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BK 559 PG 569
DESOTO COUNTY, MS
W.E. DAVIS, CH CLERK

WARRANTY DEED

**WILLIAM R. WEST, III, EXECUTOR
OF THE ESTATE OF KATHY L. GRANGER,**

GRANTOR

TO

**MARY LOVELL,
A married person**

GRANTEE

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00), cash in hand paid by the Grantee to the Grantor, and other good and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged, **WILLIAM R. WEST, III, EXECUTOR OF THE ESTATE OF KATHY L. GRANGER**, does hereby grant, bargain, sell, convey and warrant unto **MARY LOVELL, a married person**, the land lying and being situated in DeSoto County, Mississippi, more particularly described as follows, to-wit:

SEE EXHIBIT A FOR LEGAL DESCRIPTION ATTACHED HERETO AND MADE A PART HEREOF.

Title to the aforementioned property is vested in Kathy L. Granger, by Correction Warranty Deed dated December 30, 2002, and filed for record on February 14, 2003, in Book 438, Page 6, in the Chancery Clerk's Office of DeSoto County, Mississippi. The said Kathy L. Granger having died testate on August 17, 2006. The Last Will and Testament of Kathy L. Granger is being administered under Cause No. 06-11-2088. A copy of Kathy L. Granger's death certificate is hereby attached for reference.

TO HAVE AND TO HOLD unto the Grantee, her heirs and assigns, in fee simple forever, and free from all liens and encumbrances except for the following: subdivision and zoning regulations in effect in DeSoto County, Mississippi, to rights of way and easements for public roads and public utilities, and to the restrictive covenants of record for said subdivision. Taxes for the year of 2007 will be paid by the Grantee when due. Possession is to be given upon delivery of the deed.

WITNESS our signatures this the 8th day of May, 2007.

BY: William R. West, III, Executor
William R. West, III, Executor of the Estate of
Kathy L. Granger

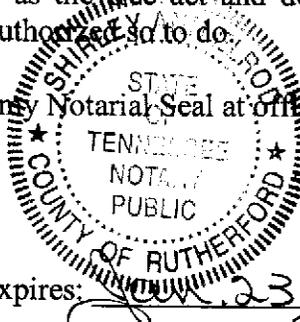
Reli

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STATE OF TENNESSEE
COUNTY OF Rutherford

Personally appeared before me, the undersigned authority in and for the said county and state, the within named **William R. West, III** and acknowledged that he, acting as Executor for the **Estate of Kathy L. Granger**, and that in said Executor capacity, executed the above and foregoing instrument, on behalf of the **Estate of Kathy L. Granger** and acknowledged that he executed the same as the free act and deed of said **Estate of Kathy L. Granger**, after first having been duly authorized to do.

WITNESS my Notarial Seal at office this 8TH day of May, 2007.



[Signature]
Notary Public

My Commission Expires: Nov. 23, 2011

Address of Grantor:

3954 Old South Rd
Murfreesboro TN 37138
Residence Phone: 615-895-4928
Business Phone: na

Address of Grantee:

556 E. Northern St
Newnan GA 30832
Residence Phone: 678-349-9189
Business Phone: na

Prepared by and return to:
Reli, Inc.
6820 Cobblestone Blvd., Suite 1
Southaven, MS 38672
Phone: 662-895-2799

SHN0700095

EXHIBIT "A"

Lots 23 & 24, Fairview Heights Subdivision, in the Town of Hernando, DeSoto County, Mississippi, in Section 13, Township 3, Range 8, as shown on the recorded plat of said subdivision in Plat Book 1, Page 11, in the office of the Chancery Clerk of DeSoto County, Mississippi.

Also, part of Lot 25, Fairview Heights Subdivision in the Town of Hernando, DeSoto County, Mississippi, in Section 13, Township 3, Range 8, as shown in the plat of said subdivision recorded in Plat Book 1, Page 11, in the office of the Chancery Clerk of DeSoto County, Mississippi, more particularly described as beginning at the Southwest corner of Lot 25, thence in a northwesterly direction along the line dividing Lots 23 and 25, 101 feet to a stake in the South line of Lot 24; thence East along the South line of Lot 24 approximately 27.2 feet to the Southeast Corner of Lot 24; thence South to the point of beginning.

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

TYPE OF PRINT
WITH BLACK INK

FILING
DATE

CERTIFICATE OF DEATH

STATE FILE
NUMBER

123-06-016711

DECEASED

1. NAME: **Kathy West Oranger** 2. SEX: **Female** 3. HOUR OF DEATH: **12:05 AM** 3a. DATE OF DEATH (Month, Day, Year): **Aug. 19, 2006**

4. RACE (Specify White, Black, American Indian, etc.): **White** 5a. AGE AT LAST BIRTHDAY: **51** YEARS 5b. MDS: **1-4** 5c. DAYS: **5-2** 5d. HOURS: **12** 6. DATE OF BIRTH (Month, Day, Year): **Aug. 21, 1954** 7a. COUNTY OF DEATH: **DeSoto**

7b. CITY OR TOWN OF DEATH: **Hernando, Miss.** 7c. HOSPITAL OR OTHER INSTITUTION NAME AND NUMBER (If not in either, give street address, route number or other location): **1425 Starkville (Resident)** 7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR OON: **Resident** 8. STATE OF BIRTH: **N.C.**

9. DECEDENT'S EDUCATION (Specify only highest grade completed): **Elem/High School College** 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): **Widow** 11. SURVIVING SPOUSE (If wife, give maiden name): **NA** 12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No): **No**

13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.): **American** 14. SOCIAL SECURITY NUMBER: **433-92-8598** 15a. USUAL OCCUPATION (Kind of work done, most of working life): **Contractor** 15b. KIND OF BUSINESS OR INDUSTRY: **Tenn. Air Nat. Gd. Holiday Inn**

16a. RESIDENCE—STATE: **Miss.** 16b. COUNTY: **DeSoto** 16c. CITY OR TOWN: **Hernando** 16d. INSIDE CITY LIMITS (Specify Yes or No): **Yes** 16e. STREET AND NUMBER OF RURAL LOCATION: **552 Madaworth Circle**

PARENTS

17. FATHER'S NAME: **William Raymond Korb** 18. MOTHER'S NAME: **Donna Lee Oranger**

INFORMANT

19a. INFORMANT—NAME (Type or print): **Carla West Hallmark** 19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code): **1425 Starkville, Hernando, Miss. 38632**

DISPOSITION

20a. BURIAL, CREMATION, REMOVAL (Specify): **Cremation** 20b. CEMETERY, CREMATOR, NAME: **Tenn. Cremations Memphis Memory Gd., Memphis, Tenn.** 20c. LOCATION (City and State): **Memphis, Tenn.** 20d. EMBALMER—SIGNATURE AND NUMBER: **Not Embalmed**

21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER: **Brantley-Phillips 17B** 21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code): **2479 Hwy. 51 South Hernando, Miss. 38632**

PRONOUNCEMENT

22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print): **Lee Swindol RN** 22b. PRONOUNCED DEAD (Month, Day, Year): **ON August 27, 2006** 22c. PRONOUNCED DEAD (Hour): **AT 12:05 AM**

CERTIFIER

23a. CERTIFIER—NAME (Type or print): **Jeffery Pounders** 23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code): **4942 Pounders Rd., Neshit, Miss. 38653**

24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE: **[Signature]** 24b. DATE SIGNED (Month, Day, Year): **Aug. 28, 2006** 24c. STATE LICENSE NUMBER: **MD**

24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: **DeSoto County CMRI**

24e. On the basis of examining the body, investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE: **[Signature]** 24f. DATE SIGNED (Month, Day, Year): **Aug. 28, 2006**

CAUSE OF DEATH

25. IMMEDIATE CAUSE—Immediate cause only: **Melancholy of Liver**

26. DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):

27. DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):

Had Decedent been Pregnant Within 90 Days Prior to Death?

28. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I:

29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify): **NO** 29b. DATE OF INJURY (Month, Day, Year): **NO** 29c. HOUR OF INJURY: **NO** 29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED: **NO**

29e. INJURY AT WORK (Yes or No): **NO** 29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.): **NO** 29g. LOCATION: **NO** 29h. STREET OR ROUTE NUMBER: **NO** 29i. CITY OR TOWN: **NO** 29j. STATE: **NO**

MISSISSIPPI STATE BOARD OF HEALTH

THIS IS TO CERTIFY THAT THE ABOVE IS TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

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

Judy Moulder
Judy Moulder
STATE REGISTRAR

AUG 21 2006



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EXHIBIT

"A"

THIS PART OF THIS DOCUMENT HAS A COLOR BACKGROUND OF WHITE PAPER. IT IS WATER-DAMAGED PAPER. DO NOT ACCEPT IT UNLESS IT IS PROOF THAT THE COLOR IS NOT DUE TO INK OR TO WEAR AND TEAR.