

SANDRA R. GUNDERSON, F/K/A SANDRA R. GEORGE, GRANTOR

TO

WARRANTY DEED

GOODMAN OAKS CHURCH OF CHRIST, GRANTEE

FOR AND IN CONSIDERATION of Ten Dollars (\$10.00), cash in hand paid, and other good and valuable legal consideration, the receipt and sufficiency of which is hereby acknowledged, the Grantor, SANDRA R. GUNDERSON, F/K/A SANDRA R. GEORGE, hereby sells, conveys, and warrants unto the Grantee, GOODMAN OAKS CHURCH OF CHRIST, the land in DeSoto County, Mississippi, being more particularly described as follows:

A tract of land being located in the northeast quarter of section 4, township 3 south, range 7 west of the Chickasaw Meridian, DeSoto County, Mississippi and being more particularly described as follows:

Commencing at a nail set at the northeast corner of section 4, township 3 south, range 7 west of the Chickasaw Meridian; thence south 01 degrees 47' 21" west, a distance of 1075.34 feet to the true point of beginning of the herein described tract, said point being a 1/4" rebar found; thence, along the west right of way west of Getwell Road (40' right of way west of center line), south 00 degrees 25' 22" east, a distance of 1.137.85' to a point in a fence post found, said post being referenced by a 1/2" rebar found 0.39' west and 0.60' south; thence north 01 degrees 55' 33" east, a distance of 678.08 feet to a 1/2" steel pipe set; thence south 89 degrees 16' 47" east, a distance of 1,110.28' to the point of beginning. Containing 17.2 acres, more or less.

This being the same property conveyed to William D. George and Sandra R. George by virtue of a general Warranty Deed from W. S. Anderson, dated May 31, 1969 and recorded in Deed Book 79 at page 204 in the office of the Chancery Clerk of DeSoto County, Mississippi. Being more particularly described as follows:

Sixteen (16) acres, more or less, situated in the Northeast Quarter of Section Four (4), Township Three (3), Range Seven (7) West, and more particularly described by metes and bounds as follows, to-wit:

Beginning at the property line fence on the North side of the Burl R. Mayfield lands on the West right of way of Getwell Road at a point that is 1725 feet South of the North line of said Quarter Section; thence North 5 degrees 20 minutes West with the existing fence and said road right of

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way 650 feet, more or less, to W. S. Anderson's North pasture fence; thence Westerly with said fence a distance of 1100 feet, more or less, to the point where said fence intersects with an old fence line running South; thence Southerly with said old fence line and projection thereof, 650 feet, more or less, to said Mayfields North property line fence; thence North 84 degrees 40 minutes East with said line fence 1100 feet, more or less, to the point of beginning, and being part of the lands conveyed to W.S. Anderson by Mrs. Mary V. Proctor, by Warranty Deed dated April 15, 1943, and of record in Book 30, Page 499 of the Deed Records of said County.

By acceptance of this Deed, the parties agree that this conveyance is made subject to subdivision, health department, zoning and other regulations in effect; restrictive covenants of the subdivision; and rights of way and easements for public roads, flowage, and utilities and any mineral or mineral rights, including oil and gas, leased, granted or retained by current or prior owners. Conveyance is made subject to a 10 foot Easement to DeSoto County recorded in Deed Book 150 at Page 608 in the Office of the Chancery Clerk in DeSoto County, Mississippi. Taxes for 2007, shall be estimated and prorated at closing and paid by the Grantee when due with any final adjustments in proration to be made between Grantor and Grantee when the actual ad-valorem tax bill is rendered. Possession is to be given upon execution of this Warranty Deed.

By way of explanation, William D. George and Sandra R. George obtained title as tenants by the entirety with full rights of survivorship. William D. George passed away on July 18, 1996, as evidenced by a copy of the death certificate, attached hereto. Sandra R. George is therefore allowed to make this conveyance. By way of further explanation, Sandra R. George and Sandra R. Gunderson are one in the same person. This property is not part of the seller's homestead property.

EXECUTED this the 24 day of May, 2007.

Sandra R. Gunderson
SANDRA R. GUNDERSON F/K/A
SANDRA R. GEORGE, GRANTOR

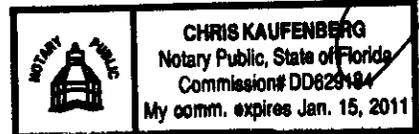
STATE OF Florida
COUNTY OF St. Johns

This day personally appeared before me, the undersigned authority in and for said County and State, the within named SANDRA R. GUNDERSON F/K/A SANDRA R. GEORGE who acknowledged signing and delivering the above and foregoing Warranty Deed on the day and year therein mentioned as a free and voluntary act and deed and for the purposes therein expressed.

GIVEN under my hand and official seal of office this the 24 day of March, 2007.

Chris Kaufenberg
NOTARY PUBLIC

My Commission Expires:
Jan 15, 2011



GRANTOR'S ADDRESS: 11 Donanville Road
St. Augustine, FL 32080
Home #: (904) 471-6074 Bus #: N/A

GRANTEE'S ADDRESS: 1700 Goodman Rd. East Southaven, MS 38671
Home #: () N/A Bus #: (662) 349-3600

Prepared by:
~~Walker, Brown & Brown, P. A.
P. O. Box 276
Hernando, MS 38632
(662) 429-5277
(901) 521-9292
3171MWB Gunderson to Goodman Oaks WD~~

RETURN TO:
George B. Ready
P.O. Box 127
Hernando, MS 38632
(662) 429-7088

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

TYPE OR PRINT WITH BLACK INK		FILING DATE AUG 05 1996		CERTIFICATE OF DEATH		STATE FILE NUMBER 123-	
DECEASED		1. NAME WILLIAM DELMAR GEORGE		2. SEX MALE		3. HOUR OF DEATH	
4. RACE (Specify White, Black, American Indian, etc.) WHITE		5a. AGE AT LAST BIRTHDAY 54 Years		5b. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED DIVORCED		6. DATE OF BIRTH (Month, Day, Year) OCTOBER 8, 1941	
7a. CITY OR TOWN OF DEATH HERNANDO		7b. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in State, give street address, route number or other location) 1446 GETWELL ROAD SOUTH		8. COUNTY OF DEATH DESOTO		9. STATE OF BIRTH TENNESSEE	
10. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary School, College		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED		12. SURVIVING SPOUSE (If wife, give maiden name) N/A		13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) YES	
14. ORIGIN OR DESCENT (Specify Cuban, Afro-American, American, etc.) AMERICAN		15. SOCIAL SECURITY NUMBER 411-62-8857		16. USUAL OCCUPATION (Kind of work done most of working life) CONTRACTOR		17. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	
18a. RESIDENCE-STATE TENNESSEE		18b. COUNTY SHELBY		18c. CITY OR TOWN MEMPHIS		19. INSIDE CITY LIMITS (Specify Yes or No) YES	
19a. STREET AND NUMBER OR RURAL LOCATION 537 DIANA STREET #1		17. FATHER-NAME THOMAS EUGENE GEORGE		18. MOTHER-NAME EMMA T. MCGREGOR			
19a. INFORMANT-NAME (Type or print) MR. THOMAS EUGENE GEORGE		19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 2760 BRIGHT ROAD, HERNANDO, MISSISSIPPI 38632					
20a. BURIAL, CREMATION, RECREATION (Specify) CREMATION		20b. CEMETERY, CREMATORY-NAME FOREST HILL EAST		20c. LOCATION (City and State) MEMPHIS, TN		21. EMBALMER-SIGNATURE AND NUMBER N/A	
21a. FUNERAL HOME-NAME AND MISSISSIPPI I.D. NUMBER CANALE FUNERAL DIRECTORS 484 TN		21b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 2700 UNION AVENUE EXTENDED MEMPHIS, TN 38112					
22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print) DR. KIRBY L. SMITH		22b. PRONOUNCED DEAD (Month, Day, Year) ON		22c. PRONOUNCED DEAD (Hour) AT		22d. PRONOUNCED DEAD (m.) m.	
23a. CERTIFIER-NAME (Type or print) DR. KIRBY L. SMITH		23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 1068 CRESTHAVEN ROAD MEMPHIS, TN. 38119					
24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. Signature: Kirby L. Smith MD		24b. DATE SIGNED (Month, Day, Year) 7/29/96		24c. STATE LICENSE NUMBER TN 05187		24d. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. Signature: Nita Cox Gurler	
24e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		24f. DATE SIGNED (Month, Day, Year)					
25. PART I: IMMEDIATE CAUSE (Enter one cause only): (a) Myocardial infarction of coron		Interval between onset and death 2 1/2 yrs		25. 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)	
25. PART I: IMMEDIATE CAUSE (Enter one cause only): (b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		Interval between onset and death		27. AUTOPSY (Yes or No)		28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)	
25. PART I: IMMEDIATE CAUSE (Enter one cause only): (c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		Interval between onset and death		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 (m.)		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

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

Nita Cox Gurler
Nita Cox Gurler
STATE REGISTRAR

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