

Prepared By and Return To:
EDCO Title & Closing Services, Inc.
Hugh H. Armistead, Attorney
6515 Goodman Road, Suite 3
Olive Branch, Mississippi 38654
Phone (662) 895-4844
File #07-0083OB

AMY L. WILSON,

GRANTOR,

TO

WARRANTY DEED

STEPHONE L. COX, JR., ET UX,

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, I, **AMY L. WILSON**, the undersigned Grantor, do hereby sell, convey and warrant unto **STEPHONE L. COX, JR. and wife, JENNIFER M. COX**, as tenants by the entirety with full rights of survivorship, and not as tenants in commons, the land lying and being situated in DeSoto County, Mississippi, described as follows, to wit:

Description of a 2.21 acre lot called Lot 5 of the Gartrell tract in part of the Southeast Quarter of Section 29, Township 2 South, Range 8 West, DeSoto County, Mississippi.

Beginning at the Northwest corner of the Northeast Quarter of the Southeast Quarter of Section 29, Township 2 South, Range 8 West, thence south 2659.57 feet along the west line of the Gartrell tract to a point in the centerline of Dean Road and the Point of Beginning of the following Lot 5; thence North 87 degrees 18 minutes East 200.0 feet along the centerline of Dean Road to a point; thence North 2 degrees 06 minutes West 516.42 feet to a point in the south line of Lot 4 of the Gartrell tract; thence South 89 degrees 51 minutes West 200.0 feet along the south line of said Lot 4 to a point in the west line of the Gartrell tract; thence South 2 degrees 05 minutes East 526.37 feet to the Point of Beginning and containing 2.39 acres less and except 0.18 acres within the right of way of Dean Road, leaving a net acreage of 2.21 acres more or less. All bearing are magnetic.

Less and Except that property conveyed to DeSoto County in Book 277, at Page 613.

By way of explanation Amy L. Wilson, Grantor herein, is the surviving spouse of Ronnie L. Wilson, Jr., deceased, who departed this life on October 16, 2006, a copy of his death certificate being attached hereto as evidence thereof.

The warranty in this deed is subject to subdivision and zoning regulations in effect in the DeSoto County, Mississippi; to rights of ways and easements for public roads and public utilities shown or not shown on the public records; to the restrictive covenants of said subdivision; and to any prior conveyances or reservation of minerals of every kind and character, including, but not limited to oil, gas, sand and gravel, in, on and under subject property.

Taxes for the year 2007 are prorated, and possession shall take place upon delivery of this deed.

WITNESS MY SIGNATURE, this the 8th day of June, 2007.

Amy L. Wilson

AMY L. WILSON

STATE OF MISSISSIPPI
COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and for the said county and state, on this 8th day of June, 2007, within my jurisdiction, the within named AMY L. WILSON, who acknowledged that she executed the above and foregoing instrument.

[Signature]

NOTARY PUBLIC

My Commission Expires: 10/24



Grantor's Address:
3144 Valley Green Cove
Lakeland, TN 38002
Home Phone No: (901) 937-0344
Work Phone No: Same

Grantees' Address:
4240 Dean Road
Nesbit, MS 38651
Home Phone No: (662) 429-2569
Work Phone No: (901) 830-0217

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

BK 561 PG 93

TYPE OR PRINT WITH BLACK INK

FILING DATE **NOV 06 2006**

CERTIFICATE OF DEATH STATE OF MISSISSIPPI

STATE FILE NUMBER **123-06-022297**

DECEASED If death occurred in an institution, see HANDBOOK, regarding completion of RESIDENCE items For RESIDENCE items, enter actual location of home rather than mailing address	1. NAME First: Ronnie Middle: Lee Last: Wilson, Jr.	2. SEX Male	3a. HOUR OF DEATH 12:06A m	3b. DATE OF DEATH (Month, Day, Year) October 16, 2006	
	4. RACE (Specify White, Black, American Indian, etc.) White	5a. AGE AT LAST BIRTHDAY 33 Years	ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY 5b. MOS 5c. DAYS 5d. HOURS 5e. MINS	6. DATE OF BIRTH (Month, Day, Year) August 18, 1973	7a. COUNTY OF DEATH Desoto
	7b. CITY OR TOWN OF DEATH Southaven	7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) Baptist Memorial Hospital 17-B	7d. IF IN HOSP. OR INST. SPECIFY INPT. OUTPT. EMER. RM. OR DOA Emer. Rm.	8. STATE OF BIRTH TN	
	9. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem./High School: 12 College: 1-4, 5+	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Amy Brewington	12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) Yes	
	13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) American	14. SOCIAL SECURITY NUMBER 413-25-6976	15a. USUAL OCCUPATION (Kind of work done most of working life) Applications Engineer	15b. KIND OF BUSINESS OR INDUSTRY Kronos Inc.	
16a. RESIDENCE--STATE MS	16b. COUNTY Desoto	16c. CITY OR TOWN Nesbit	16d. INSIDE CITY LIMITS (Specify Yes or No) No	16e. STREET AND NUMBER OR RURAL LOCATION 4240 Dean Rd.	
17. FATHER--NAME First: Ronnie Lee Middle: Wilson, Sr. Last: Wilson, Sr.		18. MOTHER--NAME First: Lynda J. Middle: Pittman Maiden: Pittman			
19a. INFORMANT--NAME (Type or print) Ronnie Lee Wilson, Sr.		19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 6800 Angie Dr., Hernando, MS 38632			
20a. BURIAL, CREMATION, REMOVAL (Specify) Burial		20b. CEMETERY, CREMATORY--NAME Bartlett, TN		20c. LOCATION (City and State) Aaron Hazen TN	
21b. FUNERAL HOME--NAME AND MISSISSIPPI I.D. NUMBER Memphis Funeral Home 1023		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) P.O. Box 17069, Memphis, TN 38187-0069			
22a. PERSON WHO PRONOUNCED DEATH--NAME AND TITLE (Type or print) Lesia Jordan M.D.		22b. PRONOUNCED DEAD (Month, Day, Year) Oct. 16, 2006	22c. PRONOUNCED DEAD (Hour) AT 12:06A m		
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. Nesbit, Ms. 38651			
Mississippi State Board of Health Form No. 511 Revised 1-1-89	24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated SIGNATURE Jeffery Pounders MD		24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated SIGNATURE Jeffery Pounders		
	24b. DATE SIGNED (Month, Day, Year)	24c. STATE LICENSE NUMBER	24f. TITLE Desoto CMEI		
	24d. NAME OF ATTENDING PHYSICIAN-IF OTHER THAN CERTIFIER (Type or print)		24g. DATE SIGNED (Month, Day, Year) Oct. 20, 2006		
	This section to be completed by physician if NOT a medical examiner				
CAUSE OF DEATH Conditions, if any, which gave rise to immediate cause stating the underlying cause last	25. PART I: IMMEDIATE CAUSE (Enter one cause only)			Interval between onset and death	
	(a) Hypertension			Interval between onset and death	
	(b) ASCD			Interval between onset and death	
(c) _____			Interval between onset and death		
Had Decedent been Pregnant Within 90 Days Prior to Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	26. PART II: OTHER SIGNIFICANT CONDITIONS--Conditions contributing to death but not resulting in the underlying cause given in PART I diverticulitis, Obesety		27. AUTOPSY (Yes or No) No	28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) Yes	
	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

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

Brian W. Amy MD

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

NOV -7 2006

Judy Moulder

Judy Moulder
STATE REGISTRAR

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