

4/26/11 9:18:53  
DK W BK 656 PG 126  
DESDOTO COUNTY, MS  
W.E. DAVIS, CH CLERK

5/23/11 9:45:22  
DK W BK 657 PG 726  
DESDOTO COUNTY, MS  
W.E. DAVIS, CH CLERK

This deed is being re-recorded to correct the Heirship Affidavits

Prepared by and Return to:  Austin Law Firm, P.A. 6928 Cobblestone Drive Suite 100 Southaven, MS 38672 662-890-7575 MS Bar #3412  File No: n/a 504-11-0191	Grantors Address: 1102 Brandywine Southaven, MS 38671	Grantees Address: 1102 Brandywine Southaven, MS 38671
	Home: 901-239-6734 Work: N/A	Home: 901-239-6734 Work: N/A

INDEXING INSTRUCTIONS: Northwest Quarter of the Northeast Quarter of Section 16, Township 3 South, Range 9 West.

**QUITCLAIM DEED**

DAVID ALLEN BARONI A/KA  
DAVID ALLEN PARSONS  
GRANTOR

TO

JAMES C. PARSONS,  
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, David Allen Baroni a/k/a David Allen Parsons, does hereby sell, convey, and quitclaim unto James C. Parsons, the land lying and being situated in DeSoto County, Mississippi, described as follows, to-wit:

Attached hereto

Possession is given with this deed.

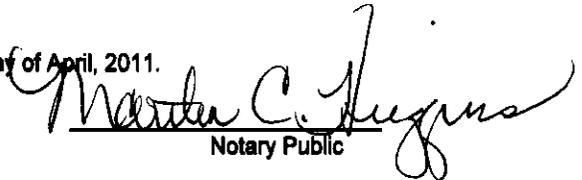
WITNESS my signature(s), this the 5<sup>th</sup> day of April, 2011.

  
DAVID ALLEN BARONI A/K/A  
DAVID ALLEN PARSONS

STATE OF MISSISSIPPI:  
COUNTY OF DESOTO:

PERSONALLY APPEARED before me, the undersigned authority at law, in and for the State and County aforesaid, the within named, David Allen Baroni a/k/a David Allen Parsons, who acknowledged that he signed and delivered the above and foregoing Deed on the day and year therein mentioned, as his free act and deed, and for the purposed therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the 5<sup>th</sup> day of April, 2011.

  
Notary Public

My commission expires:



NO TITLE WORK PERFORMED OR REQUESTED

# EXHIBIT A

Beginning at the north west corner of the northeast quarter of the northwest quarter of the northeast quarter of section 16, township 3, range 9 west, running thence south 313 feet to a stake, running thence east  $118\frac{1}{2}$  feet to a stake, running thence north 313 feet to Highway No. 3, thence due west  $118\frac{1}{2}$  feet to the beginning point.

Lying in the NE  $\frac{1}{4}$  of Section 16, Township 3 South, Range 9 West.

Less + Except 0.02 acres conveyed to State Highway Commission of Mississippi in Book 46, Page 19.



HEIRSHIP AFFIDAVIT

(Heirship of GERTRUDE LUTZ BARONI Deceased)

STATE OF MISSISSIPPI

COUNTY OF DESOTO

~~Joe Baroni~~

Joseph R. Baroni, Sr.

of lawful age, being first duly sworn, upon his oath deposes and says:

That he was personally well acquainted with the above decedent, during his lifetime, having known <sup>her</sup> ~~him~~ for 10 years, and that affiant bears the following relationship to the said decedent, to wit:

brother-in-law

Affiant further states that the said decedent departed this life at \_\_\_\_\_, in Shelby County, State of Tennessee, on or about February 2, 68, being 29 years old at the date of <sup>her</sup> ~~his~~ death.

Affiant further states that he was well acquainted with the family and near relatives of the said decedent, and with all those who would under the laws of the State of Mississippi, be his heirs, and that the following statements and the answers to the following named questions are based upon the personal knowledge of affiant and are true and correct:

QUESTION 1 - Did the decedent leave a will? ANSWER: NO

QUESTION 2 - If so, has the will been admitted to probate - at what place, and when? ANSWER: N/A

QUESTION 3 - Has an administrator been appointed for the estate of said deceased? ANSWER: NO

QUESTION 4 - If so, give the County in which the said administration proceedings are pending, and the name and address of the administrator. ANSWER: N/A

QUESTION 5 - Did the decedent receive the benefit of any Medicaid payments? ANSWER: Yes \_\_\_\_\_ No X  
If yes, attach copy of Division of Medicaid Waiver of Recovery pursuant to Section 43-13-317.

QUESTION 6 - Give the name and address of the surviving widow or widower of decedent. ANSWER: James C. Parsons  
If not living, state date of death \_\_\_\_\_

QUESTION 7 - If the decedent was married more than once, give the name of the former husband or wife, and state whether said former spouse is dead or divorced. ANSWER: David Baroni, deceased

QUESTION 8 - On the blank lines below, give the names and places of residence of all surviving children of deceased, together with the other information called for: ANSWER: (Give names of surviving children only)

	NAME OF CHILD	DATE OF BIRTH	IF NOT LIVING DATE OF DEATH	NAME OF HUSBAND OR WIFE	ADDRESS OR IF NOT LIVING DATE OF DEATH
1.	<u>David Allen Baroni aka</u>	<u>7/7/59</u>			
2.	<u>David Allen Parsons</u>				
3.					
4.					

QUESTION 9 - Give below the names of any deceased children of the decedent, together with the other information called for: ANSWER:

	NAME OF CHILD	DATE OF BIRTH	DATE OF DEATH	SURVIVING HUSBAND OR WIFE	IF NOT LIVING DATE OF DEATH
1.					
2.					
3.					
4.					

QUESTION 10 - Give the names of the children of any deceased son or daughter of the decedent: ANSWER:

	NAME OF CHILD	DATE OF BIRTH	ADDRESS OR IF NOT LIVING, DATE OF DEATH	NAME OF FATHER AND MOTHER
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

QUESTION 11 - Did the decedent have any adopted children, or step-children taken into his home?

ANSWER: Yes \_\_\_\_\_ No  IF SO, WRITE THEIR NAMES, AGES, AND ADDRESSES IN THE BLANK LINES BELOW:

	NAME	AGE	ADDRESS
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

QUESTION 12 - Did the decedent leave any unpaid debts; and if so, give as nearly as possible, the amount of such debts, and whether they have since been paid. ANSWER: no

QUESTION 13 - If the decedent left no children, then give below the names and addresses (together with other information called for), of his surviving father, mother, brothers and sisters: ANSWER:

	NAME	RELATIONSHIP	AGE	ADDRESS, OR IF NOT LIVING, DATE OF DEATH
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

QUESTION 14 - If the deceased left no children nor children of a deceased child, then give below the names of any deceased brothers and sisters of the decedent, together with the other information called for: ANSWER:

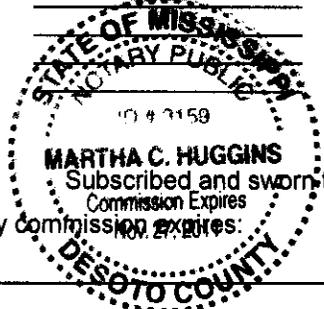
	NAME OF BROTHERS/SISTERS	DATE OF BIRTH	DATE OF DEATH	SURVIVING CHILDREN	IF NOT LIVING DATE OF DEATH
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

Subscribed and sworn to before me this 19th day of April, 2011.

My commission expires: \_\_\_\_\_

*Joseph R. Brown Jr.*  
Affiant

*Martha C. Huggins*  
Notary Public



**CORROBORATION AFFIDAVIT**

STATE OF Mississippi (To be signed by some person other than the one making the foregoing affidavit.)  
COUNTY OF DeSoto

Lillian Jane Brown Wright  
of lawful age, being first duly sworn, upon his oath states: That the information given in the above and foregoing affidavit, made by \_\_\_\_\_

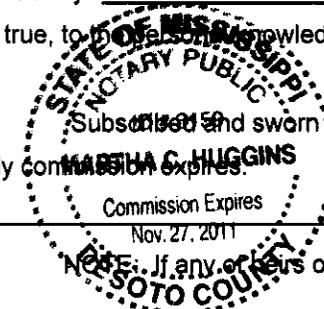
is true, to the best of his knowledge of this affiant.

Subscribed and sworn to before me this 19th day of April, 2011.

My commission expires: \_\_\_\_\_

*Lillian Jane Brown Wright*  
Corroborating Affiant

*Martha C. Huggins*  
Notary Public



NOTE: If any of heirs of decedent have died since his death, secure separate proof of heirship as to each.



HEIRSHIP AFFIDAVIT

(Heirship of David Baroni Deceased)

STATE OF MISSISSIPPI  
COUNTY OF DESOTO

Joseph R. Baroni, Sr

of lawful age, being first duly sworn, upon his oath deposes and says:

That he was personally well acquainted with the above decedent, during his lifetime, having known him for 24 years, and that affiant bears the following relationship to the said decedent, towit: brother

Affiant further states that the said decedent departed this life at \_\_\_\_\_, in Shelby County, State of Tennessee, on or about March 6, 1964, being 24 years old at the date of his death.

Affiant further states that he was well acquainted with the family and near relatives of the said decedent, and with all those who would under the laws of the State of Mississippi, be his heirs, and that the following statements and the answers to the following named questions are based upon the personal knowledge of affiant and are true and correct:

QUESTION 1 - Did the decedent leave a will? ANSWER: NO

QUESTION 2 - If so, has the will been admitted to probate - at what place, and when? ANSWER: N/A

QUESTION 3 - Has an administrator been appointed for the estate of said deceased? ANSWER: NO

QUESTION 4 - If so, give the County in which the said administration proceedings are pending, and the name and address of the administrator. ANSWER: N/A

QUESTION 5 - Did the decedent receive the benefit of any Medicaid payments? ANSWER: Yes \_\_\_\_\_ No X  
If yes, attach copy of Division of Medicaid Waiver of Recovery pursuant to Section 43-13-317.

QUESTION 6 - Give the name and address of the surviving widow or widower of decedent. ANSWER: Gertrude Hutz Baroni If not living, state date of death February 2, 1968

QUESTION 7 - If the decedent was married more than once, give the name of the former husband or wife, and state whether said former spouse is dead or divorced. ANSWER: N/A

QUESTION 8 - On the blank lines below, give the names and places of residence of all surviving children of deceased, together with the other information called for: ANSWER: (Give names of surviving children only)

	NAME OF CHILD	DATE OF BIRTH	IF NOT LIVING DATE OF DEATH	NAME OF HUSBAND OR WIFE	ADDRESS OR IF NOT LIVING DATE OF DEATH
1.	<u>David Allen Baroni aka</u>	<u>7/7/59</u>			
2.	<u>David Allen Parsons</u>				
3.					
4.					

QUESTION 9 - Give below the names of any deceased children of the decedent, together with the other information called for: ANSWER:

	NAME OF CHILD	DATE OF BIRTH	DATE OF DEATH	SURVIVING HUSBAND OR WIFE	IF NOT LIVING DATE OF DEATH
1.					
2.					
3.					
4.					

QUESTION 10 - Give the names of the children of any deceased son or daughter of the decedent: ANSWER:

	NAME OF CHILD	DATE OF BIRTH	ADDRESS OR IF NOT LIVING, DATE OF DEATH	NAME OF FATHER AND MOTHER
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

QUESTION 11 - Did the decedent have any adopted children, or step-children taken into his home?

ANSWER: Yes \_\_\_\_\_ No X IF SO, WRITE THEIR NAMES, AGES, AND ADDRESSES IN THE BLANK LINES BELOW:

	NAME	AGE	ADDRESS
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

QUESTION 12 - Did the decedent leave any unpaid debts; and if so, give as nearly as possible, the amount of such debts, and whether they have since been paid. ANSWER: NO

QUESTION 13 - If the decedent left no children, then give below the names and addresses (together with other information called for), of his surviving father, mother, brothers and sisters: ANSWER:

	NAME	RELATIONSHIP	AGE	ADDRESS, OR IF NOT LIVING, DATE OF DEATH
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

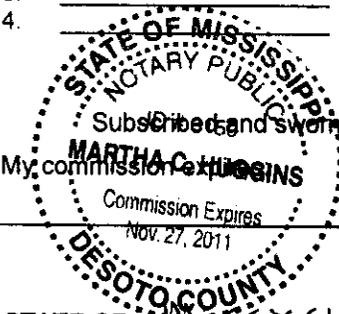
QUESTION 14 - If the deceased left no children nor children of a deceased child, then give below the names of any deceased brothers and sisters of the decedent, together with the other information called for: ANSWER:

	NAME OF BROTHERS/SISTERS	DATE OF BIRTH	DATE OF DEATH	SURVIVING CHILDREN	IF NOT LIVING DATE OF DEATH
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

Subscribed and sworn to before me this 19th day of April, 2011.

Joseph R. Baroni Sr  
Affiant

Martha C. Huggins  
Notary Public



CORROBORATION AFFIDAVIT

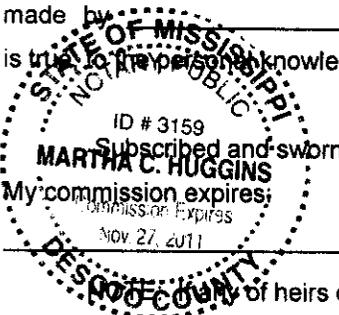
STATE OF Mississippi (To be signed by some person other than the one making the foregoing affidavit.)  
 COUNTY OF Desoto  
Lillian Jane Baroni Wright

of lawful age, being first duly sworn, upon his oath states: That the information given in the above and foregoing affidavit, made by \_\_\_\_\_ is true to the personal knowledge of this affiant.

Lillian Jane Baroni Wright  
Corroborating Affiant

Subscribed and sworn to before me this 19th day of April, 2011.

Martha C. Huggins  
Notary Public



\_\_\_\_\_ of heirs of decedent have died since his death, secure separate proof of heirship as to each.



HEIRSHIP AFFIDAVIT

(Heirship of David Baroni Deceased)

STATE OF MISSISSIPPI  
COUNTY OF DESOTO

Lillian Jane Baroni Wright  
of lawful age, being first duly sworn, upon his oath deposes and says:

That he was personally well acquainted with the above decedent, during his lifetime, having known him for 24 years, and that affiant bears the following relationship to the said decedent, towit: Sister

Affiant further states that the said decedent departed this life at \_\_\_\_\_, in shelby County, State of Tennessee on or about March 1964, being 24 years old at the date of his death.

Affiant further states that he was well acquainted with the family and near relatives of the said decedent, and with all those who would under the laws of the State of Mississippi, be his heirs, and that the following statements and the answers to the following named questions are based upon the personal knowledge of affiant and are true and correct:

QUESTION 1 - Did the decedent leave a will? ANSWER: No

QUESTION 2 - If so, has the will been admitted to probate - at what place, and when? ANSWER: \_\_\_\_\_

QUESTION 3 - Has an administrator been appointed for the estate of said deceased? ANSWER: no

QUESTION 4 - If so, give the County in which the said administration proceedings are pending, and the name and address of the administrator. ANSWER: \_\_\_\_\_

QUESTION 5 - Did the decedent receive the benefit of any Medicaid payments? ANSWER: Yes \_\_\_\_\_ No X  
If yes, attach copy of Division of Medicaid Waiver of Recovery pursuant to Section 43-13-317.

QUESTION 6 - Give the name and address of the surviving widow or widower of decedent. ANSWER: Gertrude hutz Baroni If not living, state date of death February 2, 1968

QUESTION 7 - If the decedent was married more than once, give the name of the former husband or wife, and state whether said former spouse is dead or divorced. ANSWER: \_\_\_\_\_

QUESTION 8 - On the blank lines below, give the names and places of residence of all surviving children of deceased, together with the other information called for: ANSWER: (Give names of surviving children only)

	NAME OF CHILD	DATE OF BIRTH	IF NOT LIVING DATE OF DEATH	NAME OF HUSBAND OR WIFE	ADDRESS OR IF NOT LIVING DATE OF DEATH
1.	<u>David Allen Baroni</u>	<u>7/7/59</u>	_____	_____	_____
2.	<u>David Allen Baroni</u>	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

QUESTION 9 - Give below the names of any deceased children of the decedent, together with the other information called for: ANSWER:

	NAME OF CHILD	DATE OF BIRTH	DATE OF DEATH	SURVIVING HUSBAND OR WIFE	IF NOT LIVING DATE OF DEATH
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

QUESTION 10 - Give the names of the children of any deceased son or daughter of the decedent: ANSWER:

	NAME OF CHILD	DATE OF BIRTH	ADDRESS OR IF NOT LIVING, DATE OF DEATH	NAME OF FATHER AND MOTHER
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

QUESTION 11 - Did the decedent have any adopted children, or step-children taken into his home?

ANSWER: Yes \_\_\_\_\_ No X IF SO, WRITE THEIR NAMES, AGES, AND ADDRESSES IN THE BLANK LINES BELOW:

	NAME	AGE	ADDRESS
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

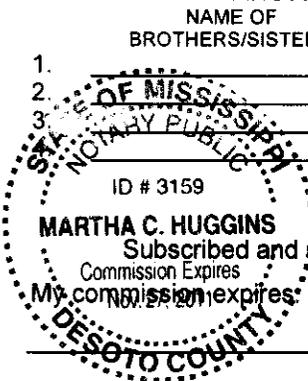
QUESTION 12 - Did the decedent leave any unpaid debts; and if so, give as nearly as possible, the amount of such debts, and whether they have since been paid. ANSWER: no

QUESTION 13 - If the decedent left no children, then give below the names and addresses (together with other information called for), of his surviving father, mother, brothers and sisters: ANSWER:

	NAME	RELATIONSHIP	AGE	ADDRESS, OR IF NOT LIVING, DATE OF DEATH
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

QUESTION 14 - If the deceased left no children nor children of a deceased child, then give below the names of any deceased brothers and sisters of the decedent, together with the other information called for: ANSWER:

	NAME OF BROTHERS/SISTERS	DATE OF BIRTH	DATE OF DEATH	SURVIVING CHILDREN	IF NOT LIVING DATE OF DEATH
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____



Joseph R. Baroni Sr.  
Affiant  
Subscribed and sworn to before me this 19th day of April, 2011.  
Martha C. Huggins  
Notary Public

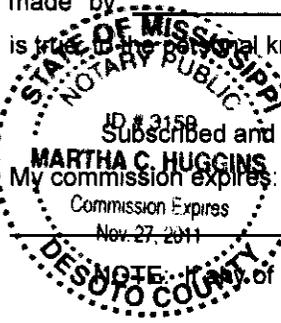
**CORROBORATION AFFIDAVIT**

STATE OF Mississippi (To be signed by some person other than the one making the foregoing affidavit.)  
COUNTY OF DeSoto  
Joseph R. Baroni, Sr.

of lawful age, being first duly sworn, upon his oath states: That the information given in the above and foregoing affidavit, made by \_\_\_\_\_

is true to the best of his personal knowledge of this affiant.

Joseph R. Baroni Sr.  
Corroborating Affiant  
Subscribed and sworn to before me this 19th day of April, 2011.  
Martha C. Huggins  
Public



NOTE: If any of heirs of decedent have died since his death, secure separate proof of heirship as to each.



HEIRSHIP AFFIDAVIT

(Heirship of GERTRUDE LUTZ BARONI Deceased)

STATE OF MISSISSIPPI  
COUNTY OF DESOTO

Lillian Jane Baroni Wright  
of lawful age, being first duly sworn, upon his oath deposes and says:

That he was personally well acquainted with the above decedent, during his lifetime, having known <sup>her</sup> him for 11 years, and that affiant bears the following relationship to the said decedent, to wit: Sister - in - law

Affiant further states that the said decedent departed this life at \_\_\_\_\_, in Shelby County, State of Tennessee, on or about February 2, 68, being 29 years old at the date of his death.

Affiant further states that he was well acquainted with the family and near relatives of the said decedent, and with all those who would under the laws of the State of Mississippi, be his heirs, and that the following statements and the answers to the following named questions are based upon the personal knowledge of affiant and are true and correct:

QUESTION 1 - Did the decedent leave a will? ANSWER: NO

QUESTION 2 - If so, has the will been admitted to probate - at what place, and when? ANSWER: \_\_\_\_\_

QUESTION 3 - Has an administrator been appointed for the estate of said deceased? ANSWER: NO

QUESTION 4 - If so, give the County in which the said administration proceedings are pending, and the name and address of the administrator. ANSWER: \_\_\_\_\_

QUESTION 5 - Did the decedent receive the benefit of any Medicaid payments? ANSWER: Yes \_\_\_\_\_ No X  
If yes, attach copy of Division of Medicaid Waiver of Recovery pursuant to Section 43-13-317.

QUESTION 6 - Give the name and address of the surviving widow or widower of decedent. ANSWER: \_\_\_\_\_  
If not living, state date of death \_\_\_\_\_

QUESTION 7 - If the decedent was married more than once, give the name of the former husband or wife, and state whether said former spouse is dead or divorced. ANSWER: David Baroni, deceased

QUESTION 8 - On the blank lines below, give the names and places of residence of all surviving children of deceased, together with the other information called for: ANSWER: (Give names of surviving children only)

	NAME OF CHILD	DATE OF BIRTH	IF NOT LIVING DATE OF DEATH	NAME OF HUSBAND OR WIFE	ADDRESS OR IF NOT LIVING DATE OF DEATH
1.	<u>David Allen Baroni</u>	<u>7/7/59</u>	_____	_____	_____
2.	<u>David Allen Parsons</u>	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

QUESTION 9 - Give below the names of any deceased children of the decedent, together with the other information called for: ANSWER:

	NAME OF CHILD	DATE OF BIRTH	DATE OF DEATH	SURVIVING HUSBAND OR WIFE	IF NOT LIVING DATE OF DEATH
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

QUESTION 10 - Give the names of the children of any deceased son or daughter of the decedent: ANSWER:

	NAME OF CHILD	DATE OF BIRTH	ADDRESS OR IF NOT LIVING, DATE OF DEATH	NAME OF FATHER AND MOTHER
1.				
2.				
3.				
4.				

QUESTION 11 - Did the decedent have any adopted children, or step-children taken into his home?

ANSWER: Yes \_\_\_\_\_ No  IF SO, WRITE THEIR NAMES, AGES, AND ADDRESSES IN THE BLANK LINES BELOW:

	NAME	AGE	ADDRESS
1.			
2.			
3.			
4.			
5.			

QUESTION 12 - Did the decedent leave any unpaid debts; and if so, give as nearly as possible, the amount of such debts, and whether they have since been paid. ANSWER: no

QUESTION 13 - If the decedent left no children, then give below the names and addresses (together with other information called for), of his surviving father, mother, brothers and sisters: ANSWER:

	NAME	RELATIONSHIP	AGE	ADDRESS, OR IF NOT LIVING, DATE OF DEATH
1.				
2.				
3.				
4.				
5.				

QUESTION 14 - If the deceased left no children nor children of a deceased child, then give below the names of any deceased brothers and sisters of the decedent, together with the other information called for: ANSWER:

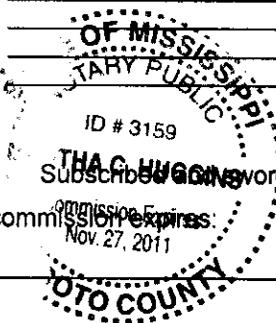
	NAME OF BROTHERS/SISTERS	DATE OF BIRTH	DATE OF DEATH	SURVIVING CHILDREN	IF NOT LIVING DATE OF DEATH
1.					
2.					
3.					
4.					

Subscribed and sworn to before me this 19th day of April, 2011.

Lillian Jane Baroni Wright  
Affiant

Martha C. Huggins  
Notary Public

My commission expires: Nov. 27, 2011



CORROBORATION AFFIDAVIT

STATE OF Mississippi (To be signed by some person other than the one making the foregoing affidavit.)  
 COUNTY OF DeSoto  
Joseph R. Baroni, Sr.

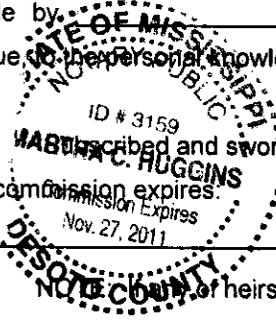
of lawful age, being first duly sworn, upon his oath states: That the information given in the above and foregoing affidavit, made by \_\_\_\_\_ is true to his personal knowledge of this affiant.

Subscribed and sworn to before me this 19th day of April, 2011.

Joseph R. Baroni, Sr.  
Corroborating Affiant

Martha C. Huggins  
Notary Public

My commission expires: Nov. 27, 2011



\_\_\_\_\_ of heirs of decedent have died since his death, secure separate proof of heirship as to each.