

HELEN RILEY AS CONSERVATOR
FOR ALBERT EDWARD RILEY

TO

BARBARA TREECE

GRANTEE(S)

QUIT CLAIM DEED

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00), cash in hand paid, the receipt and sufficiency of all of which is hereby acknowledged, HELEN RILEY AS CONSERVATOR FOR ALBERT EDWARD RILEY, does hereby convey and quitclaim unto BARBARA TREECE, the land lying and being situated in **DeSoto** County, Mississippi, all of my right, title and interest in and to the following described property situated in **DeSoto** County, Mississippi, to-wit:

TRACT I:

INDEXING INSTRUCTIONS: 10 acres, more or less, located in the SW 1/4 of Section 20, Township 3, Range 9, DeSoto County, Mississippi, being more particularly described as follows, to-wit:

6 acres, more or less, in Section 20, Township 3, Range 9, described as beginning at a point in the west line of said Section 20, 100 feet more or less, north of the southwest corner of said Section 20, said point being the northwest corner of a tract conveyed to C. R. Riley, et al, herein; thence in an easterly direction along a north line of the C. R. Riley, et al tract, 651 feet, more or less, to a stake; thence north along a west line of the C. R. Riley, et al tract 651 feet, more or less, to a stake; thence north along a west line of the C. R. Riley, et al tract and the O. V. Riley tract 420 feet, more or less, to a stake in the west line of the tract herein conveyed to O. V. Riley and wife, thence in a westerly direction 651 feet more or less, to a point in the west line of said Section 20, said point being 560 feet more or less, north of the southwest corner of said Section 20; thence south along the west line of said Section 20 460 feet, more or less, to the point of beginning, containing 6 acres, more or less, and being Lot #5 on the survey of C. E. Laughter, Jr. dated July, 1968 a copy of which is recorded with this deed.

Ready

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TRACT II:

That certain parcel of land lying and being situated on Section 20, Township 3, Range 9 West, in DeSoto County, Mississippi described as follows to-wit: 2 1/2 acres, more or less, in the southwest quarter of the southwest quarter of said section particularly described as follows: Beginning at a point in the west line of said quarter section on the south side of the public road where said public road intersects said line, running thence in an easterly direction along the south side of said road 180 yards to a stake, thence south 70 yards to a stake, thence west approximately 180 yards to the West line of said section, thence north along said section line to the point of beginning and being the same land conveyed to George T. Rome, et ux, by J. N. Riley, et ux, and conveyed to J. N. Riley, Jr., et ux, by George T. Rome, et ux, by deed of date May 27, 1954 of record in Book 40, Page 423, of the deed records of said county.

TRACT III:

One-half acre in the southwest quarter of the southwest quarter of Section 20, Township 3, Range 9, described as beginning at a point in a south line of Bluff Road a distance of 180 yards from center section with the west line of said section 20 (which point is the northeast corner of the tract conveyed by deed in Book 52, Page 364; thence in a easterly direction with the south line of said road 111 feet to a stake; thence south 210 feet to a stake; thence west 111 feet to the southeast corner of the tract described in Book 52, page 364; thence north to the point of beginning.

TRACT IV:

Part of Section 20, Township 3, Range 9 described as beginning at a point in the north right of way of Bluff Road, as it now exists, said point being at the intersection of the west line of Section 20, Township 3, Range 9; and the north right of way of Bluff Road; thence in an easterly direction along the north right of way of said Bluff Road 363 feet, more or less, to a stake; thence in a northerly direction 207 feet more or less to a stake in the south right of way of the Lake of the Hills High Road; thence along right of way of said Lake of the Hills High Road in a westerly direction 288 feet more or less to a stake; thence in a southerly direction 151 feet more or less, to the point of beginning, containing one acre, more or less, and being that same land conveyed by J. N. Riley, Jr., ET AL to Alice R. Harrison by Partition Deed dated the 7th day of November, 1968, and found in Book 76, Page 470 of the Land Records of DeSoto County, Mississippi, and therein described as Lot #1 on the survey of C. E. Laughter, Jr., dated July, 1968, a copy of which is recorded with said Partition Deed.

Tax Parcel No.: 3094-2000.0-00015.00

together with all and singular improvements thereon and appurtenances thereunto belonging.

By way of explanation, ALBERT EDWARD RILEY inherited his interest in this property due to the death of father, A.N. Riley, and later his mother, DOROTHY W. RILEY (death certificates attached). A Conservatorship was opened in Cause No. 91-4-476 for ALBERT EDWARD RILEY, appointing HELEN RILEY as Conservator, for the purpose of closing out a work related injury. Since that time Mr Riley has been acting in his own capacity in all matters. However, given that the Conservatorship remains open, this document is being executed to remove any issues to title as to the interests of ALBERT EDWARD RILEY.

WITNESS MY SIGNATURE this the 11th day of February, 2008.

Helen Riley
HELEN RILEY AS CONSERVATOR FOR
ALBERT EDWARD RILEY

STATE OF MISSISSIPPI
COUNTY OF DESOTO

THIS DAY personally appeared before me the undersigned authority in and for the above county and state, the within named HELEN RILEY AS CONSERVATOR FOR ALBERT EDWARD RILEY, who acknowledged that he/she signed and delivered the above and foregoing Quitclaim Deed on the day year therein mentioned as his/her free and voluntary act and deed.

GIVEN UNDER MY HAND and official seal of office, the 11th day of February, 2008.



Ann Luncford
NOTARY PUBLIC

My Commission Expires: 9/14/11

GRANTOR(S) ADDRESS: 2778 Normandy Cve. Horn Lake MS 38637
HOME PHONE: (662) 812-7018 WORK PHONE: N/A
Hernando, MS 38632

GRANTEE(S) ADDRESS: 1012 Fair Oaks Drive, Collierville, TN 38017
HOME PHONE: (901) 853-1071 WORK PHONE: N/A

NO TITLE WORK WAS PERFORMED OR REQUESTED

Prepared By & Return to:
Law Office of George B. Ready
P.O. Box 127
Hernando, MS 38632
(662) 429-7088

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

BK 578 PG 234

STATE FILE NUMBER

DECEASED
 DEATH
 RECORDS
 BOOK

DECEASED

PARENTS

INFORMANT

DISPOSITION

REGISTRAR

CERTIFIER

CAUSE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last) Albert Nathaniel Riley				2. SEX Male	3. DATE OF DEATH (Month, Day, Year) April 16, 1999	
4. SOCIAL SECURITY NUMBER (or Decedent's) 427-20-0929	5a. AGE LAST BIRTHDAY (Years) 85	5b. UNDER 1 YEAR MONTHS DAYS	5c. UNDER 1 DAY HOURS MIN.	6. DATE OF BIRTH (Month, Day, Year) Feb. 22, 1914	7. BIRTHPLACE (City and State or Foreign Country) Eudora, MS	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) HOSPITAL: 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA OTHER: 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)		9b. CITY, TOWN, OR LOCATION OF DEATH Memphis, TN		
9c. COUNTY OF DEATH Shelby		10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Dorothy White		
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Illinois Central RR		12b. KIND OF BUSINESS/INDUSTRY Railroad		13a. RESIDENCE STATE MS		
13b. COUNTY Desoto		13c. CITY, TOWN OR LOCATION Southaven		13d. STREET AND NUMBER OR RURAL LOCATION 8269 Farmington Drive		
13e. INSIDE CITY LIMITS? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		13f. ZIP CODE 38671		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. RACE - American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+)		17. FATHER'S NAME (First, Middle, Last) James Nathaniel Riley		
18. MOTHER'S NAME (First, Middle, Maiden Surname) Mattie Ophelia Sullivan		19a. INFORMANT'S NAME (Type/Print) Dorothy Riley		19b. RELATIONSHIP TO DECEASED Wife		
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8269 Farmington Dr, Southaven, MS 3867		20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Urn/urn 5 <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Trinity Cemetery		
20c. LOCATION - City or Town, State Hernando, MS		21a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		21b. LICENSE NUMBER OF FUNERAL DIRECTOR FS0817	21c. SIGNATURE OF EMBALMER <i>[Signature]</i>	
21d. LICENSE NUMBER OF EMBALMER 75794		22a. NAME AND ADDRESS OF FUNERAL HOME Hernando Funeral Home, 230 W. Center, Hernando, MS 38632		22b. LICENSE NUMBER OF FUNERAL HOME FE 47		
23. REGISTRAR'S SIGNATURE <i>[Signature]</i>		24. DATE FILED (Month, Day, Year) MAY 04 1999		25a. PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1 <input type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <i>[Signature]</i> MD0000004094		
25b. LICENSE NUMBER MD0000004094		25c. DATE SIGNED (Month, Day, Year) 4/23/99		26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER		
26b. LICENSE NUMBER		26c. DATE SIGNED (Month, Day, Year)		27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) Dr. Rodney Wolf 20 S. Dudley #601B, Memphis, TN 38103		
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) → Multi-system organ failure a. Ruptured aortic aneurysm DUE TO (OR AS A CONSEQUENCE OF): b. _____ DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____ Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST		29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		
30. MANNER OF DEATH 1 <input type="checkbox"/> Natural 2 <input type="checkbox"/> Accident 3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide 5 <input type="checkbox"/> Pending investigation 6 <input type="checkbox"/> Could not be determined		31a. DATE OF INJURY (Month, Day, Year)	31b. TIME OF INJURY M	31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	31d. DESCRIBE HOW INJURY OCCURRED	
31e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				

BIRTH NO