

GARY NEAL DOUGLAS, ADMINISTRATOR  
OF THE ESTATE OF KATHY ANN WILEY DOUGLAS, GRANTOR

TO

ADMINISTRATOR'S DEED

GARY NEAL DOUGLAS, GUARDIAN OF  
GREGORY NATHAN DOUGLAS, GRANTEE

FOR the purposes of showing evidence of ownership and transferring title from the Estate of Kathy Ann Wiley Douglas, deceased, to the Guardian of Gregory Nathan Douglas, her son and her only heir, I, GARY NEAL DOUGLAS, do hereby transfer, convey and quitclaim unto GARY NEAL DOUGLAS AS GUARDIAN FOR GREGORY NATHAN DOUGLAS, the land lying and being situated in DeSoto County, Mississippi, more particularly described as follows, to-wit:

3 acres, more or less, in the middle one-third of the middle one-third of Section 34, Township 2 South, Range 7 West, more particularly described as follows:  
Beginning at a point that is 1,526 feet South and 2,710 feet West of the Northeast corner of Section 34, Township 2 South, Range 7 West, said point being 750 feet west of the southwest corner of the John Steven Douglas 3 acres; thence South 86 degrees 37 minutes West 225 feet to a point; thence North 3 degrees 23 minutes West 600 feet to a point; thence North 86 degrees 37 minutes East 225 feet to a point; thence South 3 degrees 23 minutes East 600 feet to the Point of Beginning.

Index in all Quarter Sections.

The Estate of Kathy Ann Douglas is being administered in Cause No. 07-01-0119 and Letters of Administration were issued to Gary Neal Douglas on March 1, 2007 by the Chancery Clerk of DeSoto County, Mississippi. The Guardianship of Gregory Nathan Douglas, sole heir at law of Kathy Ann Douglas, was opened on February 28, 2007, in cause no. 07-1-164 and appointed Gary Neal Douglas Guardian of his son, Gregory Nathan Douglas. With this deed of conveyance the Administrator conveys any interest the estate may have to Gregory Nathan Douglas through his Guardian, Gary Neal Douglas. A copy of the death certificate of Kathy Ann Douglas is attached hereto.

WRB

Taxes for the year 2007, when due in January, 2008, will be paid by the Grantee.

WITNESS our signatures this the 15 day of August, 2007.

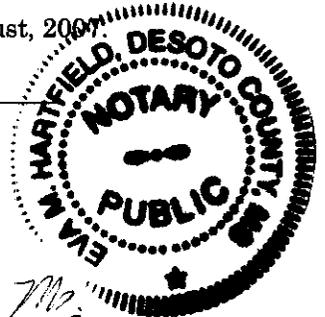
Gary Neal Douglas  
GARY NEAL DOUGLAS, ADMINISTRATOR  
OF THE ESTATE OF KATHY ANN WILEY  
DOUGLAS, DECEASED, GRANTOR

STATE OF MISSISSIPPI  
COUNTY OF DESOTO

This day personally appeared before me, the undersigned authority in and for said County and State, the within named GARY NEAL DOUGLAS AS ADMINISTRATOR OF THE ESTATE OF KATHY ANN WILEY DOUGLAS, DECEASED, who acknowledged signing and delivering the above and foregoing ADMINISTRATOR'S DEED on the day and date 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 15 day of August, 2007.

Evan M. Hatfield  
Notary Public



My Commission Expires:  
MISSISSIPPI STATEWIDE NOTARY PUBLIC  
MY COMMISSION EXPIRES JUNE 21, 2008  
BONDED THRU STEGALL NOTARY SERVICE

GRANTOR'S ADDRESS:

723 Douglas Rd. Hernando Ms.  
Home No. 429-4657 Work No. 429-5234 38632

GRANTEE'S ADDRESS:

723 Douglas Rd. Hernando Ms 38632  
Home No. 429-4657 Work No. \_\_\_\_\_

Prepared by:  
Walker, Brown & Brown, P. A.  
P. O. Box 276  
Hernando, MS 38632  
(662) 429-5277  
(901) 521-9292

1764br Douglas Administrator's Deed



TENNESSEE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

STATE FILE NUMBER

BK 566 PG 560

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last) 2. SEX 3. DATE OF DEATH (Month, Day, Year)

Kathy Ann Wiley Douglas

Female September 22, 2006

4. SOCIAL SECURITY NUMBER (of Deceased) 5a. AGE-LAST BIRTHDAY (Years) 5b. UNDER 1 YEAR NOS. DAYS 5c. UNDER 1 DAY HOURS MIN. 6. DATE OF BIRTH (Month, Day, Year) 7. BIRTHPLACE (City and State or Foreign Country)

425-15-9816

46

May 28, 1960

Elizabethton, Tenn.

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 9a. PLACE OF DEATH (check only one) OTHER:

1  Yes 2  No

HOSPITAL:

1  Inpatient 2  ER/Outpatient 3  DOA

4  Nursing Home 5  Residence 6  Other (Specify)

9b. FACILITY NAME (if not institution, give street and number) 9c. CITY, TOWN, OR LOCATION OF DEATH 9d. COUNTY OF DEATH

Regional Medical Center

Memphis

Shelby

10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify) 11. SURVIVING SPOUSE (if wife, give maiden name) 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) 12b. KIND OF BUSINESS/INDUSTRY

Divorced

NA

House Wife

Home Making

13a. RESIDENCE-STATE 13b. COUNTY 13c. CITY, TOWN OR LOCATION 13d. STREET AND NUMBER OR RURAL LOCATION

Miss.

Desoto

Hernando,

723 Douglas Rd.

CENSUS TRACT 13e. INSIDE CITY LIMITS? 13f. ZIP CODE 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 15. RACE-American Indian, Black, White, etc. (Specify) 16. DECEDENT'S EDUCATION (Specify only highest grade completed)

1  Yes 2  No

38632

Specify, if yes:  Yes  No

White

Elementary/Secondary (0-12) College (1-4 or 5+) 12 2

17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)

John Thomas Wiley

Virginia Davis

19a. INFORMANT'S NAME (Type/Print) 19b. RELATIONSHIP TO DECEASED 19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

Virginia Wiley Taylor

Mother

1645 Central Ave. Elizabethton, Tenn. 37643

20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) 20c. LOCATION-City or Town, State

1  Burial 2  Cremation 3  Removal from State 4  Donation 5  Other (Specify)

Davis Cemetery

Elizabethton, Tenn.

21a. SIGNATURE OF FUNERAL DIRECTOR 21b. LICENSE NUMBER OF FUNERAL DIRECTOR 21c. SIGNATURE OF EMBALMER 21d. LICENSE NUMBER OF EMBALMER

John E Phillips

Miss. FD 331

Regina K Tubler

75 789

22a. NAME AND ADDRESS OF FUNERAL HOME 22b. LICENSE NUMBER OF FUNERAL HOME

Brantley-Phillips Funeral Home 2470 Hwy. 51 South Hernando, Miss. 38632

Mississippi FE 105

23. REGISTRAR'S SIGNATURE 24. DATE FILED (Month, Day, Year)

Mary Ann Bradshaw Deputy

SEP 27 2006

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.

1  SIGNATURE AND TITLE OF PHYSICIAN

25b. LICENSE NUMBER

25c. DATE SIGNED (Month, Day, Year)

25a. 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.

2  SIGNATURE AND TITLE OF MEDICAL EXAMINER

25b. LICENSE NUMBER

25c. DATE SIGNED (Month, Day, Year)

Lisa Funtz

40981

09/23/2006

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)

Lisa Funtz, M.D., Ph.D; 1060 Madison Avenue, Memphis, TN 38104; 2006-2329

28. PART I. Enter the diseases, 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. Blunt force injuries DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF):

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 31a. DATE OF INJURY (Month, Day, Year) 31b. TIME OF INJURY 31c. INJURY AT WORK? 31d. DESCRIBE HOW INJURY OCCURRED

1  Natural 5  Pending Investigation 2  Accident 3  Suicide 6  Could not be Determined 4  Homicide

09/22/2006

10:38 P M

1  Yes 2  No

Ejected from motor vehicle during accident.

31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)

Roadway

31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

Getwell Rd & Pleasant Hill, Desoto County,

NAME OF DECEDENT: DOUGLAS, KATHY

DECEDENT

PARENTS

INFORMANT

DISPOSITION

REGISTRAR

CERTIFIER

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH