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DK W BK 649 PG 688
DESOTO COUNTY, MS
W.E. DAVIS, CH CLERK

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**Prepared by: First National Title, LLC, Lawrence F. Hatten, III, Attorney (MS Bar# 101536),
6880 Cobblestone Blvd, Ste 2, Southaven, MS 38672 (662) 892-6536**

**Return to: First National Title, LLC, 6880 Cobblestone Blvd, Ste 2, Southaven, MS 38672
(662) 892-6536**

WARRANTY DEED

**Grantor(s): Mary C Rowell, as Trustee of The Rowell Family Trust, A Revocable Living Trust
Address: P. O. Box 72
Carrolton, MS 38917
Phone: 662-237-6910 (Home) N/A (Work, if any)**

**Grantee(s): William Danny Burns and Glenda Ruth Burns
Address: 4160 Wheeler Road
Hernando, MS 38632
Phone: 662-429-5972(Home) 901-491-8932(Work, if any)**

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 which is hereby acknowledged, the undersigned Grantor, **MARY C ROWELL, AS TRUSTEE OF THE ROWELL FAMILY TRUST, A REVOCABLE LIVING TRUST**, do hereby sell, convey and warrant unto **WILLIAM DANNY BURNS AND GLENDA RUTH BURNS, husband and wife, as tenants by the entirety with full right of survivorship and not as tenants in common**, the following described property, together with the improvements, hereditaments and appurtenances thereunto belonging, located in the County of DeSoto, State of Mississippi, and more particularly described as follows, to-wit:

**A part of the Rinehart tract in part of Section 9 and 16; Township 4 South; Range 8 West, DeSoto County, Mississippi. Beginning at the southwest corner of Section 9; Township 4 South; Range 8 West; thence North 7 degrees 10' west 1320.0 feet along the west line of the Rinehart tract to the southwest corner of said tract, said point being a U.S. Government marker; thence north 85 degrees 25' east 315 feet along the north line of the Rinehart tract and the south line of the U.S.A. property to a point; thence south 7 degrees 10' east 1414 feet to a point in the centerline of Wheeler Road; thence north 84 degrees 04' west 323.08 feet along the center of said road to a point in the west line of Section 16; thence north 7 degrees 10' west 35 feet to the point of beginning, and being the identical property surveyed by J.P. Lauderdale, Civil Engineer, dated June 14, 1983.
Part of the SW Quarter of the SW Quarter of Section 9 and part of the NW corner of Section 16.**

***By way of explanation, Co-Trustee, Charlie C Rowell, departed this life on or about September 1, 2003, whereas a copy of the death certificate is available in the office of the Mississippi State Dept of Health Vital Records.**

Said lands are subject to rights of way and easements for public roads and for public utilities; to applicable building, zoning, subdivision and Health Department regulations; to the covenants, limitations and restrictions of record with the said recorded plat of said subdivision and to which reference is hereby made; to any matter which might be disclosed by a current, accurate survey and physical inspection of said lands.

Possession is given upon the delivery of this deed; taxes for the year 2010 shall be prorated among the parties.

WITNESS MY SIGNATURE this 29th day of December, 2010.

MARY C ROWELL, AS TRUSTEE OF THE ROWELL FAMILY TRUST, A REVOCABLE LIVING TRUST

By: Mary C Rowell
Mary C Rowell, Trustee

STATE OF MISSISSIPPI
COUNTY OF DESOTO

PERSONALLY appeared before me, the undersigned authority in and for the said county and state, on this the 29th day of December, 2010, within my jurisdiction, the within named Mary C Rowell, who acknowledged that she is the Trustee of The Rowell Family Trust, A Revocable Living Trust, and that for and on behalf of the said Trust and as its act and deed, she executed the above and foregoing instrument, after first having been duly authorized so to do.



[Signature]
Notary Public

(S E A L)

My Commission expires:

FILE #: S17918

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

DK W BK 649 PG 690

TYPE OR PRINT
IN BLACK INK

FILING DATE SEP 25 2003

CERTIFICATE OF DEATH STATE OF MISSISSIPPI

STATE FILE NUMBER 123- 03-019136

DECEASED	1. NAME First: Charlie Middle: C. Last: Rowell			2. SEX Male	3a. HOUR OF DEATH 5:30p m	3b. DATE OF DEATH (Month, Day, Year) 9-1-2003
	4. RACE (Specify White, Black, American Indian, etc.) White		5a. AGE AT LAST BIRTHDAY 74 Years		6. DATE OF BIRTH (Month, Day, Year) 5-23-1929	
	7b. CITY OR TOWN OF DEATH Hernando		7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) 3950 Wheeler Rd., Hernando, MS			8. STATE OF BIRTH MS
	9. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/High School		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married		11. SURVIVING SPOUSE (If wife, give maiden name) Mary Clark	
	13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) American		14. SOCIAL SECURITY NUMBER [REDACTED]		15a. USUAL OCCUPATION (Kind of work done most of working life) Welder	
	16a. RESIDENCE--STATE MS		16b. COUNTY DeSoto		16c. CITY OR TOWN Hernando	
	17. FATHER--NAME First: Blackshire Middle: Rowell Last: Rowell		18. MOTHER--NAME First: Vera Middle: Crump Maiden: Crump		19. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 3950 Wheeler Rd., Hernando, MS 38632	
	20a. BURIAL, CREMATION, REMOVAL (Specify) Burial		20b. CEMETERY, CREMATORY--NAME Evergreen Cemetery		20c. LOCATION (City and State) Carmolton, MS	
	21b. FUNERAL HOME--NAME AND MISSISSIPPI I.D. NUMBER Hernando Funeral Home 175		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 140 W. Commerce St., Hernando, MS 38632			
	22a. PERSON WHO PRONOUNCED DEATH--NAME AND TITLE (Type or print) Teresa High, R.N.			22b. PRONOUNCED DEAD (Month, Day, Year) ON Sept. 1, 2003		22c. PRONOUNCED DEAD (Hour, AT) 5:45P m
23a. CERTIFIER--NAME (Type or print) Jeffery Bouders			23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 4942 Bouders Rd., Neshit, MS 38651			
24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE: [Signature] MD			24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE: [Signature]			
24b. DATE SIGNED (Month, Day, Year)			24f. TITLE DeSoto County Coroner			
24c. STATE LICENSE NUMBER			24g. DATE SIGNED (Month, Day, Year) Sept. 8, 2003			
24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)						
25. PART I: IMMEDIATE CAUSE (Enter one cause only): (a) Cancer Of Brain Interval between onset and death						
DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):						
(b) Interval between onset and death						
DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):						
(c) Interval between onset and death						
26. PART II: OTHER SIGNIFICANT CONDITIONS--Conditions contributing to death but not resulting in the underlying cause						
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 (m.)		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 25 2003

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.



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.