

GEORGE C. RICHARDSON, ET AL,

GRANTORS

TO

**CEDAR HILL PROPERTIES, LLC,
a Florida limited liability company,**

GRANTEE

WARRANTY DEED

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00), cash in hand paid, and other good and valuable considerations, the receipt of all of which is hereby acknowledged, we, GEORGE C. RICHARDSON, BONNIE R. McQUISTON, EVELYN B. FREES and CAROL WHITE CROW, do hereby sell, convey and warrant unto CEDAR HILL PROPERTIES, LLC, a Florida limited liability company, the land lying and being situated in DeSoto County, Mississippi, described as follows, to-wit:

A 13.19, more or less, acre tract of land being situated in the Northwest Quarter of Section 35, Township 1 South, Range 7 West, DeSoto County, Mississippi, and being more particularly described as follows:

Beginning at a point on the south right of way of MS Highway 302 (Goodman Road), said point being North 89 degrees 44 minutes 00 seconds East (East-C) a distance of 1423.03 feet (1472.2 feet-C) and South 00 degrees 09 minutes 01 seconds East (South-C) a distance of 75.00 feet from the northwest corner of Section 35, Township 1 South, Range 7 West; thence South 00 degrees 09 minutes 01 seconds East (South-C) a distance of 1036.06 feet (1037.70 feet-C) to a point in Nolehole Creek, passing an iron pin at 1231.06 feet; thence along Nolehole Creek for the following courses: North 61 degrees 18 minutes 00 seconds West a distance of 68.47 feet (63.60 feet-C), North 46 degrees 31 minutes 00 seconds West a distance of 200.40 feet, North 65 degrees 20 minutes 00 seconds West a distance of 116.40 feet, North 82 degrees 32 minutes 00 seconds West a distance of 78.50 feet, North 58 degrees 10 minutes 00 seconds West a distance of 492.40 feet, to a point in the center line of a small creek running northwardly; thence along said small creek for the following courses: North 23 degrees 58 minutes 00 seconds West a distance of 41.60 feet, North 76 degrees 50 minutes 00 seconds East a distance of 70.80 feet, North 11 degrees 17 minutes 00 seconds East a distance of 69.00 feet, North 40 degrees 26 minutes 00 seconds East a distance of 40.70 feet, North 26 degrees 14 minutes 00 seconds West a distance of 59.50 feet, North 20 degrees 35 minutes 00 seconds East a distance of 27.50 feet, South 70 degrees 07 minutes 00 seconds East a distance of 70.20 feet, North 01 degrees 35 minutes 00 seconds East a distance of 59.10 feet, North 72 degrees 36 minutes 00 seconds West a distance of 40.20 feet, North 01 degrees 16 minutes 00 seconds West a distance of 22.90 feet, North 60 degrees 31 minutes 00 seconds East a distance of 71.70 feet, North 27 degrees 58 minutes 00 seconds West a distance of 106.40 feet; thence North 00 degrees 00 minutes 00 seconds West a distance of 83.90 feet to a point on the south right of way of MS Highway 302 (Goodman Road) passing an iron pin at 50.00 feet; thence North 73 degrees 45 minutes 00 seconds East along said right of way a distance of 103.10 feet to a point marked by a right of way marker; thence continuing along said right of way North 89 degrees 44 minutes 00 seconds East a distance of 589.11 feet (586.90 feet-C) to the point of beginning; containing 13.19 (13.15-C) acres, more or less.

WLWS

By way of explanation, a portion of said property was acquired by the Evelyn B. Frees and husband, George W. Frees, as tenants by the entirety with full rights of survivorship and not as tenants in common. The said George W. Frees died on August 22, 1995 as evidenced by a copy of his death certificate attached hereto as Exhibit "A".

The warranty in this Deed is subject to subdivision and zoning regulations in effect in DeSoto County, Mississippi and rights-of-way and easements for public roads and public utilities. This conveyance is further subject to a Right of Way to DeSoto County, Mississippi recorded in Book 60, Page 542; a Right of way to Mississippi State Highway Commission recorded in Book 250, Page 299; a Right of Way to Mississippi Transportation Commission recorded in Book 294, Page 724; a Waterline Easement to Pleasant Hill Water Association, Inc. recorded in Book 264, Page 397, Land Records, Chancery Clerk's Office, DeSoto County, Mississippi. Agreement by Pleasant Hill Water Association, Inc. to City of Olive Branch, Mississippi recorded in Book 496, Page 93; and a Sewer Easement to City of Olive Branch recorded in Book 414, Pages 684, 689, 694, and 699, all in the Land Records, Chancery Clerk's Office, DeSoto County, Mississippi..

Taxes for the year 2008 shall be prorated and assumed by the Grantee herein and possession is to take place upon the delivery of this Deed.

WITNESS OUR SIGNATURES, this the 24th day of April, 2008.

George C. Richardson
GEORGE C. RICHARDSON

Bonnie R. McQuiston
BONNIE R. McQUISTON

Evelyn B. Frees
EVELYN B. FREES

Carol White Crow
CAROL WHITE CROW

STATE OF MISSISSIPPI
COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and for the said county and state, on this the 24 day of April, 2008, within my jurisdiction, the within named GEORGE C. RICHARDSON, who acknowledged that he executed the above and foregoing instrument.

My Commission Expires: 7-19-11 [Signature]
NOTARY PUBLIC



STATE OF MISSISSIPPI
COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and for the said county and state, on this the 24 day of April, 2008, within my jurisdiction, the within named BONNIE R. McQUISTON, who acknowledged that she executed the above and foregoing instrument.

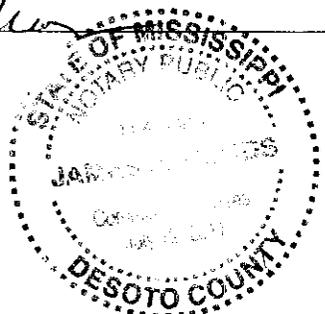
My Commission Expires: 7-19-11 [Signature]
NOTARY PUBLIC



STATE OF MISSISSIPPI
COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and for the said county and state, on this the 24 day of April, 2008, within my jurisdiction, the within named EVELYN B. FREES, who acknowledged that she executed the above and foregoing instrument.

My Commission Expires: 7-19-11 [Signature]
NOTARY PUBLIC



STATE OF MISSISSIPPI
COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and for the said county and state, on this the 24 day of April, 2008, within my jurisdiction, the within named CAROL WHITE CROW, who acknowledged that she executed the above and foregoing instrument.

My Commission Expires: 7-19-11 [Signature]
NOTARY PUBLIC



GRANTOR'S ADDRESS:

George C. Richardson

70 Lewis Fairway Circle
Oakland, TN 38060Hm. Phone: 901-466-5191Wk. Phone: 901-277-2150

Bonnie R. McQuiston

14 ALLIGATOR COVE
SANTA ROSA BEACH, FL 32459Hm. Phone: 850-231-1469Wk. Phone: 850-231-1771

Evelyn B. Frees

93 Country Club Dr. W
DESTIN FL 32541Hm. Phone: 850-654-5236

Wk. Phone: _____

Carol White Crow

504 Williams St.
ROCKWALL, TX 75087Hm. Phone: 214-202-6121 cellWk. Phone: 972-771-1349

GRANTEE'S ADDRESS:

1889 SARDAL PALM DR
BOCA RATON, FL 33432Hm. Phone: (561) 504-4345Wk. Phone: N/A

PREPARED BY AND RETURN TO:

JAMES E. WOODS

WATKINS LUDLAM WINTER & STENNIS, P.A.

P. O. Box 1456

Olive Branch, MS 38654

(662) 895-2996

#00931.30469

EXHIBIT
A

STATE OF FLORIDA

OFFICE of VITAL STATISTICS
CERTIFIED COPY

CERTIFICATE OF DEATH FLORIDA 95 100697

LOCAL FILE NO. _____

1 DECEDENT'S NAME FIRST: GEORGE MIDDLE: W. LAST: FREES			2 SEX MALE		
3 DATE OF DEATH (Month, Day, Year) AUGUST 22, 1995		4 SOCIAL SECURITY NUMBER 103-09-5195		5a AGE-Last Birthday (years) 78	
6 DATE OF BIRTH (Month, Day, Year) OCTOBER 30, 1916		7 BIRTHPLACE (City and State or Foreign Country) QUEENS, NEW YORK		8 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) YES	
9a PLACE OF DEATH (Check only one - see instructions on other side) HOSPITAL <input checked="" type="checkbox"/> Inpatient ER/Outpatient DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)					
9c FACILITY NAME (If not institution, give street and number) FORT WALTON BEACH MEDICAL CENTER		9d CITY, TOWN, OR LOCATION OF DEATH FORT WALTON BEACH		9e COUNTY OF DEATH OKALOOSA	
10a DECEDENT'S USUAL OCCUPATION MANAGEMENT		10b KIND OF BUSINESS/INDUSTRY HOTEL INDUSTRY		11 MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) MARRIED	
12 SURVIVING SPOUSE (If wife, give maiden name) EVELYN BRITTINGHAM					
13a RESIDENCE—STATE FLORIDA		13b COUNTY OKALOOSA		13c CITY, TOWN, OR LOCATION DESTIN	
13d STREET AND NUMBER 92 COUNTRY CLUB WEST					
13e INSIDE CITY LIMITS? (Yes or No) YES		13f ZIP CODE 32541		14 WAS DECEDENT OF HISPANIC OR NATIAN ORIGIN? (Specify No or Yes - If yes, specify Mexican, Cuban, Mexican, Puerto Rican, etc.) No	
15 RACE - American Indian, Black, White, etc. Specify: WHITE		15 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12) College (13-16) 4			
17 FATHER'S NAME (First, Middle, Last) GEORGE A. FREES			18 MOTHER'S NAME (First, Middle, Maiden Surname) GRACE DANIELS		
19a INFORMANT'S NAME (Type/Print) EVELYN B. FREES		19b MAILING ADDRESS (Street and Number, or Rural Route Number, City or Town, State, Zip Code) 92 COUNTRY CLUB WEST, DESTIN, FLORIDA 32541			
20a METHOD OF DISPOSITION Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) CREMOTORY OF N.W. FLORIDA		20c LOCATION—City or Town, State PENSACOLA, FLORIDA	
21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Richard W. Fleming</i> RICHARD W. FLEMING		21b LICENSE NUMBER (of Licensee) FE 3937		21c NAME AND ADDRESS OF FACILITY MCLAUGHLIN MORTUARY 17 CHESTNUT AVENUE FORT WALTON BEACH, FLORIDA 32548	
22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated: (Signature and Title) <i>Hilton S. Weiner</i> HILTON S. WEINER					
22b DATE SIGNED (Mo., Day, Yr.) 8/24/95		22c HOUR OF DEATH 11:10 A.M.			
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
23a. 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: (Signature and Title) _____					
23b DATE SIGNED (Mo., Day, Yr.)		23c HOUR OF DEATH			
23d. MEDICAL EXAMINER CASE # _____					
24 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) HILTON S. WEINER M.D. 1005 MAR WALT DRIVE, FORT WALTON BEACH, FLORIDA 32547					
25a. SUBREGISTRAR—SIGNATURE AND DATE <i>Marley Chase</i>			25b. LOCAL REGISTRAR—SIGNATURE <i>Marley Chase</i>		
25c. DATE REGISTERED AUG. 24 1995					

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

Hilton S. Weiner
State Registrar

Date Issued: APR 16 2008

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.
WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA ON THE FRONT, AND THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.



DH FORM 1946 (08-04)

24631186

CERTIFICATION OF VITAL RECORD



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