

Prepared by and Return to:
Davis Law Firm, P.C.
Attorneys at Law
5185 Getwell Road
Southaven, MS 38671
(662) 393-8542
07-227

Larry Steve Roberts
GRANTOR,

TO: WARRANTY DEED

Dewaync Fletcher Cursey
GRANTEE

For and in consideration of the sum of Ten and No/100 (\$10.00) Dollars, cash in hand paid, and other good, legal sufficient and valuable consideration, the receipt of which is hereby acknowledged Larry Steve Roberts, the undersigned Grantor does hereby sell, convey, and warrant unto the above Grantees, Dewaync Fletcher Cursey, the following described real estate, located and situated in DeSoto County, Mississippi and more particularly described as follows, to-wit:

Lot 224, Section B, Delta Ridge Mobile Home Park Subdivision, Sections 5 and 6, Township 3 South, Range 9 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 9, Pages 33-40, in the office of the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation Frances Elaine Roberts died on November 10, 2004 in Memphis, Shelby County, Tennessee. A copy of her death certificate is attached hereto and made apart hereof.

The warranty of this deed is subject to rights of way and easements for public roads and public utilities; to building, zoning, subdivision and health department regulations in effect in DeSoto County, Mississippi; and to the covenants, limitations and restrictions set forth with the recorded plat of said subdivision as well as any amendments thereto.

Taxes have been prorated and possession is given with the deed.

Witness my signature this the 13th day of June, 2007

Larry Steve Roberts
Larry Steve Roberts

STATE OF MISSISSIPPI
COUNTY OF DESOTO

Personally appeared before me, the undersigned authority of law in and for the jurisdiction aforesaid, the within named Larry Steve Roberts who acknowledged that he signed and delivered the above and foregoing instrument on the day and year therein mentioned.

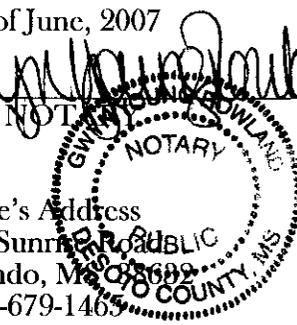
Given under my hand and seal this 13th day of June, 2007

Heiden Brooks & Garland

My Commission Expires:

Grantor's Address:
393 Castle Creek Cove
Collierville, TN 38017
(H)901-849-3420
(W)N/A

Grantee's Address
11001 Sunnyside Road
Hernando, Ms 38689
(H)901-679-1465
(W)N/A



Notary Public State of Mississippi
At Large
My Commission Expires
June 26, 2009
BONDED THRU
HEIDEN, BROOKS & GARLAND, INC.

REPRINT IN PERMANENT INK FOR DUPLICATIONS HANDBOOK



TENNESSEE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

BK 561 PG 354

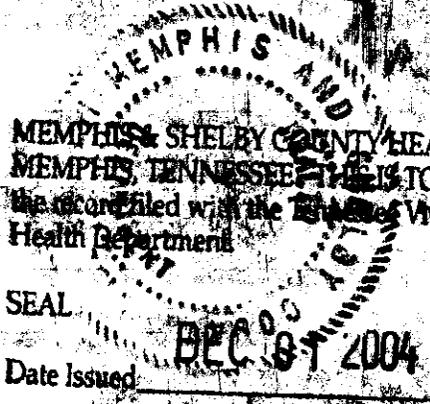
STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last) Frances Elaine Roberts
2. SEX Female
3. DATE OF DEATH (Month, Day, Year) Nov. 10, 2004
4. SOCIAL SECURITY NUMBER (of Decedent) 432-27-1123
5a. AGE LAST BIRTHDAY (Years) 46
5b. UNDER 1 YEAR MO. DAYS HOURS MIN.
5c. UNDER 1 DAY HOURS MIN.
6. DATE OF BIRTH (Month, Day, Year) Sep. 17, 1958
7. BIRTHPLACE (City and State or Foreign Country) Paragould, AR
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 No
9. PLACE OF DEATH (Specify only one)
9a. FACILITY NAME (If not institution, give street and number) Methodist Hospital-Central
9b. CITY, TOWN, OR LOCATION OF DEATH Memphis
9c. COUNTY OF DEATH Shelby
10. MARITAL STATUS Married, Never Married, Widowed, Divorced (Specify) Married
11. SURVIVING SPOUSE (If wife, give maiden name) Steve Roberts
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Box Person
12b. KIND OF BUSINESS/INDUSTRY Casino
13a. RESIDENCE-STATE MS
13b. COUNTY DeSoto
13c. CITY, TOWN OR LOCATION Hernando
13d. STREET AND NUMBER OR RURAL LOCATION 1400 Sunrise Road
13e. INSIDE CITY LIMITS? 1 Yes 2 No
13f. ZIP CODE 38632
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No; if yes, specify Cuban, Mexican, Puerto Rican, etc.) No
15. RACE American Indian, Black, White, etc. (Specify) White
16. DECEDENT'S EDUCATION (Specify city/county if not completed) Elementary/Secondary (9-12) College (1-4 or 5+) 4
17. FATHER'S NAME (First, Middle, Last) Russell Eugene Rippy
18. MOTHER'S NAME (First, Middle, Maiden Surname) Frances Loreda Goodman
19a. INFORMANT'S NAME (Type/Print) Gene Rippy
19b. RELATIONSHIP TO DECEASED Father
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State) 1095 Greene 836 Road Marmaduke, AR 72443
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) New Liberty Cemetery
20c. LOCATION-City or Town, State Marmaduke, AR
21a. SIGNATURE OF FUNERAL DIRECTOR [Signature]
21b. LICENSE NUMBER OF FUNERAL DIRECTOR 4383
21c. SIGNATURE OF EMBALMER [Signature]
21d. LICENSE NUMBER OF EMBALMER 4327
22a. NAME AND ADDRESS OF FUNERAL HOME Heath Funeral Home P. O. Drawer 357, Paragould, AR 72451
22b. LICENSE NUMBER OF FUNERAL HOME 90
23. REGISTRAR'S SIGNATURE [Signature]
24. DATE FILED (Month, Day, Year) NOV 22 2004
25a. PHYSICIAN - In the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.
25b. LICENSE NUMBER TN 29661
25c. DATE SIGNED (Month, Day, Year) 11/19/04
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.
26b. LICENSE NUMBER
26c. DATE SIGNED (Month, Day, Year)
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) DR. Sohail Azam Mirhas, 1331 Union Ave., Ste. 500, Memphis, TN 38104 901-725-1785
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, shock, or heart failure. List only one cause on each line.
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Cardiorespiratory arrest
DUE TO (OR AS A CONSEQUENCE OF):
b. Breast and ovarian cancer
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
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 2 Accident 3 Suicide 4 Homicide 5 Pending investigation 6 Could not be determined
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
31a. 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)

For use by physician or institution

PHYSICIAN OR MEDICAL EXAMINER EXECUTING FORM MUST OBTAIN AND SIGN LOCAL CERTIFICATION IN 48 HOURS.

INSTRUCTIONS OTHER SIDE



MEMPHIS & SHELBY COUNTY HEALTH DEPARTMENT-814 JEFFERSON AVE.,
 MEMPHIS, TENNESSEE. THIS IS TO CERTIFY that this is a true and correct copy of
 the record filed with the Vital Records by the Memphis and Shelby County
 Health Department

SEAL
 Date Issued

DEC 03 2004

by Kenneth Al Johnson
 Kenneth Johnson, Registrar
 Vital Records Section