # S1940.

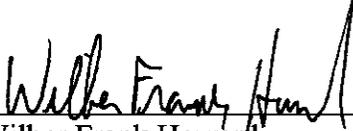
By Way of Explanation: Grantors hereby covenant that they are the Sole Surviving Heirs of Clifton D. Howard who passed away on or about February 28, 2002 and Clairanne Howard who passed away on or about December 28, 1998. See attached Affidavits of Heirship and Death Certificates being collective Exhibit "A".

Baskin

TO HAVE AND TO HOLD unto the Grantee, his/her heirs and assigns, in fee simple forever,
and free from all liens and encumbrances except for the following exceptions:

- 1) Taxes and assessments for the current year and subsequent years, which are not yet due and payable.
- 2) Zoning and/or other land use regulations promulgated by federal, state or local governments affecting the use or occupancy of the subject property.
- 3) Any and all matters which would be disclosed by an accurate survey of current date and/or an actual inspection of said property.

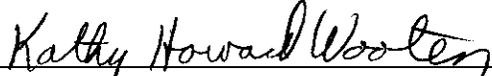
IN TESTIMONY WHEREOF, witness the signature of the Grantors on this the 28th day of August, 2006.



Wilber Frank Howard



Marion Archie Howard



Kathy Howard Wooten

STATE OF MISSISSIPPI
COUNTY OF DESOTO

THIS DAY personally appeared before me, the undersigned authority within and for the State and County aforesaid, Wilber Frank Howard, Marion Archie Howard and Kathy Howard Wooten, who acknowledged that they signed, executed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned.

GIVEN under my hand and official seal on this the 28th day of August, 2006

(SEAL)

My Commission Expires



Freda R. Buckingham
NOTARY PUBLIC

ADDRESS OF GRANTORS:
6710 Tangleberry Cove
Walls, MS 38680
Home: 662-781-4758
Work: 901-246-2021

ADDRESS OF GRANTEE:
~~5963 Round Hill Cove~~ 6787 Star Landing Rd
~~Horn Lake, MS 38637~~ Lake Cormorant, MS 38641
Home: None
Work: 901-827-9135

PREPARED BY AND RETURN TO:
BASKIN McCARROLL McCASKILL & CAMPBELL, P.A.
P. O. BOX 190
SOUTHAVEN, MS 38671-0190
(662) 349-0664

FILE# 806239/JSM

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

010638

1. DECEDENT'S NAME (First, Middle, Last) CLAIRANNE MILLER HOWARD			2. SEX FEMALE	3. DATE OF DEATH (Month, Day, Year) DEC 28, 1998
4. SOCIAL SECURITY NUMBER 428-48-0773		5a. AGE LAST BIRTHDAY (Month) 70	5b. UNDER 1 YEAR MO. DAY YEAR	6. DATE OF BIRTH (Month, Day, Year) MAR 18, 1928
7. BIRTHPLACE (City and State or Foreign Country) CLAY CO., MS		8. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		
9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> OTHER		9b. CITY, TOWN, OR LOCATION OF DEATH MEMPHIS		
10. FACILITY NAME (If not inclusion, give street and number) METHODIST CENTRAL		9c. COUNTY OF DEATH SHELBY		
11. MARRIAGE STATUS: Married, Never Married, Widowed, Divorced (Specify) MARRIED	11a. SURVIVING SPOUSE (If wife, give maiden name) DALE HOWARD	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOMEMAKER	12b. KIND OF BUSINESS/INDUSTRY DOMESTIC	
13a. RESIDENCE-STATE MS	13b. COUNTY DESOTO	13c. CITY, TOWN OR LOCATION HORN LAKE	13d. STREET AND NUMBER OR RURAL LOCATION 5963 ROUND HILL CV	
15a. INSIDE CITY LIMITS? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	15b. ZIP CODE 38637	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Year or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	15. RACE-American Indian, Black, White, etc. (Specify) WHITE	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (1-4 or 5+) 12
17. FATHER'S NAME (First, Middle, Last) HORACE G. MILLER		18. MOTHER'S NAME (First, Middle, Maiden Surname) RENA MAE IVY		
19a. INFORMANT'S NAME (Type/Print) DALE HOWARD		19b. RELATIONSHIP TO DECEASED HUSBAND	19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5963 ROUND HILL CV HORN LAKE, MS 38637	
20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) PALO ALTO CEMETERY		20c. LOCATION-City or Town, State WEST POINT, MS
21a. SIGNATURE OF FUNERAL DIRECTOR E. SCOTT ALLEN		21b. LICENSE NUMBER OF FUNERAL DIRECTOR FS-102	21c. SIGNATURE OF EMBALMER JIMMY L. PRICE	21d. LICENSE NUMBER OF EMBALMER 4744
22a. NAME AND ADDRESS OF FUNERAL HOME CALVERT F.H. WEST POINT, MS 39773			22b. LICENSE NUMBER OF FUNERAL HOME FE-10	
23. REGISTRAR'S SIGNATURE <i>[Signature]</i> Deputy			24. DATE FILED (Month, Day, Year) FEB 12 1999	
25. FIRST SUBSIGNER: To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.				
1 <input checked="" type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <i>[Signature]</i>		25b. LICENSE NUMBER 4509529	25c. DATE SIGNED (Month, Day, Year) 2/11/99	
2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER		26b. LICENSE NUMBER	26c. DATE SIGNED (Month, Day, Year)	
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) C.B. DANIEL, M.D. 6590 KIRBY CTR CV MEMPHIS, TN 38115				
28. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, stroke, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → Respiratory Failure DUE TO (OR AS A CONSEQUENCE OF): Congestive Heart Failure DUE TO (OR AS A CONSEQUENCE OF): myocardial infarction CAUSE (Disease or injury that instigated event resulting in death) LAST				Approximate interval Between Onset and Death
PART II. Other significant condition contributing to death but not resulting in the underlying cause given in Part I. Coronary Atherosclerosis			29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
30. MANNER OF DEATH 1 <input type="checkbox"/> Natural 2 <input type="checkbox"/> Accident 3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide 5 <input type="checkbox"/> Pending investigation 6 <input type="checkbox"/> could not be determined	31a. DATE OF INJURY (Month, Day, Year)	31b. TIME OF INJURY M 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
31d. DESCRIBE HOW INJURY OCCURRED		31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)		
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				

EXHIBIT
A

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq. Vital Records Act of 1977.

[Signature]
Sharon M. Leinbach
STATE REGISTRAR

[Signature]
LOCAL REGISTRAR

SEP 25 2006
Date Issued

CERTIFICATION OF VITAL RECORD





TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

PRINT
NMENT
KINK
IR
CTIONS
IDBOOK

78
DECEDENT

MS
CENSUS TRACT

PARENTS

INFORMANT

DISPOSITION

REGISTRAR

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING THIS MUST BE AND SIGN CERTIFICATION 1 HOUR.

FUNCTIONS OTHER SIDE

CAUSE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last) **Clifton Dale Howard** 2. SEX **Male** 3. DATE OF DEATH (Month, Day, Year) **February 28, 2002**

4. SOCIAL SECURITY NUMBER (of Decedent) **428-50-2614** 5a. AGE LAST BIRTHDAY (Years) **74** 5b. UNDER 1 YEAR **MOS.** 5c. UNDER 1 DAY **HOURS MIN.** 6. DATE OF BIRTH (Month, Day, Year) **Mar. 24, 1927** 7. BIRTHPLACE (City and State or Foreign Country) **Clay County, MS**

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? **1** Yes **2** No 9a. PLACE OF DEATH (Check only one) **HOSPITAL:** Inpatient **2** ER/Outpatient **3** DOA **4** Nursing Home **5** Residence **6** Other (Specify)

9b. FACILITY NAME (If not institution, give street and number) **Methodist Hospital - Central** 9c. CITY, TOWN, OR LOCATION OF DEATH **Memphis** 9d. COUNTY OF DEATH **Shelby**

10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify) **Widowed** 11. SURVIVING SPOUSE (If wife, give maiden name) **N/A** 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) **Truck Driver** 12b. KIND OF BUSINESS/INDUSTRY **Trucking**

13a. RESIDENCE-STATE **MS** 13b. COUNTY **Desoto** 13c. CITY, TOWN OR LOCATION **Southaven** 13d. STREET AND NUMBER OR RURAL LOCATION **5693 Round Hill Cv.**

13e. INSIDE CITY LIMITS? **1** Yes **2** No 13f. ZIP CODE **38671** 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes No 15. RACE-American Indian, Black, White, etc. (Specify) **White** 16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) **12** College (14 or 5+)

17. FATHER'S NAME (First, Middle, Last) **Marion Unger Howard** 18. MOTHER'S NAME (First, Middle, Maiden Surname) **Ruby Beckham**

19a. INFORMANT'S NAME (Type/Print) **Kathy H. Wooten** 19b. RELATIONSHIP TO DECEASED **Daughter** 19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **469 Hillcrest Rd., West Point, MS 39773**

20a. METHOD OF DISPOSITION **1** Burial **2** Cremation **3** Removal from State **4** Donation **5** Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **Palo Alto Cemetery** 20c. LOCATION-City or Town, State **West Point, MS**

21a. SIGNATURE OF FUNERAL DIRECTOR **Tyler Higginbotham** 21b. LICENSE NUMBER OF FUNERAL DIRECTOR **FS-799** 21c. SIGNATURE OF EMBALMER **G. David Keller** 21d. LICENSE NUMBER OF EMBALMER **4383**

22a. NAME AND ADDRESS OF FUNERAL HOME **Calvert Funeral Home 1400 East Main West Point, MS 38773** 22b. LICENSE NUMBER OF FUNERAL HOME **FE-102**

23. REGISTRAR'S SIGNATURE **Mary Ann Bredalaw Deputy** 24. DATE FILED (Month, Day, Year) **MAR 07 2002**

25a. PHYSICIAN To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated. **1** SIGNATURE AND TITLE OF PHYSICIAN **Dr. Charles B. Daniel Jr.** 25b. LICENSE NUMBER **MO09524** 25c. DATE SIGNED (Month, Day, Year) **3/5/02**

26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated. **2** SIGNATURE AND TITLE OF MEDICAL EXAMINER 26b. LICENSE NUMBER 26c. DATE SIGNED (Month, Day, Year)

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) **Dr. Charles B. Daniel Jr. 6570 Kirby Ctr. Cr. Memphis, TN 38115**

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) **Respiratory Arrest** DUE TO (OR AS A CONSEQUENCE OF): **Cancer of Lung** DUE TO (OR AS A CONSEQUENCE OF): **Cigarette Abuse** SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO IMMEDIATE CAUSE. ENTER UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST **Chronic Obstructive Lung Disease**

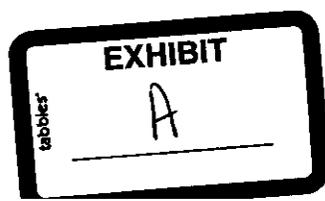
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. **Chronic Obstructive Lung Disease**

29a. WAS AN AUTOPSY PERFORMED? **1** Yes **2** No 29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? **1** Yes **2** No

30. MANNER OF DEATH **1** Natural **5** Pending Investigation **2** Accident **3** Suicide **6** Could not be Determined **4** Homicide

31a. DATE OF INJURY (Month, Day, Year) 31b. TIME OF INJURY **M** 31c. INJURY AT WORK? **1** Yes **2** No 31d. DESCRIBE HOW INJURY OCCURRED

31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify) 31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

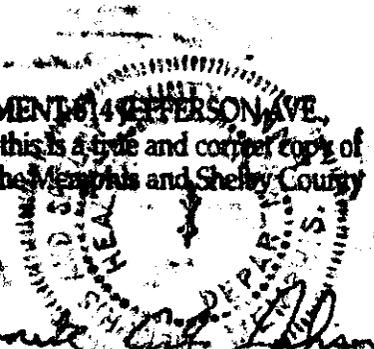


MEMPHIS & SHELBY COUNTY HEALTH DEPARTMENT, 614 JEFFERSON AVE,
MEMPHIS, TENNESSEE. THIS IS TO CERTIFY that this is a true and correct copy of
the record filed with the Tennessee Vital Records by the Memphis and Shelby County
Health Department.

SEAL NOV 15 2002

Date Issued _____ by


Kenneth Johnson, Registrar
Vital Records Section



AFFIDAVIT AS TO HEIRS
FOR
First American Title Insurance Company

State of Mississippi
County of Hinds

On this 17th day of August, 2006 before me personally appeared to me personally known, who being by me duly sworn, on oath did say that Affiant is familiar with the family history of

Clifton D. Howard

deceased, who was the owner of the following property:

5963 Round Hill Cove
Horn Lake, MS 38637
Lot 183, Section C, DeSoto Woods Subdivision

And that said decedent died on the 28th day of February, 1998, and that the place of residence and homestead, at the time of death, was as follows:

5963 Round Hill Cove
Horn Lake, MS 38637

And Affiant further states that said deceased left surviving the following persons, as heirs or otherwise interested in the estate,

Name of widow or widower None

Divorced wife or husband None

Children
Wilbur Frank Howard
Kathy Howard Wooten
Marion Archie Howard

Adopted children None

Descendants of deceased children None



And Affiant further states that said decedent left no other children or adopted children or descendants of deceased children or adopted children.

And that all of the above parties are over the age of twenty-one years, except the following:

Name of minors _____

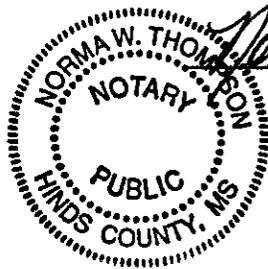
And said deceased left a will
 did not leave a will

And that the debts against said estate have been paid.
 have not

William L. Smith
Signature

Printed Name: William L. Smith
Address: 630 E. 55 NORTH
JACKSON, MS. 39211

Subscribed and sworn to before me the day and year above written.



Norma W. Thompson
Notary Public

My commission expires:
Notary Public State of Mississippi At Large
My Commission Expires: April 16, 2007
Bonded Thru Helden, Brooks & Garland, Inc.

AFFIDAVIT AS TO HEIRS
FOR
First American Title Insurance Company

State of MISSISSIPPI
County of HINDS

On this 17th day of AUGUST, 2006 before me personally appeared to me personally known, who being by me duly sworn, on oath did say that Affiant is familiar with the family history of

Clairanne Howard

deceased, who was the owner of the following property:

5963 Round Hill Cove
Horn Lake, MS 38637
Lot 183, Section C, DeSoto Woods Subdivision

And that said decedent died on the 28th day of December, 1998, and that the place of residence and homestead, at the time of death, was as follows:

5963 Round Hill Cove, Horn Lake, MS 38637.

And Affiant further states that said deceased left surviving the following persons, as heirs or otherwise interested in the estate,

Name of widow or widower Clifton Dale Howard

Divorced wife or husband None

Children Wilbur Frank Howard
Kathy Howard Wooten
Marion Archie Howard

Adopted children None

Descendants of deceased children None



And Affiant further states that said decedent left no other children or adopted children or descendants of deceased children or adopted children.

And that all of the above parties are over the age of twenty-one years, except the following:

Name of minors _____

And said deceased left a will
 did not leave a will

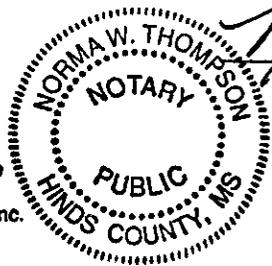
And that the debts against said estate have been paid.
 have not

William L. Smith

Signature
Printed Name: William L. Smith

Address: 6360 T-55 N.
JACKSON, MS 39211

Subscribed and sworn to before me the day and year above written.



Norma W. Thompson
Notary Public

My commission expires:
Notary Public State of Mississippi At Large
My Commission Expires: April 16, 2007
Bonded Thru Heiden, Brooks & Garland, Inc.

Affidavit of Heirship

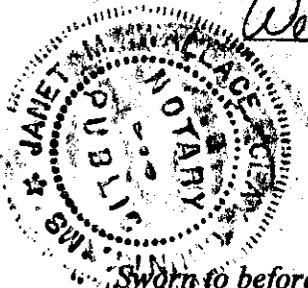
I make this affidavit on the basis of my personal knowledge of the Clifton Dale Howard family. Having known the Howard family for over 35 years, I do swear that Kathy D. Wooten, Marion A. Howard and Wilber F. Howard are the only heirs of Clifton Dale Howard.

I swear and affirm that the facts recited herein are true and correct.

Name Beverly M. Freshour

Address 903 Gumma Creek

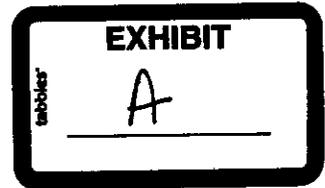
West Point, Ms. 39773



Sworn to before me this 11 day of August, 2006.

Janet M. Wallace
Notary Public's Signature

MISSISSIPPI STATE NOTARY PUBLIC
DAN COMMISSION EXPIRES SEP. 19, 2007
BONDED THRU STEVENS & COMPANY SERVICE



Affidavit of Heirship

I make this affidavit on the basis of my personal knowledge of the Clifton Dale Howard family. Having known the Howard family for over 35 years, I do swear that Kathy D. Wooten, Marion A. Howard and Wilber F. Howard are the only heirs of Clifton Dale Howard.

I swear and affirm that the facts recited herein are true and correct.

Name Mary Lou Walker

Address 3078 Highway 47
West Point, MS 39473



Sworn to before me this 11 day of August, 2006.

James M. Wallace
Notary Public's Signature

MISSISSIPPI STATEWIDE NOTARY PUBLIC
MY COMMISSION EXPIRES SEPT 10, 2007
Date of Commission Expires.



Affidavit of Heirship and Intestacy

I, Wilber Frank Howard am an adult citizen of Desoto County, Mississippi. I am the son of Clifton Dale Howard and Clairanne Miller Howard and am fully familiar with their business affairs for the last 35 years. My parents had two other children, Marion Howard and Kathy Wooten.

I was born in Houston, Mississippi on February 28, 1957. My brother, Marion Archie Howard was born in Eupora, Mississippi on April 14, 1954. My sister was born in West Point, Mississippi on June 21, 1952. We are the only living children of our parents.

My mother died without a will on December 28, 1998 in Memphis, Tennessee. Her estate was not probated. My father died without a will on February 28, 2002 in Memphis, Tennessee. His estate was never probated.

I swear and affirm that the facts recited herein are true and correct.

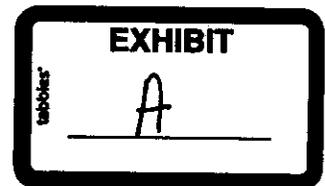
Wilber Frank Howard

Sworn to before me this 7th day of August, 2006.

Jane Elizabeth Thomas
Notary Public's Signature

Notary Public State of Mississippi At Large
My Commission Expires: March 23, 2007
Bonded Thru Helden, Brooks & Gerland, Inc.

Date Commission Expires:



Affidavit of Heirship and Intestacy

I, Kathy Howard Wooten am an adult citizen of Clay County, Mississippi. I am the daughter of Clifton Dale Howard and Clairanne Miller Howard and am fully familiar with their business affairs for the last 35 years. My parents had two other children, Marion Howard and Wilber Howard.

I was born in West Point, Mississippi on June 21, 1952. My brother, Marion Archie Howard was born in Eupora, Mississippi on April 14, 1954. My other brother, Wilber Frank Howard was born in Houston, Mississippi on February 28, 1957. We are the only living children of our parents.

My mother died without a will on December 28, 1998 in Memphis, Tennessee. Her estate was not probated. My father died without a will on February 28, 2002 in Memphis, Tennessee. His estate was never probated.

I swear and affirm that the facts recited herein are true and correct.

Kathy Wooten

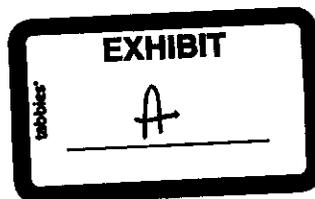


Sworn to before me this 1 day of August, 2006.

Janet M. Wallace
Notary Public's Signature

MISSISSIPPI STATEWIDE NOTARY PUBLIC
MY COMMISSION EXPIRES SEPT. 19, 2007
BONDED THROUGH EQUAL NOTARY SERVICE

Date Commission Expires:



Affidavit of Heirship and Intestacy

I, Marion Archie Howard am an adult citizen of Mississippi County, Arkansas. I am the son of Clifton Dale Howard and Clairanne Miller Howard and am fully familiar with their business affairs for the last 35 years. My parents had two other children, Wilber Howard and Kathy Wooten.

I was born in Eupora, Mississippi on April 14, 1954. My brother, Wilber Frank Howard was born in Houston, Mississippi on February 28, 1957. My sister was born in West Point, Mississippi on June 21, 1952. We are the only living children of our parents.

My mother died without a will on December 28, 1998 in Memphis, Tennessee. Her estate was not probated. My father died without a will on February 28, 2002 in Memphis, Tennessee. His estate was never probated.

I swear and affirm that the facts recited herein are true and correct.

Marion A. Howard

Eva McBride
Notary Public - State of Arkansas
Mississippi County
My Commission Expires 11-10-2015

Sworn to before me this 4th day of August, 2006.

Eva McBride
Notary Public's Signature

11-10-2015
Date Commission Expires:

EXHIBIT
A