

QUIT CLAIM DEED

KNOW ALL MEN BY THESE PRESENTS: That I, **The Margaret A. Connors Revocable Trust, dated December 2, 1998**, 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 Convey and Quit Claim all of my right, title and interest in the said property unto **Peggy McCabe Powell**, the following land and property located and situated in DeSoto County, Mississippi, described as follows, to-wit:

Lot 2033, Section J, First Revision, Greenbrook Subdivision, in Section 30, Township 1 South, Range 7 West, City of Southaven, DeSoto County, Mississippi, shown by plat recorded in Plat Book 15, Pages 16 & 17 in the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation, title to the aforementioned property was obtained by the virtue of a Warranty Deed to "The Margaret A. Connors Revocable Living Trust", recorded on December 3, 1998 at 10:22 a.m., in Book 344, Page 30, and The Margaret A. Connors Revocable Living Trust Agreement recorded on December 3, 1998 at 2:22 p.m., in Book 79, Page 398, in the Chancery Clerk's Office of DeSoto County, Mississippi. Margaret A. Connors died intestate and unmarried on August 27, 2009. A copy Margaret A. Connors death certificate is hereby attached as Exhibit "A".

Subject to all easements and rights of way for public utilities, county and state road rights of way, transmission and telegraph lines which might be reflected by an accurate physical survey of the property.

Grantee assumes all outstanding ad valorem taxes due and owing.

This Deed was prepared without the benefit of a title search.

WITNESS MY SIGNATURE, this the 17th day of March, 2009.

**The Margaret A. Connors Revocable Trust,
Dated December 2, 1998.**

Peggy McCabe Powell
Peggy McCabe Powell, First Successor Trustee

STATE OF MISSISSIPPI)
COUNTY OF DESOTO)

Personally appeared before me, the undersigned authority in and for the jurisdiction aforesaid, **Peggy McCabe Powell**, who acknowledged to me that she signed and delivered the foregoing instrument of writing, as **First Successor Trustee of The Margaret A. Connors Revocable Trust, Dated December 2, 1998**, on the day and year and in the capacity therein set forth.

GIVEN UNDER MY HAND AND SEAL, this the 17th day of March, 2009.



Michelle Watts

NOTARY PUBLIC

My Commission Expires: _____

Indexing Instructions: Lot 2033, Section J, First Revision, Greenbrook Subdivision, in Section 30, Township 1 South, Range 7 West

Prepared By and
After Recording, Return To:
Stroud & Harper, P.C.
Post Office Box 210
Southaven, MS 38671
(662) 536-5656
File #09-3012

Grantors Mailing Address: 103 Janey Drive, Senatobia, Mississippi 38668

Grantors Telephone Numbers: Home: N/A Work: (662) 562-4224

Grantees Mailing Address: 103 Janey Drive, Senatobia, Mississippi 38668

Grantees Telephone Numbers: Home: N/A Work: (662) 562-4224

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

BK 605 PG 49

EXHIBIT

A

TYPE OR PRINT WITH BLACK INK

FILING DATE SEP 08 2008

CERTIFICATE OF DEATH

STATE FILE NUMBER 123-08-018465

DECEASED

1. NAME: Margaret Anne Connors F
 2. SEX: F
 3a. HOUR OF DEATH: 10:45 pm
 3b. DATE OF DEATH: 8-27-2008
 4. RACE: White
 5a. AGE AT LAST BIRTHDAY: 83 Years
 5b. MOS: 5c. DAYS: 5d. HOURS: 5e. MINS:
 6. DATE OF BIRTH: March 17, 1925
 7a. COUNTY OF DEATH: Desoto
 7b. CITY OR TOWN OF DEATH: Southhaven
 7c. HOSPITAL OR OTHER INSTITUTION: Desoto Health Center 662-349-7500
 8. STATE OF BIRTH: MS.
 9. DECEDENT'S EDUCATION: Elem/High School
 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED
 11. SURVIVING SPOUSE: (If wife, give maiden name)
 12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No)
 13. ORIGIN OR DESCENT: American
 14. SOCIAL SECURITY NUMBER: 412-42-3170
 15a. USUAL OCCUPATION: Home maker
 15b. KIND OF BUSINESS OR INDUSTRY: Home maker
 16a. RESIDENCE-STATE: MS.
 16b. COUNTY: Coahoma
 16c. CITY OR TOWN: Coahoma MS
 16d. INSIDE CITY LIMITS: (Specify Yes or No)
 16e. STREET AND NUMBER OR RURAL LOCATION: Home maker

PARENTS

17. FATHER-NAME: Isaac Joel Morris
 18. MOTHER-NAME: Mary Jane Montroy

INFORMANT

19a. INFORMANT-NAME: Peggy Powell
 19b. MAILING ADDRESS: 103 Janey Dr. Senatobia MS, 38668

DISPOSITION

20a. BURIAL INFORMATION: 20b. CEMETERY, CREMATORY-NAME: Montroy
 20c. LOCATION: Coahoma MS
 21a. EMBALMER-SIGNATURE AND NUMBER: R. L. Nunn F50954
 21b. FUNERAL HOME-NAME AND MISSISSIPPI ID NUMBER: Ray-Nowell
 21c. MAILING ADDRESS: P.O. Box 160 Senatobia MS, 38668

PRONOUNCEMENT

22a. PERSON WHO PRONOUNCED DEATH: Karen Fleck, RN
 22b. PRONOUNCED DEAD: ON August 27, 2008 AT 10:45 PM
 22c. PRONOUNCED DEAD (Hour)

CERTIFIER

23a. CERTIFIER-NAME: Jeffery Pounders
 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
 24b. DATE SIGNED: [Signature]
 24c. STATE LICENSE NUMBER: MD
 24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER
 24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated
 24f. SIGNATURE: [Signature]
 24g. DATE SIGNED: September 1, 2008

CAUSE OF DEATH

25. PART I. DEATH CAUSED BY:
 (a) IMMEDIATE CAUSE: pneumonia
 (b) DUE TO OR AS A CONSEQUENCE OF: Chronic Obstructive Pulmonary Disease
 (c) DUE TO OR AS A CONSEQUENCE OF:
 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 (Month, Day, Year)
 29c. HOUR OF INJURY
 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

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

SEP - 8 2008

[Signature]

Judy Moulder
STATE REGISTRAR

WARNING: A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THIS IS WATERMARKED PAPER. DO NOT ACCEPT WITHOUT FIRST HOLDING TO LIGHT TO VERIFY WATERMARK.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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