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BK 554 PG 603
DESOTO COUNTY, MS
W.E. DAVIS, CH CLERK

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: 20070140

WARRANTY DEED

WIMPSEY LEVINGSTON

GRANTOR

TO

SAMED KHDAIR ET AL

GRANTEES

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, **WIMPSEY LEVINGSTON**, does hereby sell, convey and warrant unto **SAMED KHDAIR AND MUTAHAR SHARHAN**, as tenants with the right of survivorship and not as tenants in common, the land lying and being situated in DeSoto County, Mississippi, more particularly described as follows, to-wit:

SEE ATTACHED LEGAL DESCRIPTION

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, Shirley Saulsberry departed this life on October 2, 2003.

Taxes for the current year have been pro-rated.

Possession is to be given with delivery of Deed.

WITNESS our/my signature(s) this 13th, day of March, 2007.

Lender's ev

2

Wimpsey Levingston
Wimpsey Levingston

STATE OF MISSISSIPPI
COUNTY OF DESOTO

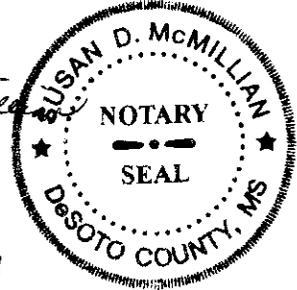
PERSONALLY appeared before me, a Notary Public of said County and State, the within named bargainor Wimpsey Levingston, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he/she/they executed the foregoing instrument for the purposes 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:

3819 Masterson St.
Memphis, TN 38109
B) n/a
H) n/a

GRANTEES ADDRESS:

9 Stateline Rd.
Southaven, MS 38671
B) n/a
H) n/a

A parcel of land situated in the Northeast Corner of the East Half of the Northeast Quarter of Section Twenty (20), Township One (1), Range Seven (7) West, and more particularly described as follows, to-wit:

Lot No. Nine (9) as the same is designated on the Andrew Saulsberry Tchulahoma Road Subdivision, as prepared by Tom King, Engineer, under date of April 8, 1968, and which plat is in the process of being filed for record in the Plat Book Records in the Chancery Court Clerk's Office, DeSoto County, Mississippi, and to which plat reference is now made.

The parcel of land is designated one (1) acre of land on said map, and which map reflects said lot to be 171.51 feet in and East and West direction on the north end, 174.95 feet in and East and West direction on the south end, 164.70 feet north and south on the west side, and 164.64 feet north and south on the east side, and which said map makes allowances for widening of Stateline Road on the north side of said lands and for widening of Tchulahoma Road on the east side of said lands, and on said plat the said Andrew Saulsberry has dedicated the necessary areas for widening of said public road.

Ohio Department Of Health
VITAL STATISTICS
CERTIFICATE OF DEATH
TYPE OR PRINT IN PERMANENT BLACK INK

State File No.

Reg. Dist. No. 7701
Primary Reg. Dist. No. 7701
Registrar's No. 2131

DO NOT WRITE IN MARGIN RESERVED FOR ODH DATA CODING

a. _____
b. _____
c. _____
d. _____
e. _____

DECEDENT

IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION →

1. Decedent's Name (First, Middle, LAST) SHIRLEY SAULSBERRY				2. Sex Female		3. Date Of Death (Month, Day, Year) Oct 2, 2003		
4. Social Security Number 295-42-6330		5a. Age-Last Birthday (Years) 57	5b. Under 1 Year Months _____ Days _____	5c. Under 1 Day Hours _____ Minutes _____	6. Date of Birth (Month, Day, Year) Feb 19, 1946		7. Birthplace (City and State or Foreign Country) AKRON OHIO	
8. Was Decedent Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			9. Place of Death (Check Only One) Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)					
9b. Facility Name (if Not Institution, Give Street And Number) 788 BULGER STREET			9c. City, Village, Twp., or Location of Death AKRON			9d. County of Death SUMMIT		
10. Marital Status - Married, Never Married, Widowed, Divorced (Specify) NEVER MARRIED		11. Surviving Spouse (If Wife, Give Maiden Name)		12a. Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use Retired.) EDUCATION ASSISTANT		12b. Kind Of Business/Industry Education		
13a. Residence-State OH	13b. County SUMMIT	13c. City, Town, Twp., or Location AKRON		13d. Street and Number 788 BULGER STREET				
13e. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13f. ZIP Code 44306	14. Was Decedent of Hispanic Origin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, Specify Cuban, Mexican, Puerto Rican, etc.)		15. Race - American Indian, Black, White, etc. (Specify) Black		16. Decedent's Education (Specify Only Highest Grade Completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+)		

PARENTS

17. Father's Name (First, Middle, Last) COLUMBUS SAULSBERRY		18. Mother's Name (First, Middle, Maiden Surname) SUSIE BRIDGFEITH	
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INFORMANT

19a. Informant's Name (Type/Print) SHANNON SAULSBERRY		19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 788 Bulger Street Akron, Ohio 44306	
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DISPOSITION

20a. Method of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. Place of Disposition (Name of Cemetery, Crematory or Other Place) AKRON BURIAL VAULT		20c. Location City Or Town, State AKRON OHIO	
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20d. Date of Disposition OCTOBER 8 2003		21a. Name of Embalmer WILLIAM BYRON CALHOUN		21b. License Number 8465-A	
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22a. Signature of Funeral Director or Other Person <i>J. Weston Stewart</i>		22b. License Number (of Licensee) 8388		23. Name and Address of Facility Stewart & Calhoun Funeral Home 529 West Thornton Street Akron, OH 44307-1799	
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REGISTRAR

24. Registrar's Signature <i>Tawanda M. Weems</i>		25. Date Filed (Month, Day, Year) 10-6-2003		26a. Signature of Person Issuing Permit _____	
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26b. Dist. No. 7701		27. Date Permit Issued 10-6-2003	
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CERTIFIER

28a. Certifier (Check Only One) **Certifying Physician**
To the best of my knowledge, death occurred at the time, date, and place; and due to the cause(s) and manner as stated.

Coroner
On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place; and due to the cause(s) and manner as stated.

28b. Time of Death 9:20 A. M		28c. Date pronounced Dead (Month, Day, Year) October 2, 2003		28d. Was Case Referred to Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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28e. Signature And Title of Certifier <i>Joseph M. Kowal M.D.</i>		28f. License Number 37-05-3810		28g. Date Signed (Month, Day, Year) 10/2/03	
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29. Name And Address of Person who Completed Cause of Death (Type/Print)
JOSEPH M. KOWAL, M.D. 75 BACH ST. Suite 202 AKRON OH 44304

CAUSE OF DEATH

30. 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. Type or print in permanent black ink.

Immediate Cause (Final disease or condition resulting in death) → GASTRIC CANCER Sequentially list conditions, if any, leading to the immediate cause. Enter Underlying Cause Last (Disease or Injury that initiated events resulting in death)	a.	Approximate Interval Between Onset and Death 4 months
	b. Due to (or as a Consequence of):	
	c. Due to (or as a Consequence of):	
	d. Due to (or as a Consequence of):	

Part II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I.

31a. Was an autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31b. Were Autopsy Findings available Prior To Completion of Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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SEE INSTRUCTIONS ON REVERSE SIDE

32. Manner Of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could Not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		33a. Date of Injury (Month, Day, Year)	33b. Time of Injury M _____	33c. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	33d. Describe How Injury Occurred	
33e. Place of Injury - At Home, Farm, Street, Factory, Office Building, etc (Specify)			33f. Location (Street and Number or Rural Route Number, City or Town, State)			

HEA 2717
5152.06 Rev. 5/84

THIS IS HEREBY CERTIFIED TO BE A TRUE AND CORRECT COPY OF A DEATH CERTIFICATE ON FILE IN THE AKRON HEALTH DEPARTMENT.

10-23-03
DATE *MW*

Tawanda M. Weems
TAWANDA M. WEEMS, LOCAL REGISTRAR