

This Instrument Prepared By/Return to:
THE BLACKBURN LAW FIRM, PLLC,
8429 Industrial Drive, Olive Branch, MS 38654
(662) 895-6116 / (901) 521-7352

4/10/07 9:09:06
BK 555 PG 591
DESOTO COUNTY, MS
W.E. DAVIS, CH CLERK

QUITCLAIM DEED

6/19/07 10:50:08
BK 561 PG 457
DESOTO COUNTY, MS
W.E. DAVIS, CH CLERK
GRANTORS

LYNDA J. SOUTH, ET AL

TO:

DONALD W. SOUTH, ET UX,

GRANTEES

FOR AND IN CONSIDERATION of the sum of Ten (\$10.00) Dollars cash in hand paid and other good and valuable considerations, the receipt, adequacy and sufficiency of which is hereby acknowledged, We, LYNDA J. SOUTH, individually, DONALD W. SOUTH, individually, LYNDA J. SOUTH and DONALD W. SOUTH, as Co-Trustee of The Trust of Katherine A. South dated May 3, 2000, and LYNDA J. SOUTH and DONALD W. SOUTH, as residual beneficiaries of The Trust of Katherine A. South dated May 3, 2000, Grantors, do hereby grant, bargain, sell, quitclaim and convey unto DONALD W. SOUTH, and wife, PATRICIA A. SOUTH, Grantees, as tenants by the entirety with full rights of survivorship and not as tenants in common, the following described property lying and being situated in DeSoto County, Mississippi, being more particularly described as follows, to-wit:

Forty (40) acres situated in the Southeast Quarter of the Northwest Quarter of Section 17, Township 2, Range 8 West, in DeSoto County, Mississippi.

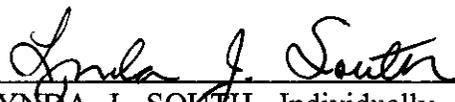
Being the same property conveyed to Katherine A. South, as Trustee of The Katherine A. South Revocable Trust dated May 3, 2000 by Quitclaim Deed recorded June 14, 2000 in Book 374, Page 524 in the office of the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation, Katherine A. South departed this life on January 13, 2006. A copy of her Certificate of Death is attached hereto for reference. The Grantors are the successor Co-Trustees as well as the residual beneficiaries of said trust.

TO HAVE AND TO HOLD the above quitclaimed premises, together with all and singular the hereditament and appurtenances thereunder belonging or in any wise appertaining to said Grantees, their assigns and heirs, forever.

THIS INSTRUMENT WAS PREPARED WITHOUT THE BENEFIT OF TITLE EXAMINATION FROM INFORMATION FURNISHED TO THE BLACKBURN LAW FIRM, PLLC. THE BLACKBURN LAW FIRM, PLLC, PREPARER OF THIS DEED, MAKES NO WARRANTIES AS TO TITLE TO THE PROPERTY OR TO THE ACCURACY OF INFORMATION FURNISHED.

WITNESS the signatures of the said Grantors, on this the 20th day of March, 2007.


LYNDA J. SOUTH, Individually, as Co-Trustee of The Katherine A. South Trust dated May 3, 2000, and as residual beneficiary of said trust.

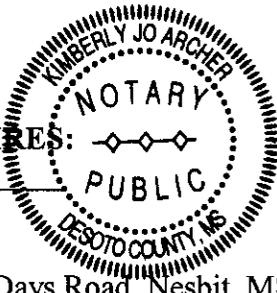

DONALD W. SOUTH, Individually, as Co-Trustee of The Katherine A. South Trust dated May 3, 2000, and as residual beneficiary of said trust.

Prepa

**STATE OF MISSISSIPPI
COUNTY OF DESOTO**

PERSONALLY appeared before me, the undersigned authority of law in and for said County and State, the within named **LYNDA J. SOUTH and DONALD W. SOUTH**, both individually, as Co-Trustees of The Katherine A. South Trust dated May 3, 2000, and both as residual beneficiaries of said trust, who acknowledged that they executed and delivered the above and foregoing Quitclaim Deed on the day and year therein mentioned as their free and voluntary act and deed and for the purposes therein expressed.

GIVEN under my hand and official seal of office, this the 20th day of March, 2007.



Kimberly Jo Archer
NOTARY PUBLIC

MY COMMISSION EXPIRES: 3-8-2008

Grantors' Address: 4642 Days Road, Nesbit, MS 38651-8743

Grantors' Telephone No. Home: 662-429-9620 Work: 662-342-2255

Grantees' Address: 4642 Days Road, Nesbit, MS 38651-8743

Grantees' Telephone No. Home: 662-429-9620 Work: 662-342-2255

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

BK 561 PG 459

CERTIFICATE OF DEATH

STATE FILE NUMBER

123-06-001033

TYPE OR PRINT WITH BLACK INK

FILING DATE JAN 26 2006

DECEASED	1. NAME First Middle Last Katherine Ann South			2. SEX Female	3a. HOUR OF DEATH 5:10p^m	3b. DATE OF DEATH (Month, Day, Year) January 13, 2006
	4. RACE (Specify White, Black, American Indian, etc.) White	5a. AGE AT LAST BIRTHDAY 81 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) January 22, 1924	7a. COUNTY OF DEATH DeSoto
death occurred in institution, see HANDBOOK, regarding completion of RESIDENCE items	7b. CITY OR TOWN OF DEATH Nesbit	7c. HOSPITAL OR OTHER INSTITUTION NAME AND NUMBER (If not in either, give street address, route number or other location) 4642 Days Rd.			7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA Residence	8. STATE OF BIRTH TN
	9. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/High School, College (0-12) 12 (1-4) 5+	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	11. SURVIVING SPOUSE (If wife, give maiden name) N/A		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) Yes	
RESIDENCE items, give actual location home rather than mailing address	13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) American	14. SOCIAL SECURITY NUMBER 414-26-0490	15a. USUAL OCCUPATION (Kind of work done, most of working life) Cosmetologist		15b. KIND OF BUSINESS OR INDUSTRY Cosmetology	
	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 4642 Days Rd.	
PARENTS	17. FATHER—NAME First Middle Last C.L. Vinson			18. MOTHER—NAME First Middle Maiden Effie Cardwell		
INFORMANT	19a. INFORMANT—NAME (Type or print) Lynda J. South			19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 2401 East Grace Richmond, VA 23223		
DISPOSITION	20a. BURIAL, CREMATION, REMOVAL (Specify) Burial	20b. CEMETERY, CREMATORY—NAME New Bethlehem Cemetery		20c. LOCATION (City and State) Nesbit, MS	21a. EMBALMER—SIGNATURE AND NUMBER Brent Taylor ES631	
	21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER Hernando Funeral Home 175			21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) P.O. Box 810 Hernando, MS 38632		
PRONOUNCEMENT	22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) Byron Jordon R.N.			22b. PRONOUNCED DEAD (Month, Day, Year) ON Jan. 13, 2006	22c. PRONOUNCED DEAD (Hour) AT 5:40p^m	
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. 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 County Coroner		24g. DATE SIGNED (Month, Day, Year) Jan. 19, 2006	
USE OF DEATH	25. PART I. IMMEDIATE CAUSE (Enter one cause only) DEATH CAUSED BY: (a) Congestive Heart Failure Interval between onset and death (b) Ovarian Cancer Interval between onset and death (c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only) Interval between onset and death					
	26. PART II. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I					
Had Decedent been Pregnant within 90 Days prior to Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	27. AUTOPSY (Yes or No) No			28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) Yes		
	Use of death NOT due to natural causes	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

Brian W. Amy, MD

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

Judy Moulder

Judy Moulder
STATE REGISTRAR

JAN 26 2006

WARNING:

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