

EUGENE C. HORTON, GRANTOR

TO

QUITCLAIM DEED

EUGENE C. HORTON, GRANTEE

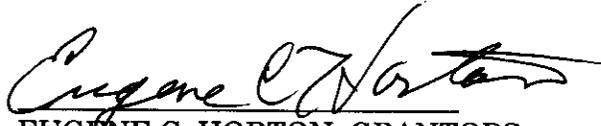
FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00), cash in hand paid, and other good and valuable legal consideration, receipt and sufficiency of which is hereby acknowledged, I, EUGENE C. HORTON, do hereby sell, convey and quitclaim unto EUGENE C. HORTON, the land lying and being situated in DeSoto County, Mississippi, more particularly described as follows, to-wit:

Lot 1065, Section A of Southaven West Subdivision Subdivision, in Section 23, Township 1 South, Range 8 West, in DeSoto County, Mississippi as shown on plat of record in Plat Book 2 Pages 43, 44, 45 and 46, in the Office of the Chancery Clerk of DeSoto County, Mississippi, to which plat reference is made for a more particular description.

By way of information this is the same property conveyed to Eugene C. Horton and Wife, Oma Horton, by Warranty Deed recorded in Deed Book 64, Page 231 in the Office of the Chancery Clerk of DeSoto County, Mississippi. Oma Horton departed this life on February 20, 2007. A copy of her death certificate is attached hereto as Exhibit "A." The purpose of this Deed to is document Oma Horton's passing.

Taxes for the year 2008, when due in January, 2009, will be paid by the Grantee.

WITNESS our signatures this the 3rd day of March, 2008.


EUGENE C. HORTON, GRANTORS

NO TITLE WORK REQUESTED OR PERFORMED IN THE PREPARATION OF THIS INSTRUMENT

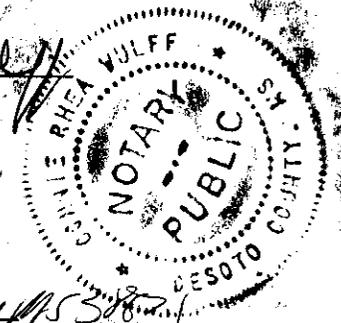
Smitta Phillips

STATE OF MS
COUNTY OF DeSoto

This day personally appeared before me, the undersigned authority in and for said County and State, the within named EUGENE C. HORTON, who acknowledged signing and delivering the above and foregoing Quitclaim 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 3rd day of March, 2008.

Connie Rhea Wulff
Notary Public



My Commission Expires:
June 17, 2011

GRANTOR'S ADDRESS: 8276 Dotley Drive, Soukran, MS 38671
Home No. 662-393-2921 Work No. N/A

GRANTEE'S ADDRESS: 8276 Dotley Drive Soukran 38671
Home No. 662-393-2921 Work No. N/A

Prepared by:
Smith, Phillips, Mitchell, Scott & Nowak, LLP
P. O. Box 346
Hernando, MS 38632
(662) 429-5041
(662) 429-0107 fax

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

BK 579 PG 508

TYPE OR PRINT
WITH BLACK INK

FILING
DATE **APR 02 2007**

CERTIFICATE OF DEATH

STATE FILE
NUMBER 123- **07-006212**

DECEASED

1. NAME: **OMA LEE HORTON** 2. SEX: **FEMALE** 3a. HOUR OF DEATH: **10:15P** 3b. DATE OF DEATH: **FEBRUARY 20, 2007**

4. RACE: **WHITE** 5a. AGE AT LAST BIRTHDAY: **69** 5b. MOS: **9** 5c. DAYS: **14** 5d. HOURS: **5+** 6. DATE OF BIRTH: **December 27, 1937** 7a. COUNTY OF DEATH: **DESOTO**

7b. CITY OR TOWN OF DEATH: **SOUTHAVEN** 7c. HOSPITAL OR OTHER INSTITUTION: **BAPTIST HOSPITAL-DESOTO 17B** 7d. IF IN HOSP. OR INST. SPECIFY: **INPT** 8. STATE OF BIRTH: **MS.**

9. DECEDENT'S EDUCATION: **Elem/High School, College** 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: **MARRIED** 11. SURVIVING SPOUSE: **EUGENE HORTON** 12. WAS DECEASED EVER IN U.S. ARMED FORCES?: **NO**

13. ORIGIN OF DESCENT: **AMERICAN** 14. SOCIAL SECURITY NUMBER: **428-74-4301** 15a. USUAL OCCUPATION: **HOMEMAKER** 15b. KIND OF BUSINESS OR INDUSTRY: **OWN HOME**

16a. RESIDENCE-STATE: **MS** 16b. COUNTY: **DESOTO** 16c. CITY OR TOWN: **SOUTHAVEN** 16d. INSIDE CITY LIMITS: **YES** 16e. STREET AND NUMBER OR RURAL LOCATION: **8276 DOTTLEY Dr**

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

PARENTS

17. FATHER-NAME: **BUD WHITE** 18. MOTHER-NAME: **LILLIAN PRUITT**

INFORMANT

19a. INFORMANT-NAME: **EUGENE HORTON** 19b. MAILING ADDRESS: **8276 DOTTLEY Dr. SOUTHAVEN, MS. 38671**

DISPOSITION

20a. BURIAL, CREMATION, REMOVAL: **BURIAL** 20b. CEMETERY, CREMATORY-NAME: **LEBANON** 20c. LOCATION: **OLIVE BRANCH, MS** 21a. EMBALMER-SIGNATURE AND NUMBER: **Aaron Hazen FS1020**

21b. FUNERAL HOME-NAME AND MISSISSIPPI ID NUMBER: **BRANTLEY FUNERAL HOME 17R** 21c. MAILING ADDRESS: **6875 COCKRUM ST. OLIVE BRANCH, MS. 38654**

PRONOUNCEMENT

22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE: **ISTVAN WOLLACK, MD** 22b. PRONOUNCED DEAD: **ON FEBRUARY 20, 2007 AT 10:15P** 22c. PRONOUNCED DEAD (Hour)

CERTIFIER

23a. CERTIFIER-NAME: **JEFFERY POUNDERS, CMEI** 23b. MAILING ADDRESS: **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: *[Signature]* MD
24b. DATE SIGNED: **MARCH 02, 2007** 24c. STATE LICENSE NUMBER
24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER
24e. On the basis of examination and investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE: *[Signature]*
24f. TITLE: **DESOTO COUNTY CMEI**
24g. DATE SIGNED: **MARCH 02, 2007**

CAUSE OF DEATH

25. PART I: IMMEDIATE CAUSE (Enter one cause only):
(a) **MYOCARDIAL INFARCTION** Interval between onset and death
(b) **CONGESTIVE HEART FAILURE** Interval between onset and death
(c) **ASCD, RENAL FAILURE** Interval between onset and death

Conditions, if any, which gave rise to immediate cause stating the underlying cause last

Had Decedent been Pregnant Within 90 Days Prior to Death?
 Yes 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): **NO** 28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No): **YES**

29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify):
29b. DATE OF INJURY: **APR -4 2007** 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

EXHIBIT

A

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

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

APR -4 2007

Judy Moulder
Judy Moulder
STATE REGISTRAR

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