

AG
RB

12/05/07 2:50:19
BK 574 PG 157
DESOTO COUNTY, MS
GRANTOR(S)
W.E. DAVIS, CH CLERK

SHEILA S. BURKETT

TO

CLAIR E. COX, III

WARRANTY DEED

GRANTEE(S)

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, SHEILA S. BURKETT, does hereby sell, convey and warrant unto CLAIR E. COX, III, the land lying and being situated in **DeSoto** County, Mississippi, more particularly described as follows, to-wit:

Lots 423 and 424, Section "D", Buena Vista Lakes Subdivision, in Sections 13 and 14, Township 3 South, Range 8 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 5, Pages 40-43, in the office of the Chancery Clerk of DeSoto County, Mississippi.

The warranty in this deed is subject to subdivision and zoning regulations in DeSoto County, Mississippi, rights of way and easements for public roads and public utilities, and restrictive covenants for said subdivision.

It is understood and agreed that the taxes for the year 2007 have been prorated as of this date on an estimated basis only and when said taxes are actually determined, if the proration is incorrect then Grantor(s) agree to pay Grantee(s) or their assigns any deficiency and likewise Grantee(s) agree to pay Grantor(s) or their assigns any amount overpaid.

By way of explanation, Clyde M. Burkett is now deceased evidenced by attached death certificate.

By way of explanation, Aileen Thompson has Power of Attorney for Sheila S. Burkett evidenced by attached Power of Attorney.

Possession to take place upon closing.

Ready

8

WITNESS MY SIGNATURE this the 30th day of November, 2007.

Aileen Thompson
AILEEN THOMPSON AS ATTORNEY IN FACT FOR
SHEILA S. BURKETT

STATE OF North Carolina
COUNTY OF Mecklenburg

THIS DAY personally appeared before me the undersigned authority in and for the above county and state, the within named AILEEN THOMPSON as Attorney-in-Fact for Sheila S. Burkett, who acknowledged that he/she signed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned as his/her free and voluntary act and deed after being duly authorized to do so.

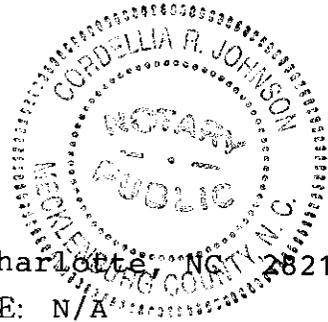
GIVEN UNDER MY HAND and official seal of office this the 30 day of November, 2007.

Cordelia R. Johnson
NOTARY PUBLIC

MY COMMISSION EXPIRES:

My Commission Expires May 2, 2010

(Seal)



GRANTOR(S) ADDRESS: 1543 Brookdale Ave., Charlotte, NC 28210
HOME PHONE: (704) 556-0001 WORK PHONE: N/A

GRANTEE(S) ADDRESS: 2558 Oakshire, Hernando, MS 38632
HOME PHONE: N/A WORK PHONE: (901) 268-4641

Prepared by and return to:
George B. Ready
P.O. Box 127
Hernando, MS 38632
(662) 429-7088

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

BK 574 PG 159

CERTIFICATE OF DEATH STATE OF MISSISSIPPI

STATE FILE NUMBER **1287-0130761**

MC TYPE OR PRINT WITH BLACK INK

FILING DATE **JUL 02 2007**

DECEASED 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 First: Clyde Middle: Mallard Last: Burkett, Jr.		2. SEX Male	3a. HOUR OF DEATH 7:14p. m.	3b. DATE OF DEATH (Month, Day, Year) June 21, 2007	
	4. RACE (Specify White, Black, American Indian, etc.) White		5a. AGE AT LAST BIRTHDAY 64 Years	6. DATE OF BIRTH (Month, Day, Year) Sept. 5, 1942		7a. COUNTY OF DEATH Desoto
	7b. CITY OR TOWN OF DEATH Hernando		7c. HOSPITAL OR OTHER INSTITUTION NAME AND NUMBER (If not in either, give street address, route number or other location) 1262 Thunderbird Drive N.		7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA Residence	8. STATE OF BIRTH AL
	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) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Sheila Starnes	
	13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) American		14. SOCIAL SECURITY NUMBER 419-50-1322		15a. USUAL OCCUPATION (Kind of work done, most of working life) Station Agent	
	16a. RESIDENCE—STATE MS		16b. COUNTY Desoto		16c. CITY OR TOWN Hernando	
16d. INSIDE CITY LIMITS (Specify Yes or No) No		16e. STREET AND NUMBER OR RURAL LOCATION 1262 Thunderbird Dr. N.				
17. FATHER—NAME First: Clyde Middle: Mallard Last: Burkett, Sr.			18. MOTHER—NAME First: Mattie Middle: Wease Maiden: Ward			
INFORMANT		19a. INFORMANT—NAME (Type or print) Sheila Burkett				
		19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 1262 Thunderbird Dr. N. Hernando, MS 38632				
DISPOSITION		20a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		20b. CEMETERY, CREMATORY—NAME Memphis Service Center		
		20c. LOCATION (City and State) Memphis, TN		21a. EMBALMER—SIGNATURE AND NUMBER		
		21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER Hernando Funeral Home 17S		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) Billy Baldwin DCMEI		22b. PRONOUNCED DEAD (Month, Day, Year) ON June 21, 2007		
				22c. PRONOUNCED DEAD (Hour) AT 7:55p. 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		24b. DATE SIGNED (Month, Day, Year)			
	24c. STATE LICENSE NUMBER		24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)			
	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		24f. DATE SIGNED (Month, Day, Year) June 27, 2007			
	24g. TITLE Desoto County Coroner					
CAUSE OF DEATH		25. PART I: DEATH CAUSED BY: IMMEDIATE CAUSE (Enter one cause only): (a) ASCD		Interval between onset and death		
Conditions, if any, which gave rise to immediate cause stating the underlying cause last		DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (b)		Interval between onset and death		
		DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (c)		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) No		28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) Yes
Use if death NOT due to natural causes <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 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. Army MD

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

JUL -3 2007

Judy Moulder

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.



DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS THAT I, SHEILA STARNES BURKETT, presently residing at 1262 Thunderbird Drive, Hernando, MS, do hereby appoint for me and in my name and stead, as my Attorney-in-Fact, my best friend, Aileen R. Thompson, to ask, demand, sue for, collect, recover, and receive all sums of money, debts, dues, accounts, legacies, bequests, interest, dividends, annuities, and demands whatsoever as are now and shall hereafter become lawful ways and means in my name or otherwise, and to compromise and agree for the same, and acquittances or other sufficient discharges for the same, for me and in my name, and to make, seal and deliver, to bargain, contract, agree for, buy, sell, draw checks, mortgage, hypothecate, and in any and every way and manner deal in and with cash, goods, merchandise, stocks and bonds, chooses in action and other property, real and personal, in possession or in action and to release mortgagees on lands or chattels and to make, do and transact all and every kind of business of whatsoever nature and kind, and to sign federal and state income tax returns, and declaration of estimated federal income tax returns. Also, to bargain, contract, agree for, purchase, receive and take lands, tenements, hereditaments and accept the seizing and possession of all lands and all deeds and other assurances, and to lease, let, demise, bargain, sell, release, convey, mortgage and hypothecate lands, tenements and hereditaments, upon such terms and conditions and under such covenants, as the said designee shall think fit and also for me and in my name and as my act and deed to sign, seal, execute and deliver and acknowledge such deeds, leases and assignments of leases, covenants, indentures, agreements, mortgages, hypothecates, bills, bonds, notes, receipts, evidences of debt, releases and satisfaction of mortgages, judgments and other debts, and such other instruments in writing of whatsoever kind or nature, including

specifically the execution of checks for payment of bills and debts incurred by me, as may be necessary or proper in the premises; also to have access to any safe deposit box in my name and to draw checks and withdrawals on any bank and/or savings and loan association where I may have funds on deposit to my credit. I also grant to said designee the proxy to vote the shares of stock I own in any company. Giving and granting unto the said Aileen R. Thompson, full power and authority to do and perform any and every act and thing whatsoever requisite and necessary to be done in and about the premises, including expressly the power to make gifts in my name to persons other than HERSELF, as fully to all intents and purposes as I might or could do if personally present, hereby ratifying and confirming all that the said Aileen R. Thompson, shall lawfully do or cause to be done by virtue of these presents.

This Power of Attorney shall not be affected by my subsequent disability or incapacity and shall continue to be exercisable notwithstanding my subsequent disability or incapacity .

Further, moreover in the event of my mental or physical incapacity, my acting Attorney-in-Fact shall be fully authorized to make any and all health care decisions, regarding my health care, treatment, and the expenditures of funds for medical expenses, treatments and needs.

However, with regard to any and all Powers of Attorney granted (and this provision shall govern and supersede any other such provision), if there is no reasonable expectation of my recovery from extreme physical and/or mental disability, or illness or injury, I direct and require that I be allowed to die of natural causes and not be kept alive by artificial means or heroic measures.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 2 day of
August, 2007.

Sheila S Burkett
SHEILA STARNES BURKETT

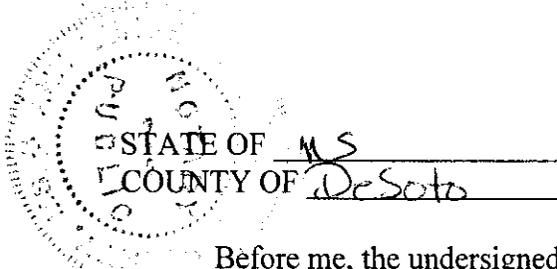
I declare under penalty of perjury that the person who signed or acknowledged this document is personally known to me to be SHEILA STARNES BURKETT, that SHEILA STARNES BURKETT, signed this Durable Power of Attorney in my presence, that SHEILA STARNES BURKETT, appeared to be of sound mind and under no duress, fraud or undue influence, that I am not the person appointed as Attorney-in-Fact by this document, and that I am not a health care provider, an employee of a health care provider, the operator of a health care institution nor an employee of a health care institution, that I am not related to SHEILA STARNES BURKETT by blood, marriage, or adoption, that, to the best of my knowledge, I do not, at the present time, have a claim against any portion of the estate of SHEILA STARNES BURKETT upon HER death; and that, to the best of my knowledge, I am not entitled to any part of the estate of the principal upon the death of the principal under a will or codicil thereto now existing, or by the operation of law.

Sam Dandy
WITNESS

5291 Kristy Lane
ADDRESS
SOUTHAVEN, MS 38671

Sheryl Warkhan
WITNESS

PO Box 266 Leeburg, La. 35983
ADDRESS



Before me, the undersigned authority, on this 2nd day of August, 2007, personally appeared SHEILA STARNES BURKETT, James Donnelly, and Cheryl Hartshorn, known to me to be the Declarant and the witnesses, respectively, whose names are signed to the foregoing instrument, and who, in the presence of each other did subscribe their names to the attached Durable Power of Attorney on this date, and that the said Declarant at the time of execution of said Power was over the age of eighteen (18) years and of sound mind and under no duress, fraud, or undue influence.

[Signature]
NOTARY PUBLIC

My Commission Expires: 9/14/07

~~MISSISSIPPI STATEWIDE NOTARY PUBLIC
MY COMMISSION EXPIRES SEP 14 2007
BONDED THROUGH STEGALL NOTARY SERVICE~~

(Seal)

WARNING TO PERSON EXECUTING THIS DOCUMENT

This is an important legal document. Before executing this document you should know these important facts.

This document gives the person you designate as your agent (the Attorney-in-Fact) the power to make health care decisions for you. Your agent must act consistently with your desires as stated in this document.

Except as you otherwise specify in this document, this document gives your agent the power to consent to your doctor not giving treatment or stopping treatment necessary to keep you alive.

Notwithstanding this document, you have the right to make medical and other health care decisions for yourself so long as you can give informed consent with respect to the particular decision. In addition, no treatment may be given to you over your objection, and health care necessary to keep you alive may not be stopped or withheld if you object at the time.

This document gives your agent authority to consent, to refuse to consent, or to withdraw consent to any care, treatment, service, or procedure to maintain, diagnose or treat a physical or mental condition. This power is subject to any limitations that you include in this document. You may state in this document any types of treatment that you do not desire. In addition, a court can take away the power of your agent to make health care decisions for you if your agent: (1) authorizes anything that is illegal; or (2) acts contrary to your desires as stated in this document.

You have the right to revoke the authority of your agent by notifying your agent or your treating physician, hospital or other health care provider orally or in writing of the revocation.

Your agent has the right to examine your medical records and to consent to their disclosure unless you limit this right in this document.

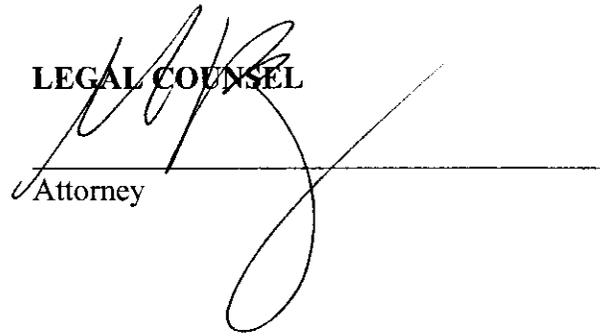
Unless you otherwise specify in this document, this document gives your agent the power after you die: (1) authorize an autopsy; (2) donate your body or parts thereof for transplant or therapeutic or educational or scientific purposes; and (3) direct the disposition of your remains.

If there is anything in this document that you do not understand you should ask an Attorney to explain it to you.

STATEMENT OF LEGAL COUNSEL

I am an Attorney authorized to practice law in the State where this power of attorney was executed, and the principal was my client at the time this power of attorney was executed. I have advised my client concerning my client's rights in connection with this Power of Attorney and the applicable law, and the consequences of signing or not signing this Power of Attorney, and my client, after being so advised, has executed this Durable Power of Attorney for health care.

LEGAL COUNSEL



Attorney