
Prepared by and Return to:
Hugh H. Armistead, Attorney
MS Bar No. 1615
6879 Crumpler Boulevard, Suite 100
Olive Branch, MS 38654
662-895-4844

CASPER J. RINGLEY
4426 Broadway Road, Arlington, TN 38002-9740
Home No. (901) 386-3231; Business No. (901) 413-4309

GRANTOR,

TO

WARRANTY DEED

HENRY KREUNEN, II
6879 Crumpler Boulevard, Suite 200, Olive Branch, MS 38654
Home No. (901) 258-7764; Business No. (901) 258-7764

GRANTEE

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, **CASPER J. RINGLEY, a/k/a CASPER J. RINGLEY, JR., by and through his Attorney-In-Fact, Weida E. Ringley**, Grantor herein, does hereby sell, convey and warrant unto **Henry Kreunen, II**, the land lying and being situated in DeSoto County, Mississippi, described as follows, to-wit:

Lot 684, Section "D", Twin Lakes Subdivision, situated in Section 6, Township 2 South, Range 8 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 10, at Pages 32-33, in the Office of the Chancery Clerk of DeSoto County, Mississippi.

The warranty in this Deed is subject to subdivision and zoning regulations in effect in the City of Horn Lake and DeSoto County, Mississippi; to rights of ways and easements for public roads and public utilities shown or not shown on the public records; to the restrictive covenants of said subdivision; and to any prior conveyance or reservation of minerals of every kind and character, including, but not limited to oil, gas, sand and gravel in, on and under subject property.

By way of information, Grantor Casper J. Ringley, a/k/a Casper J. Ringley, Jr., is the surviving spouse of Vera R. Ringley, who departed this life on December 12, 1995, a copy of her death certificate being attached hereto as evidence thereof. That Weida E. Ringley, the current spouse of Grantor, executes this deed on behalf of Grantor pursuant to a Special Power of Attorney To Sell Real Estate, the original of same being recorded herewith, and that this property does not constitute any part of their homestead.

Taxes for the year 2011 are to be prorated, and possession is to take place upon delivery of this deed.

WITNESS THE AUTHORIZED SIGNATURE OF THE GRANTOR, this the 16th day of February, 2011.

CASPER J. RINGLEY, a/k/a
CASPER J. RINGLEY, JR.

BY: Weida E. Ringley
WEIDA E. RINGLEY,
ATTORNEY-IN-FACT

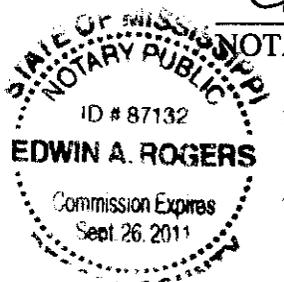
STATE OF MISSISSIPPI
COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and for the said county and state, on this 16th day of February, 2011, within my jurisdiction, the within named WEIDA J. RINGLEY, who acknowledged that she is Attorney-In-Fact for CASPER J. RINGLEY, a/k/a CASPER J. RINGLEY, JR., and that and that in said representative capacity, she executed the above and foregoing instrument, after first having been duly authorized to do so.

Edwin A. Rogers

NOTARY PUBLIC

My Commission Expires: 09/26/11



MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

DK W BK 652 PG 243

CERTIFICATE OF DEATH

STATE FILE NUMBER 123-

TYPE OR PRINT WITH BLACK INK

FILING DATE JAN 0 8 1996

DECEASED	1. NAME First Middle Last <i>Vera Eugenia Ray Ringley</i>		2. SEX <i>Female</i>	3a. HOUR OF DEATH <i>5:49p m</i>	3b. DATE OF DEATH (Month, Day, Year) <i>December 12, 1995</i>			
If death occurred in an institution, see HANDBOOK, regarding completion of RESIDENCE items	4. RACE (Specify White, Black, American Indian, etc.) <i>White</i>	5a. AGE AT LAST BIRTHDAY <i>66</i> Years	5b. MOS <i>1-4</i>	5c. DAYS <i>5+</i>	5d. HOURS <i>5+</i>	5e. MINS <i>5+</i>	6. DATE OF BIRTH (Month, Day, Year) <i>Oct. 31, 1928</i>	7a. COUNTY OF DEATH <i>DeSoto</i>
	7b. CITY OR TOWN OF DEATH <i>Southaven</i>	7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) <i>Baptist Memorial Hosp. (DeSoto)</i>			7d. IF IN HOSP. OR INST. SPECIFY INPT. OUTPT. EMER. RM. OR DOA <i>EMER. RM.</i>	8. STATE OF BIRTH <i>MS</i>		
For RESIDENCE items, enter actual location of home rather than mailing address	9. DECEDENT'S EDUCATION (Specify only highest grade completed) <i>Elem/High School, College</i>	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	11. SURVIVING SPOUSE (If wife, give maiden name) <i>Casper Ringley</i>		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) <i>NO</i>			
	13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) <i>American</i>	14. [REDACTED]	15a. USUAL OCCUPATION (Kind of work done, most of working life) <i>Housewife</i>		15b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>			
15a. RESIDENCE—STATE <i>MS</i>	15b. COUNTY <i>DeSoto</i>	15c. CITY OR TOWN <i>Walls</i>	16a. INSIDE CITY LIMITS (Specify Yes or No)	16b. STREET AND NUMBER OR RURAL LOCATION <i>5550 Winterwood</i>				
PARENTS	17. FATHER—NAME First Middle Last <i>Joseph Bryant Ray</i>			18. MOTHER—NAME First Middle Maiden <i>Lucy Ann Hannah</i>				
INFORMANT	19a. INFORMANT—NAME (Type or print) <i>Casper Ringley</i>			19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <i>5550 Winterwood, Walls, MS 38680</i>				
DISPOSITION	20a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	20b. CEMETERY, CREMATORY—NAME <i>Twin Oaks Memorial Southaven, MS</i>		20c. LOCATION (City and State) <i>Southaven, MS</i>		21a. EMBALMER—SIGNATURE AND NUMBER <i>Michael McQueen F5680</i>		
	21b. FUNERAL HOME—NAME AND MISSISSIPPI I.O. NUMBER <i>Twin Oaks Funeral Home 17-T</i>			21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <i>290 Goodman Rd. East, Southaven, MS 38671</i>				
PRONOUNCEMENT	22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) <i>Jeffery Pounders, DeSoto CMEI</i>			22b. PRONOUNCED DEAD (Month, Day, Year) <i>ON Dec. 12, 1995</i>	22c. PRONOUNCED DEAD (Hour) AT m. <i>AT</i>			
CERTIFIER	23a. CERTIFIER—NAME (Type or print) <i>Jeffery Pounders</i>			23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <i>4942 Pounders Rd., Nesbit, MS 38651</i>				
	24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE <i>Jeffery Pounders</i>		24b. DATE SIGNED (Month, Day, Year)	24c. STATE LICENSE NUMBER	24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)			
Mississippi State Board of Health Form No. 511 Revised 1-1-89	24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE <i>Jeffery Pounders</i>		24f. TITLE <i>DeSoto County CMEI</i>	24g. DATE SIGNED (Month, Day, Year) <i>12/20/1995</i>				
	CAUSE OF DEATH							
Conditions, if any, which gave rise to immediate cause stating the underlying cause last	25. PART I: DEATH CAUSED BY:	IMMEDIATE CAUSE (Enter one cause only): (a) <i>Hypertension</i>				Interval between onset and death		
		DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):				Interval between onset and death		
		DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):				Interval between onset and death		
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) <i>NO</i>	28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) <i>YES</i>	
Use if death NOT due to natural causes	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

F. E. Thompson Jr. MD
F. E. Thompson, Jr., M.D., M.P.H.
STATE HEALTH OFFICER

Nita Cox Gunter
Nita Cox Gunter
STATE REGISTRAR

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