

QUITCLAIM DEED

WILLIE M. FOSTER REVOCABLE LIVING TRUST **GRANTOR**
TO
HUGH A. FOSTER REVOCABLE LIVING TRUST **GRANTEE**

For and in consideration of the sum of Ten Dollars (\$10.00), cash in hand paid, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I, HUGH FOSTER, TRUSTEE OF THE WILLIE M. FOSTER REVOCABLE LIVING TRUST, do hereby quitclaim and release to the HUGH A. FOSTER REVOCABLE LIVING TRUST, Grantee, all of my right, title and interest in and to the property lying and being situated in the City of Hernando, DeSoto County, Mississippi, described as follows, to-wit:

Lot 29, Edgewood Estates Planned Unit Development, First Addition, located in Section 20, Township 3 South, Range 7 West, DeSoto County, Mississippi, as per plat thereof of record in Plat Book 61, Pages 32-33, in the office of the Chancery Court Clerk of DeSoto County, Mississippi.

The property herein conveyed is subject to building restrictions, covenants and easements of record.

That by way of explanation, Willie M. Foster departed this life on December 27, 2001 as evidenced by her Certificate of Death, a copy of which is attached hereto as Exhibit "A".

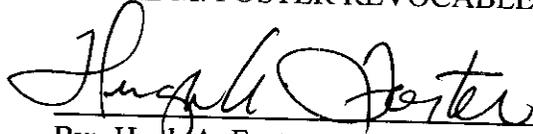
That for chain of title purposes there is a Certificate of Trust filed on the date of filing of this instrument for the Willie M. Foster Revocable Living Trust.

Possession is given on delivery of this deed.

Stockett

WITNESS MY SIGNATURE on this the 20th day of August, 2007.

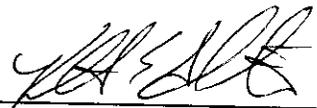
WILLIE M. FOSTER REVOCABLE TRUST



By: Hugh A. Foster
Title: Trustee

STATE OF MISSISSIPPI
COUNTY OF DESOTO

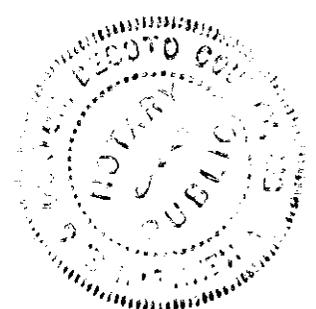
Personally appeared before me, the undersigned authority in and for the said county and state on this the 20th day of August, 2007, within my jurisdiction, the within named HUGH A. FOSTER, Trustee for Willie M. Foster Revocable Trust, who acknowledged that he executed the above and foregoing instrument.


NOTARY PUBLIC

My Commission Expires:

MISSISSIPPI STATEWIDE NOTARY PUBLIC
MY COMMISSION EXPIRES FEB. 20, 2011
~~BONDED THRU STEGALL NOTARY SERVICE~~

(SEAL)



GRANTORS' ADDRESS:
3630 Tanna Cove
Hernando, MS 38632
RES. TEL.: 662-449-3857
BUS. TEL.: N/A

GRANTEES' ADDRESS:
3630 Tanna Cove
Hernando, MS 38632
RES. TEL.: 662-449-3857
BUS. TEL.: N/A

Prepared by: Kenneth E. Stockton
Attorney at Law
5 West Commerce St.
Hernando, MS 38632
662-429-3469

No title work requested and no title certificate issued by preparer of deed.

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH BK 567 PG 362
VITAL RECORDS

Exhibit A

TYPE OR PRINT WITH BLACK INK FILING DATE **FEB 04 2002** CERTIFICATE OF DEATH STATE OF MISSISSIPPI STATE FILE NUMBER **123-01-027091**

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		2. SEX		3a. HOUR OF DEATH		3b. DATE OF DEATH (Month, Day, Year)	
	First Middle Last		Male Female					
	Willie Mae "Pat" Foster		Female		11:10A^m		December 27, 2001	
	4. RACE (Specify White, Black, American Indian, etc.)		5a. AGE AT LAST BIRTHDAY		ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY		6. DATE OF BIRTH (Month, Day, Year)	
White		71 Years		5b. MOS 5c. DAYS 5d. HOURS 5e. MINS		August 10, 1930		
7b. CITY OR TOWN OF DEATH		7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address; route number or other location)		7d. IF IN HOSP. OR INST. SPECIFY: INPT., OUTPT., EMER. RM. OR DOA		8. STATE OF BIRTH		
Southaven		Baptist Memorial Hospital-DeSoto 17-B		INPT.		TN		
9. DECEDENT'S EDUCATION (Specify only highest grade completed)		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		11. SURVIVING SPOUSE (If wife, give maiden name)		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No)		
Elem/High School College		Married		High A. Foster		No		
13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.)		14. SOCIAL SECURITY NUMBER		15a. USUAL OCCUPATION (Kind of work done, most of working life)		15b. KIND OF BUSINESS OR INDUSTRY		
American		413-46-2298		Financial Secretary		Ridgeway Baptist Church		
16a. RESIDENCE-STATE		16b. COUNTY		16c. CITY OR TOWN		16d. INSIDE CITY LIMITS (Specify Yes or No)		
MS		DeSoto		Hernando		Yes		
16e. STREET AND NUMBER OR RURAL LOCATION		16f. CITY OR TOWN		16g. STATE		16h. ZIP CODE		
3630 Tanna Cove		Hernando		MS		38632		

17. FATHER-NAME		18. MOTHER-NAME	
First Middle Last		First Middle Maiden	
Charles Sidney Adams		Ida Mae Bettison	

19a. INFORMANT-NAME (Type or print)		19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)	
High A. Foster		3630 Tanna Cove, Hernando, MS 38632	

20a. BURIAL, CREMATION, REMOVAL (Specify)		20b. CEMETERY, CREMATORY-NAME		20c. LOCATION (City and State)		21a. EMBALMER-SIGNATURE AND NUMBER	
Burial		Hernando Memorial Park		Hernando, MS		Eyon A. Brownlee FS 794	
21b. FUNERAL HOME-NAME AND MISSISSIPPI I.D. NUMBER		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)					
Hernando Funeral Home 17-5		140 W. Commerce, Hernando, MS 38632					

22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print)		22b. PRONOUNCED DEAD (Month, Day, Year)		22c. PRONOUNCED DEAD (Hour)	
Dr. Wayne Catooth, M.D.		ON 12/27/2001		AT 11:10 A^m	

23a. CERTIFIER-NAME (Type or print)		23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)	
Jeffery Roulders		4942 Roulders 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.		24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated.		
	SIGNATURE		SIGNATURE		
	24b. DATE SIGNED (Month, Day, Year)		24c. STATE LICENSE NUMBER		
	24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		24f. DATE SIGNED (Month, Day, Year)		
				Dec. 28, 2001	

Conditions, if any, which gave rise to immediate cause stating the underlying cause last	25. PART I: DEATH CAUSED BY:		Interval between onset and death	
	(a) Superior Mesenteric Vein Thrombosis			
	(b) Chronic Lymphocytic Leukemia			
(c)				

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			27. AUTOPSY (Yes or No)		28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)	
				No		Yes	
	29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)		29b. DATE OF INJURY (Month, Day, Year)		29c. HOUR OF INJURY		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

F. E. Thompson Jr. MD
F. E. Thompson, Jr., M.D., M.P.H.
STATE HEALTH OFFICER

Judy Moulder
Judy Moulder
STATE REGISTRAR

FEB 18 2002

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