

~~PREPARED BY & RETURN TO:~~  
**AUSTIN LAW FIRM, P.A.**  
ATTORNEYS AT LAW  
6928 COBBLESTONE DRIVE, SUITE 100  
SOUTHAVEN, MS. 38672  
662-890-7575

4/29/09 3:43:57  
BK 607 PG 361  
DE SOTO COUNTY, MS  
W.E. DAVIS, CH CLERK

**LOZELL R. STEPHENS,**

**GRANTOR**

**TO**

**RONALD G. DAVIS and wife,  
BARBARA T. DAVIS,**

**GRANTEES**

**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, I, LOZELL R. STEPHENS, by and through her Attorney in fact, Sherry Carruth, by virtue of Power of Attorney executed October 10, 2008, and recorded in Book P-128, Page 680, of the Power of Attorney and Contract Records, Chancery Clerk's Office, DeSoto County, Mississippi do hereby sell, convey and warrant unto RONALD G. DAVIS and wife, BARBARA T. DAVIS, as tenants by the entirety with full rights of survivorship and not as tenants in common, the land lying and being situated in Olive Branch, DeSoto County, Mississippi, described as follows, to-wit:

Lot 15, Country Hollow Subdivision, situated in Section 29, Township 1 South, Range 6 West, DeSoto County, Mississippi as shown on plat of record in Plat Book 35, Page 37, in the Office of the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation, said property was acquired by Carlos L. Stephens, Sr. and wife, Lozell R. Stephens, as joint tenants with full rights of survivorship and not as tenants in common. The said Carlos L. Stephens, Sr. died on July 29, 2008 as evidenced by copy of his death certificate attached hereto and marked as Exhibit "A".

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GRANTOR'S ADDRESS:  
5190 Princeton Road  
Memphis, TN 38117  
Hm. Phone: 901-821-9022  
Wk. Phone: 901-473-3362

GRANTEE'S ADDRESS:  
7018 Dewberry Dr.  
Olive Branch, Ms 38654  
Hm. Phone: 662-890-1914  
Wk. Phone: 662-890-7914

PREPARED BY:  
JAMES E. WOODS  
WATKINS LUDLAM WINTER & STENNIS, P.A.  
P. O. Box 1456  
Olive Branch, MS 38654  
(662) 895-2996

WLWS #00931.32954

The warranty in this Deed is subject to subdivision and zoning regulations in effect in Olive Branch, Mississippi and easements as shown on plat of record and restrictive covenants of record for Country Hollow Subdivision. This conveyance is further subject to a Temporary Construction Easement to the City of Olive Branch recorded in Book 593, Page 200, Land Records, Chancery Clerk's Office, DeSoto County, Mississippi.

Taxes for the year 2009 shall be prorated as of the date of this instrument and possession is to take place upon the delivery of this Deed.

WITNESS MY SIGNATURE, this the 24<sup>th</sup> day of April, 2009.

Lozell R. Stephens  
LOZELL R. STEPHENS

BY: Sherry Carruth  
SHERRY CARRUTH  
Her Attorney-in-Fact

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<sup>th</sup> day of April, 2009, within my jurisdiction, the within named SHERRY CARRUTH, who acknowledged that she is Attorney-in-Fact for LOZELL R. STEPHENS, and that in said representative capacity she executed the above and foregoing instrument, after first having been duly authorized so to do.

James E. Woods  
NOTARY PUBLIC

My Commission Expires: 7-19-11



EXHIBIT "A"

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH  
VITAL RECORDS

TYPE OR PRINT WITH BLACK INK

CERTIFICATE OF DEATH STATE FILE NUMBER 128-08-016395

FILING DATE AUG 11 2008

DECEASED	1. NAME First Middle Last <b>CARLOS L. STEPHENS SR</b>	2. SEX <b>MALE</b>	3a. HOUR OF DEATH <b>5:20 PM</b>	3b. DATE OF DEATH (Month, Day, Year) <b>JULY 29, 2008</b>
If death occurred in an institution, see HANDBOOK regarding completion of RESIDENCE items	4. RACE (Specify White, Black, American Indian, etc.) <b>WHITE</b>	5a. AGE AT LAST BIRTHDAY <b>87</b>	5b. MOB <b>27</b>	5c. DAYS <b>27</b>
	5d. HOURS <b>27</b>	5e. MINS <b>27</b>	6. DATE OF BIRTH (Month, Day, Year) <b>JAN 18 1926</b>	7a. COUNTY OF DEATH <b>DESOTO</b>
	7b. CITY OR TOWN OF DEATH <b>OLIVE BRANCH</b>	7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) <b>7018 DEWBERRY COVE</b>	7d. IF IN HOSP. OR INST. SPECIFY INPT, OUTPT, EMER, RM, OR DOA <b>DOA</b>	7e. STATE OF BIRTH <b>IOWA</b>
For RESIDENCE items, enter actual location of home rather than mailing address	8. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>Elem/High School, College</b>	9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	10. SURVIVING SPOUSE (If wife, give maiden name) <b>LOZELL ROBERSON</b>	11. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) <b>YES</b>
	12. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) <b>AMERICAN</b>	13. SOCIAL SECURITY NUMBER <b>1-4-5+</b>	14. USUAL OCCUPATION (Kind of work done in most of working life) <b>ACCOUNTANT</b>	15. KIND OF BUSINESS OR INDUSTRY <b>OLI. REFINERY</b>
	16. RESIDENCE—STATE, CITY OR COUNTY <b>MS DESOTO</b>	17. CITY OR TOWN <b>OLIVE BRANCH</b>	18. RESIDENCE CITY LIMITS (Specify Yes or No) <b>YES</b>	19. STREET AND NUMBER OR RURAL LOCATION <b>7018 DEWBERRY COVE</b>
PARENTS	20. FATHER—NAME (Type or print) First Middle Last <b>HARRY DWIGHT STEPHENS</b>	21. MOTHER—NAME (Type or print) First Middle Maiden <b>CASSIE MAE BRIGGS</b>		
INFORMANT	22. INFORMANT—NAME (Type or print) <b>LOZELL STEPHENS</b>	23. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>7018 DEWBERRY COVE, OLIVE BRANCH, MS 38654</b>		
DISPOSITION	24. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	25. CEMETERY, CREMATORY—NAME <b>FOREST HILL SOUTH</b>	26. LOCATION (City and State) <b>MEMPHIS, TN</b>	27. EMBALMER—SIGNATURE AND NUMBER <b>EMBALMED IN TENNESSEE</b>
PRONOUNCEMENT	28. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER <b>FOREST HILL SOUTH F. H. 920 TN</b>	29. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>2545 EAST HOLMES ROAD, MEMPHIS, TN 38118</b>		
CERTIFIER	30. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) <b>Ruth Collier, RN</b>	31. DATE PRONOUNCED DEAD (Month, Day, Year) <b>July 29, 2008</b>	32. PRONOUNCED DEAD (Hour) (Minute) <b>5:20 pm</b>	
Mississippi State Board of Health Form No. 871 Revised 1-1-08	33. CERTIFIER—NAME (Type or print) <b>Jeffery Pouders</b>	34. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>4942 Pouders Rd, Nesbit, MS 38651</b>		
	35. SIGNATURE <i>Jeffery Pouders</i>	36. DATE SIGNED (Month, Day, Year) <b>August 1, 2008</b>	37. STATE LICENSE NUMBER <b>Desoto Co, 00000000</b>	38. TITLE <b>Desoto Co, 00000000</b>
	39. NAME OF ATTENDING PHYSICIAN—OTHER THAN CERTIFIER (Type or print)	40. DATE SIGNED (Month, Day, Year) <b>August 1, 2008</b>		
CAUSE OF DEATH	41. PART I: IMMEDIATE CAUSE (Immediate cause only) <b>Cancer of lungs</b>			Interval between onset and death
Conditions, if any, which gave rise to immediate cause causing the underlying cause last	42. DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): <b>(b)</b>			Interval between onset and death
	43. DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): <b>(c)</b>			Interval between onset and death
	44. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I			
Had Decedent been Pregnant Within 90 Days Prior to Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	45. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)	46. DATE OF INJURY (Month, Day, Year)	47. HOUR OF INJURY (Month, Day, Year)	48. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED
	49. INJURY AT WORK (Yes or No)	50. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)	51. 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

AUG 13 2008

Judy Moulder  
STATE REGISTRAR

WARNING:

A REPRODUCTION OF THIS DOCUMENT READERS 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