

PREPARED BY:
PROFESSIONAL SERVICES
POST OFFICE BOX 130
POTTS CAMP, MISSISSIPPI 38659
TELEPHONE 662-333-9009

NO CERTIFICATE OF TITLE REQUESTED

NO FUNDS DISPERSED

STATE OF MISSISSIPPI
COUNTY OF DESOTO

WARRANTY DEED WITH RESTRICTION

KNOW ALL MEN BY THESE PRESENTS: That **I, REMO R. TESTOLIN, of 7286 Kingcrest, Olive Branch, MS 38654, phone no.: 662-838-6115, phone no.: 901-603-2995,** for and in consideration of the sum of Ten Dollars (\$10.00) cash and other good and valuable considerations, the receipt of which is hereby acknowledged, do hereby Grant, Bargain, Sell, Convey and Warrant unto **REMO R. TESTOLIN, of 7286 Kingcrest, Olive Branch, MS 38654, phone no.: 662-838-6115, phone no.: 901-603-2995,** for his lifetime, with remainder at his death or revocation of life estate, unto **VELIA R. KELLY, of 178 Blue Bird Lane, Byhalia, MS 38611, phone no.: 662-838-6115, phone no.: 901-603-2995,** the following land and property located and situated in DeSoto County, Mississippi, described as follows, to-wit:

INDEXING: LOT 116, SECTION "A", EASTOVER SUBDIVISION, IN SECTION 29, TOWNSHIP 1 SOUTH, RANGE 6 WEST, IN THE CITY OF OLIVE BRANCH, DESOTO COUNTY, MISSISSIPPI; and being more particularly described as follows:

Lot 116, Section "A", Eastover Subdivision, as shown by plat thereof recorded in Plat Book 12, Pages 32-35, in the office of the Chancery Clerk of DeSoto County, Mississippi.

TOGETHER WITH ALL BUILDINGS, HEREDITAMENTS AND APPURTENANCES THEREUNTO BELONGING.

SOURCE DEED: This is the same land and property as conveyed to Remo R. Testolin and wife, Isabella Testolin (deceased), as tenants by the entirety with full rights of survivorship and not as tenants in common, by Special Warranty Deed dated November 20, 1984 and executed by Unifirst, Inc., recorded in Land Deed Book No. 175, Page 45 in the Office of the Chancery Clerk of DeSoto County, Mississippi.

SUBJECT TO: Rights of way and easements for public road and utilities.

SUBJECT TO: Laws, ordinances and regulations which govern the use and occupancy of this land enacted by the United States of America, the State of Mississippi and its political subdivisions, and particularly including the subdivision regulations and zoning ordinances adopted by ordinances of the Board of Supervisors of DeSoto County, Mississippi, none of which render title unmarketable.

WITNESS MY/OUR SIGNATURES, this the 11th day of April, 2008.

Remo R Testolin
REMO R. TESTOLIN

STATE OF MISSISSIPPI

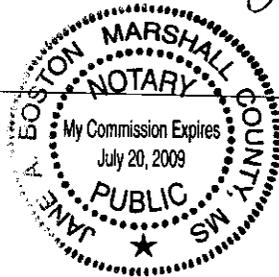
COUNTY OF Marshall

PERSONALLY appeared before me, the undersigned authority in and for said County and State, the within named **REMO R. TESTOLIN**, who acknowledged that he signed, sealed and delivered the above and foregoing Warranty Deed on the day and year therein written as his true act and deed.

GIVEN UNDER MY HAND AND SEAL, this the 11th day of April, 2008.

Jane A. Boston
NOTARY PUBLIC

(SEAL)
MY COMMISSION EXPIRES: _____



CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last) Isabella Testolin
2. SEX F
3. DATE OF DEATH (Month, Day, Year) Feb. 28, 1989
4. SOCIAL SECURITY NUMBER (of Deceased) 397-14-4585
5a. AGE - LAST BIRTHDAY (Years) 72
5b. UNDER 1 YEAR MOSE
5c. UNDER 1 DAY HOURS MIN
6. DATE OF BIRTH (Month, Day, Year) Sept. 16, 1916
7. BIRTHPLACE (City and State or Foreign Country) Walter, Wisconsin
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 No
9a. PLACE OF DEATH (Check only one) 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number) aptist Central Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH Memphis
9d. COUNTY OF DEATH Shelby
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) married
11. SURVIVING SPOUSE (If wife, give maiden name) Remo R. Testolin
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Housewife
12b. KIND OF BUSINESS/INDUSTRY Homemaker
13a. RESIDENCE - STATE Miss.
13b. COUNTY DeSoto
13c. CITY, TOWN OR LOCATION Olive Branch
13d. STREET AND NUMBER OR RURAL LOCATION 7286 King Crest Road
13e. INSIDE CITY LIMITS? 1 Yes 2 No
13f. ZIP CODE 38654
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) White
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 5 College (1-4 or 5)
17. FATHER'S NAME (First, Middle, Last) Joseph Fontana
18. MOTHER'S NAME (First, Middle, Maiden Surname) Teresa Santin
19a. INFORMANT'S NAME (Type/Print) Mr. Remo R. Testolin
19b. RELATIONSHIP TO DECEASED husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7286 King Crest Rd. Olive Branch, Ms. 38654
20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Blocker Cemetery
20c. LOCATION - City or Town, State Olive Branch, Ms. 38654
21a. SIGNATURE OF FUNERAL DIRECTOR
21b. LICENSE NUMBER OF FUNERAL DIRECTOR FD394
21c. SIGNATURE OF EMBALMER
21d. LICENSE NUMBER OF EMBALMER FS387
22a. NAME AND ADDRESS OF FUNERAL HOME Brantley Funeral Home 6875 Cockrum Olive Branch, Ms. 38654
22b. LICENSE NUMBER OF FUNERAL HOME FE117
23. REGISTRAR'S SIGNATURE
24. DATE FILED (Month, Day, Year)
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. LICENSE NUMBER MD 0077051
25c. DATE SIGNED (Month, Day, Year) 3/2/89
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated.
26b. LICENSE NUMBER
26c. DATE SIGNED (Month, Day, Year)
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)
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) a. Cardiac Collapse
DUE TO (OR AS A CONSEQUENCE OF):
b. Acute Myocardial Infarction
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.
Approximate Interval Between Onset and Death
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
29a. WAS AN AUTOPSY PERFORMED? 1 Yes 2 No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No
30. MANNER OF DEATH 1 Natural 2 Accident 3 Suicide 4 Homicide 5 Pending Investigation 6 Could not be Determined
31a. DATE OF INJURY (Month, Day, Year)
31b. TIME OF INJURY M
31c. INJURY AT WORK? 1 Yes 2 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)

NAME OF DECEDENT: For use by physician or institution

DECEDENT

PARENTS

INFORMANT

DISPOSITION

REGISTRAR

CERTIFIER

CAUSE OF DEATH

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

SEE INSTRUCTIONS ON OTHER SIDE