

Prepared by/Return to:  
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FILE #: 070513

11/21/07 8:47:37  
BK 573 PG 233  
DESOTO COUNTY, MS  
W.E. DAVIS, CH CLERK

Elsie Griffin, A Widowed Person,  
GRANTOR,

to:

**WARRANTY DEED**

Alton R. Hodges, Et Ux,  
GRANTEE.

FOR AND IN CONSIDERATION of the sum of Ten and No/100 Dollars (\$10.00), cash in hand paid and other good and valuable consideration, the receipt of all which is hereby acknowledged, Grantor, Elsie Griffin, a widowed person, does hereby sell, convey and warrant unto Grantee, Alton R. Hodges and wife, Mary B. Hodges, as tenants by the entirety with full rights of survivorship and not as tenants in common, all of my right, title and interest in the land lying and being situated in DeSoto County, Mississippi, being more particularly described as follows, to wit:

Lot 326, Section B, Eastover Subdivision, in Section 29, Township 1 South, Range 6 West, as per plat recorded in Plat Book 12, Page 36 in the office of the Chancery Clerk of DeSoto County, Mississippi.

The warranty in this Deed is subject to rights-of-way and easements of record for public roads and public utilities, subdivision and zoning regulations in effect, prior reservations of oil and mineral rights, all applicable building restrictions and restrictive covenants of record in the office of the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation, Lundy Griffin A/K/A Lundy Columbus Griffin departed this life on January 18, 2003 in DeSoto County, Mississippi as per the attached death certificate. Furthermore, his estate was probated as DeSoto County Chancery Court Cause No. 03-2-333.

Taxes for the year 2007 are to be paid by Grantee and possession is to be given with delivery of this Deed.

WITNESS the signature of the Grantor, this the 16th day of November, 2007.

*Elsie Griffin*  
\_\_\_\_\_  
Elsie Griffin

State of Texas  
County of *Williamson*

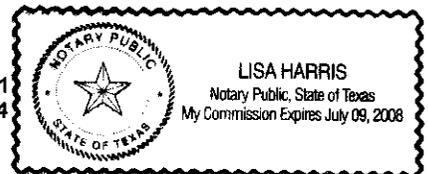
PERSONALLY appeared before me, the undersigned authority in and for the State and County aforesaid, the within named Elsie Griffin, who acknowledge that she executed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned as her free and voluntary act and deed and for the purposes therein expressed.

Given under my hand and official seal of office, this the 16th day of November, 2007.

*Lisa Harris*  
\_\_\_\_\_  
Notary Public

My commission expires:  
7-09-2008

Grantor Address :2027 Red Oak Circle, Roundrock, TX 78681  
Grantor Telephone Number: Home-512-218-5944 Work 512-461-8971  
Grantee Address: 7327 Kingcrest Boulevard Olive Branch, Mississippi 38654  
Grantee Telephone Number: Home 901-438-5669 Work- N/A



*Rich*

# STATE OF MISSISSIPPI

## MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

BK 573 PG 234

TYPE OR PRINT  
IN BLACK INK

FILING DATE FEB 10 2003

### CERTIFICATE OF DEATH

STATE FILE NUMBER 123-03-000273

DECEASED	1. NAME First: LUNDY Middle: COLUMBUS Last: GRIFFIN		2. SEX MALE	3a. HOUR OF DEATH 12:23A m.	3b. DATE OF DEATH (Month, Day, Year) JANUARY 18, 2003				
	4. RACE (Specify White, Black, American Indian, etc.) WHITE	5a. AGE AT LAST BIRTHDAY 81 Years	5b. MOS (1-4, 5+)	5c. DAYS (0-12)	5d. HOURS (1-4, 5+)	5e. MINS	6. DATE OF BIRTH (Month, Day, Year) MARCH 5, 1921	7a. COUNTY OF DEATH DESOTO	
RESIDENCE Items, or actual location home rather than mailing address	7b. CITY OR TOWN OF DEATH SOUTHAVEN		7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in other, give street address, route number or other location) BAPTIST HOSPITAL-DESOTO 17B			7d. IF IN HOSP. OR INST. SPECIFY INPL. OUTPL. EMER. RM. OR DOA INPT.	7e. STATE OF BIRTH MISSISSIPPI		
	9. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/High School, College (0-12) 8 (1-4, 5+)		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		11. SURVIVING SPOUSE (If wife, give maiden name) ELSIE BARNES		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) YES		
RESIDENCE Items, or actual location home rather than mailing address	13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) AMERICAN		14. SOCIAL SECURITY NUMBER 425-30-6491		15a. USUAL OCCUPATION (Kind of work done, most of working life) FARM MACHINERY MFG		15b. KIND OF BUSINESS OR INDUSTRY FARM MACHINERY MFG		
	16a. RESIDENCE-STATE MISSISSIPPI	16b. COUNTY DESOTO	16c. CITY OR TOWN OLIVE BRANCH		16d. INSIDE CITY LIMITS (Specify Yes or No) NO	16e. STREET AND NUMBER OR RURAL LOCATION 7327 KING CREST ROAD			
17. FATHER-NAME First: DAVID Middle: COLUMBUS Last: GRIFFIN	18. MOTHER-NAME First: SALLY Middle: BELL Maiden: GANN								
19a. INFORMANT-NAME (Type or print) ELSIE GRIFFIN	19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 7327 KING CREST ROAD OLIVE BRANCH, MS 38654								
20a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	20b. CEMETERY, CREMATORY-NAME MACEDONIA CEMETERY		20c. LOCATION (City and State) HOUSTON, MS		21. EMBALMER-SIGNATURE AND NUMBER <i>Home Pest Services-789</i>				
21b. FUNERAL HOME-NAME AND MISSISSIPPI I.D. NUMBER HOUSTON FUNERAL HOME 09H		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) P.O. BOX 689 HOUSTON, MS 38851							
22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print) JOHN BLACK, MD				22b. PRONOUNCED DEAD (Month, Day, Year) ON JANUARY 18, 2003		22c. PRONOUNCED DEAD (Hour) AT 12:23A m.			
23a. CERTIFIER-NAME (Type or print) EDWARD GBEMUDU, MD		23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 6953 OAK FORREST RD, OLIVE BRANCH, MS 38654							
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 <i>[Signature]</i> MD		24b. DATE SIGNED (Month, Day, Year) 2/2/03		24c. STATE LICENSE NUMBER 16826		24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE <i>[Signature]</i>		
	24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		24f. TITLE		24g. DATE SIGNED (Month, Day, Year)				
Conditions, if any, which gave rise to immediate cause stating the underlying cause last	25. PART I: IMMEDIATE CAUSE (Enter one cause only): (a) <i>AROXIC Encephalopathy.</i>				Interval between onset and death				
	(b) <i>Acute cerebrovascular Accident</i>				Interval between onset and death				
	(c) <i>Atrial Fibrillation</i>				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		27. AUTOPSY (Yes or No)		28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)					
Had Decedent been Pregnant within 90 Days prior to Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	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

MAR -6 2003

Judy Moulder  
STATE REGISTRAR

### WARNING:

A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

THE REVERSE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THIS IS WATERMARKED PAPER. DO NOT ACCEPT WITHOUT FIRST HOLDING TO LIGHT TO VERIFY WATERMARK.