

WARRANTY DEED

STATE OF MISSISSIPPI

COUNTY OF DESOTO

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 all of which is hereby acknowledged, we, **Charles W. Boling and wife, Anne Shupp**, do hereby grant, bargain, sell, convey and warrant to **Winford Stidmon**, the following described real property lying and being situated in DeSoto County, Mississippi, to-wit:

A tract or parcel of land lying and being situated in the southwest one-quarter of Section 30, Township 3, Range 7 West, more particularly described as follows, to-wit:

Beginning at a point on the east right of way line of U. S. Highway No. 51 opposite Highway Station 95 + 50 and intersection with the south right of way line of said public road known as Old Belmont Road, thence south 1,670 feet to the point of beginning of the herein described tract of land; thence south 208.75 feet to a point; thence east 208.75 feet to a point; thence north 208.75 feet to a point; thence west 208.75 feet to the point of beginning, containing one acre, jore or less, and being the same parcel of land conveyed by Tom B. Flinn, et ux to James Durdin by warranty deed of record in Book 77, Page 252, of the Land Records of DeSoto County, Mississippi.

Grantors certify that Joyce M. Boling is deceased.

By way of explanation, Ann Shupp joins in the execution of this instrument to convey her interest, if any, in the above described property.

Meaning to convey the same property as recorded in Deed Book 363 at page 312 in the Hernando Office of the Chancery Court Clerk of DeSoto County.

Ad Valorem Taxes and Assessments on said property shall be prorated from the date hereof.

This conveyance and the warranty of this instrument are subject to rights of way and easements for public roads and utilities, all rights of way, easements, and reservations of record, prior conveyances, reservations, and leases of minerals and mineral rights, and applicable governmental zoning ordinances, building restrictions, and subdivision regulations.

WITNESS OUR SIGNATURES, this the 26th day of March, 2008.

Charles W. Boling

CHARLES W. BOLING

Anne Shupp

ANNE SHUPP

SMITH, PHILLIPS,
MITCHELL & SCOTT, LLP
ATTORNEYS AT LAW
695 SHAMROCK DRIVE
P.O. DRAWER 1586
BATESVILLE, MS 38606
TELEPHONE (662) 563-4613

FNF

STATE OF MISSISSIPPI

COUNTY OF DeSoto

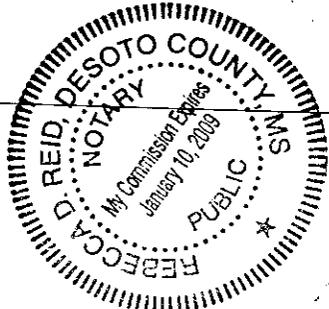
Personally appeared before me, the undersigned authority in and for the said County and State, on this 26th day of March, 2008, within my jurisdiction, the within named **Charles W. Boling and wife, Anne Shupp**, who acknowledged that they executed the above and foregoing instrument.

Rebecca D. Reid

NOTARY PUBLIC

(SEAL)

My Commission Expires: _____



After recording, return to:
FNF Title Svs, LLC
6880 Cobblestone Blvd, Ste 2
Southaven, MS 38672
(662) 892-6536
File # S 15200

Title not examined by the preparer of this instrument.
Title examined by attorney for Grantee.

Prepared By: Smith, Phillips, Mitchell, Scott & Nowak, LLP
P. O. Drawer 1586
Batesville, MS 38606
Ph. (662) 563-4613

Indexing Instruction: SW Q, S30, T3, R7W

Grantors' Address:

4858 Hwy 51 S
HERNANDO, MS 38632

Ph: NONE

Grantee's Address:

4858 Hwy 51 S.
HERNANDO, MS 38632

Ph: NONE

STATE OF TENNESSEE Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last) Joyce Marie Boling

2. SEX Female

3. DATE OF DEATH (Month, Day, Year) March 23, 2007

4. SOCIAL SECURITY NUMBER (of Decedent) 411-66-1818

5. BIRTH (Year, Month, Day) 65

6. DATE OF BIRTH (Month, Day, Year) May 5, 1941

7. BIRTHPLACE (City and State or Foreign Country) Memphis, TN

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? No

9a. PLACE OF DEATH (Check only one) Hospital Home Other (Specify)

9b. FACILITY NAME (If not institution, give street and number) Horizon Medical Center

9c. CITY, TOWN, OR LOCATION OF DEATH Dickson

10. MARITAL STATUS Married

11. SURVIVING SPOUSE (If wife, give maiden name) Charles W. Boling, Jr.

12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Homemaker

12b. KIND OF BUSINESS/INDUSTRY Home

13a. RESIDENCE-STATE Mississippi

13b. COUNTY DeSoto

13c. CITY, TOWN OR LOCATION Hernando

13d. STREET AND NUMBER OR RURAL LOCATION 4858 Hwy 51 South

14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) No

15. RACE American Indian, Black, White, etc. (Specify)

16. DECEDENT'S EDUCATION (Specify only highest grade completed) 12

17. FATHER'S NAME (First, Middle, Last) Wiley Pruett

18. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Mincey

19a. INFORMANT'S NAME (Type/print) Charles W. Boling, Jr.

19b. RELATIONSHIP TO DECEASED Husband

19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4858 Hwy. 51 South Hernando, MS 38632

20a. METHOD OF DISPOSITION Burial Cremation Removal from State Other (Specify)

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Memorial Park Cemetery

20c. LOCATION-City or Town, State Memphis, TN

21a. SIGNATURE OF FUNERAL DIRECTOR MICHAEL GRAMLING

21b. LICENSE NUMBER OF FUNERAL DIRECTOR 5174

21c. SIGNATURE OF EMBALMER JEFF MURPHY

21d. LICENSE NUMBER OF EMBALMER 4021

22a. NAME AND ADDRESS OF FUNERAL HOME MEMORIAL PARK F.H., 5668 POPLAR AVE., MEMPHIS, TN, 38119

22b. LICENSE NUMBER OF FUNERAL HOME 522

23. REGISTRAR'S SIGNATURE *Yvette Martin SR*

24. DATE FILED (Month, Day, Year) April 9, 2007

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.

25b. SIGNATURE AND TITLE OF PHYSICIAN *Yvette Martin SR*

25c. LICENSE NUMBER *MD 8802*

25d. DATE SIGNED (Month, Day, Year) *04/02/2007*

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.

26b. SIGNATURE AND TITLE OF MEDICAL EXAMINER *Venka Mani MD*

26c. LICENSE NUMBER *MD 8802*

26d. DATE SIGNED (Month, Day, Year) *04/02/2007*

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/print) Dr. Venk Mani-113 Hwy 70 East-Dickson, TN 37055,

28. PART I: Enter the disease, injury or complication that caused the death. Do not enter the mode of dying, such as cardiac or respiratory. List only one cause on each line.

28a. IMMEDIATE CAUSE (Final disease or condition resulting in death) Acute myocardial infarct

28b. DUE TO (OR AS A CONSEQUENCE OF) Hypertension

28c. DUE TO (OR AS A CONSEQUENCE OF) CVA - 2 yrs ago

28d. Appropriate Interval Between Inquest and Death Immediate

28e. years *years*

29a. WAS AN AUTOPSY PERFORMED? No

29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? No

30. MANNER OF DEATH Natural Pending Investigation Accident Suicide Homicide

31a. DATE OF INJURY (Month, Day, Year)

31b. TIME OF INJURY

31c. INJURY AT WORK? 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)

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq.; Vital Records Act of 1977.

Sharon M. Leibach
Sharon M. Leibach
STATE REGISTRAR

Yvette Martin, SR
Yvette Martin, Local Registrar
Dickson County

APR 09 2007
Date Issued



CERTIFICATION OF VITAL RECORD