

* PREPARED BY & RETURN TO:
AUSTIN LAW FIRM, P.A.
ATTORNEYS AT LAW
8928 COBBLESTONE DRIVE, SUITE 100
SOUTHAVEN, MS. 38672
662-890-7575

S07-11-0396

Prepared by: Law Offices of Shannon H. Williams, P.C. * MBN#100412 * 5960 Getwell Rd. Ste. 212-B * Southaven, MS
38672 * (662)895-9000 * (662)895-6000 (fax) * RE11-086

INDEXING INSTRUCTIONS: NW ¼ of Section 32, Township 1 South, Range 8 West, DeSoto County, MS.

Grantors Address:
2222 HWY 64
WYNNE, AR 72396
Phone: 870-588-6266
Phone: N/A

Grantees Address:
4567 GOODMAN ROAD
HORN LAKE, MS 38637
Phone: 662-890-7575
Phone: N/A

Grantors Address:
2165 ST. ANDREW DRIVE
HIGHLAND VILLAGE, TX 75077
Phone: 469-964-1632
Phone: N/A

**ESTATE OF JOHN RAYMOND SPARKS
GARY RAYMOND SPARKS AND MARIE S. BELL**

GRANTOR (S))
)
TO)
)
)
)

WARRANTY DEED

**BRENDA K. WATKINS
GRANTEE (S)**

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, **GARY RAYMOND SPARKS** as **EXECUTOR** of the **ESTATE OF JOHN RAYMOND SPARKS, GARY RAYMOND SPARKS, BENEFICIARY AND MARIE S. BELL, BENEFICIARY** and by the power conferred by the laws of the State of Mississippi, and every other power, , hereinafter referred to as "Grantor", do hereby sell, convey and warrant unto **BRENDA K. WATKINS, IN FEE SIMPLE** hereinafter referred to as "Grantee" the land lying and being situated in DeSoto County, Mississippi, described as follows, to-wit:

A tract or parcel of land containing 3.81 acres, more or less, lying and being situated in Section Thirty-two (32), Township One South (1), Range Eight (8) West, more particularly described as follows, to wit:

BEGINNING at a stake in the South right-of-way of Goodman Road, which point is 297 feet West of the Northeast Corner of the Northwest Quarter of Section 32, Township 1 South, Range 8 West and 50 feet South of said section line; thence South 642 feet to a stake; thence West 259 feet to a stake; thence North 642 feet to the South right-of-way line of Goodman Road; thence East 259 feet to the point of beginning, containing 3.81 acres more or less.

LESS AND EXCEPT: That property conveyed to Mississippi Transportation Commission in Warranty Deed Book 285, Page 247.

Property more commonly known as: 4567 GOODMAN ROAD, HORN LAKE, MS 38637.

The warranty in this deed is subject to rights of ways and easements for public roads and public utilities, to building, zoning, subdivision, and health department regulations in effect in DeSoto County, Mississippi.

Right of way to MP & L in Book 25, Page 636 in the Chancery Clerk of DeSoto County, MS.

Right of way to Mississippi Transportation Commission in Book 285, Page 247 in the Chancery Clerk of DeSoto County, MS.

Easement to USA in Book 320, Page 288 in the Chancery Clerk of DeSoto County, MS.

Easement to City of Horn Lake, Mississippi in Book 524, Page 660 in the Chancery Clerk of DeSoto County, MS.

By way of explanation Shirley O Sparks departed this life on April 10, 2003 and whose death certificate is attached hereto and made a part hereof. John R. Sparks was one and the same as John Raymond Sparks who also departed this life on October 30, 2009 and whose death certificate is also attached hereto and made a part hereof.

This Deed is executed by authority granted by Order of the Chancery Clerk of DeSoto County, MS in Cause No. 11-08-1615 (ML).

2011 Taxes shall be pro-rated and possession is to be given with delivery of this deed.

WITNESS OUR SIGNATURES, this day of August, 2011.

ESTATE OF JOHN RAYMOND SPARKS

Gary Raymond Sparks
GARY RAYMOND SPARKS, EXECUTOR

Gary Raymond Sparks
GARY RAYMOND SPARKS, BENEFICIARY

MARIE S. BELL, BENEFICIARY

STATE OF Mississippi

COUNTY OF DeSoto

Personally appeared before me, CRIS O. MCCAMMON the undersigned authority, a Notary Public in and for the said county and state, on this 12th day of AUGUST, 2011, within my jurisdiction, the within named GARY RAYMOND SPARKS, who acknowledged that HE is EXECUTRIX of the ESTATE OF JOHN RAYMOND SPARKS and that in said representative capacity HE executed the above and foregoing WARRANTY DEED, after first having been duly authorized so to do.

Witness my hand and official seal, this the 12th day of August, 2011.

My Commission Expires:

04/07/15



Cris O. McCammon
Notary Public

(SEAL)

STATE OF Mississippi

COUNTY OF DeSoto

Personally appeared before me, the undersigned authority in and for the said county and state, on this 12th day of AUGUST, 2011, within my jurisdiction, the within named GARY RAYMOND SPARKS, BENEFICIARY, who acknowledged that he executed the above and foregoing instrument as his free and voluntary act and deed and for the purposes herein expressed.

Witness my hand and official seal, this the 12th day of August, 2011.



Cris O. McCammon
Notary Public

My Commission Expires:

04/07/15

(SEAL)

STATE OF _____

COUNTY OF _____

Personally appeared before me, the undersigned authority in and for the said county and state, on this _____ day of AUGUST, 2011, within my jurisdiction, the within named MARIE S. BELL, BENEFICIARY, who acknowledged that she executed the above and foregoing instrument as her free and voluntary act and deed and for the purposes herein expressed.

Witness my hand and official seal, this the _____ day of August, 2011.

Notary Public

My Commission Expires:

(SEAL)

The warranty in this deed is subject to rights of ways and easements for public roads and public utilities, to building, zoning, subdivision, and health department regulations in effect in DeSoto County, Mississippi.

Right of way to MP & L in Book 25, Page 636 in the Chancery Clerk of DeSoto County, MS.

Right of way to Mississippi Transportation Commission in Book 285, Page 247 in the Chancery Clerk of DeSoto County, MS.

Easement to USA in Book 320, Page 288 in the Chancery Clerk of DeSoto County, MS.

Easement to City of Horn Lake, Mississippi in Book 524, Page 660 in the Chancery Clerk of DeSoto County, MS.

By way of explanation Shirley O Sparks departed this life on April 10, 2003 and whose death certificate is attached hereto and made a part hereof. John R. Sparks was one and the same as John Raymond Sparks who also departed this life on October 30, 2009 and whose death certificate is also attached hereto and made a part hereof.

This Deed is executed by authority granted by Order of the Chancery Clerk of DeSoto County, MS in Cause No. 11-08-1615 (ML).

2011 Taxes shall be pro-rated and possession is to be given with delivery of this deed.

WITNESS OUR SIGNATURES, this day of August, 2011.

ESTATE OF JOHN RAYMOND SPARKS

GARY RAYMOND SPARKS, EXECUTOR

GARY RAYMOND SPARKS, BENEFICIARY

Marie S. Bell
MARIE S. BELL, BENEFICIARY

STATE OF Mississippi

COUNTY OF DeSoto

Personally appeared before me, CRIS O. MCCAMMON the undersigned authority, a Notary Public in and for the said county and state, on this 12th day of AUGUST, 2011, within my jurisdiction, the within named GARY RAYMOND SPARKS, who acknowledged that HE is EXECUTRIX of the ESTATE OF JOHN RAYMOND SPARKS and that in said representative capacity HE executed the above and foregoing WARRANTY DEED, after first having been duly authorized so to do.

Witness my hand and official seal, this the 12th day of August, 2011.

Notary Public

(SEAL)

My Commission Expires:

04/07/15

STATE OF Mississippi

COUNTY OF DeSoto

Personally appeared before me, the undersigned authority in and for the said county and state, on this 12th day of AUGUST, 2011, within my jurisdiction, the within named GARY RAYMOND SPARKS, BENEFICIARY, who acknowledged that he executed the above and foregoing instrument as his free and voluntary act and deed and for the purposes herein expressed.

Witness my hand and official seal, this the 12th day of August, 2011.

Notary Public

My Commission Expires:

(SEAL)

04/07/15

STATE OF TEXAS

COUNTY OF DENTON

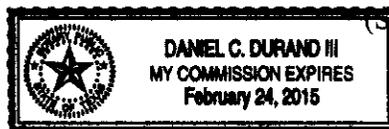
Personally appeared before me, the undersigned authority in and for the said county and state, on this 13th day of AUGUST, 2011, within my jurisdiction, the within named MARIE S. BELL, BENEFICIARY, who acknowledged that she executed the above and foregoing instrument as her free and voluntary act and deed and for the purposes herein expressed.

Witness my hand and official seal, this the 13th day of August, 2011.

Daniel C. Durand III
Notary Public

My Commission Expires:

(SEAL)



STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH DK W BK 663 PG 603 VITAL RECORDS

TYPE OR PRINT WITH BLACK INK

FILE NO

MAY 8 2003

CERTIFICATE OF DEATH

STATE FILE NUMBER 123-

DECEASED	1. NAME First Middle Last SHIRLEY ELIZABETH O. SPARKS		2. SEX FEMALE	3a. HOUR OF DEATH 6:05A m.	3b. DATE OF DEATH (Month, Day, Year) APRIL 10, 2003				
	4. RACE (Specify White, Black, American Indian, etc.) WHITE	5a. AGE AT LAST BIRTHDAY 71 Years	5b. MOB 71	5c. DAYS 71	5d. HOURS 71	5e. MINS 71	6. DATE OF BIRTH (Month, Day, Year) OCT. 1931	7. COUNTY OF DEATH DESOTO	
	7b. CITY OR TOWN OF DEATH SOUTHAVEN		7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in State of Mississippi) BAPTIST HOSPITAL-DESOTO 17B		7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., AMOR, DCA INPT.		8. STATE OF BIRTH MISSISSIPPI		
	9. DECEDENT'S EDUCATION (Specify only highest grade completed) High School		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		11. SURVIVING SPOUSE (If wife, give maiden name) JOHN SPARKS		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) NO		
13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) AMERICAN		14. SOCIAL SECURITY NUMBER 7064		15a. USUAL OCCUPATION (Kind of work done most of working life) BOOKKEEPER		15b. KIND OF BUSINESS OR INDUSTRY BOOKKEEPING			
18a. RESIDENCE—STATE MISSISSIPPI		18b. COUNTY DESOTO		18c. CITY OR TOWN SOUTHAVEN		18d. INSIDE CITY LIMITS (Specify Yes or No) NO		18e. STREET AND NUMBER OR RURAL LOCATION 4567 GOODMAN ROAD	
17. FATHER—NAME First Middle Last FRANK OWENS		18. MOTHER—NAME First Middle Maiden ILA MAE GITTER							
19a. INFORMANT—NAME (Type or print) JOHN SPARKS		19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 4567 GOODMAN ROAD WALLS MISSISSIPPI 38680							
20a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		20b. CEMETERY, CREMATORY—NAME MT. ZION CEMETERY		20c. LOCATION (City and State) INDEPENDENCE MS		21a. EMBALMER—SIGNATURE AND NUMBER ROY BLAYLOCK 3586			
21c. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER FOREST HILL SOUTH FUNERAL HOME		21b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 2545 E. HOLMES ROAD MEMPHIS TENNESSEE 38118							
22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) JAMES LEWIS, MD				22b. PRONOUNCED DEAD (Month, Day, Year) ON APRIL 10, 2003		22c. PRONOUNCED DEAD (Hour) AT 6:05A m.			
23a. CERTIFIER—NAME (Type or print) BENTON WHEELER, MD		23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 55 PHYSICIANS LN#2, SOUTHAVEN, MS 38871							
24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE <i>[Signature]</i> MD 24b. DATE SIGNED (Month, Day, Year) 5/12/03 24c. STATE LICENSE NUMBER 13808 24d. NAME OF ATTENDING PHYSICIAN, IF OTHER THAN CERTIFIER (Type or print)		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>[Signature]</i> 24f. TITLE MD 24g. DATE SIGNED (Month, Day, Year)							
25. PART I: IMMEDIATE CAUSE (Enter one cause only): (a) chronic cancer Interval between onset and death: 15 months DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (b) _____ Interval between onset and death: (c) _____ 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)		28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)			
29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify) NO		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

MAY 30 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.



STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS



9255133

2009-023123

FILING DATE

NOV 19 2009

CERTIFICATE OF DEATH STATE OF MISSISSIPPI

STATE FILE NUMBER 123

1. NAME First Middle Last JOHN RAYMOND SPARKS		2. SEX MALE	3a. HOUR OF DEATH 4:54P	3b. DATE OF DEATH (Month, Day, Year) OCTOBER 30, 2009
4. RACE (Specify White, Black, American Indian, etc.) WHITE	5a. AGE AT LAST BIRTHDAY 82 Years	5b. MOS ONLY IF UNDER 1 YEAR	5c. DAYS ONLY IF UNDER 1 DAY	5d. HOURS ONLY IF UNDER 1 DAY
6. PLACE OF DEATH (Check only one box) <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DDA		7. STATE OF BIRTH LUCY, TN		
8. FACILITY NAME (If not a facility, give street address, route number, or other location) (If hospital, also give ID number) BAPTIST HOSPITAL-DESOTO 7B		9b. CITY, TOWN OR LOCATION OF DEATH SOUTHAVEN		9c. COUNTY OF DEATH DESOTO
10. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary School (0-12) 12 College (1-4, 5+)		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		12. SURVIVING SPOUSE (If wife, give maiden name) NONE
14. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Specify)		15. SOCIAL SECURITY NUMBER 2773		16a. USUAL OCCUPATION (Kind of work done most of working life) CITY DRIVER
17a. RESIDENCE - STATE MISSISSIPPI		17b. COUNTY DESOTO	17c. CITY OR TOWN HORN LAKE	17d. RESIDE CITY LIMITS (Specify Yes or No) YES
18. FATHER - NAME First Middle Last RAYMOND SPARKS		19. MOTHER - NAME First Middle Maiden LILLIAN BULLARD		
20a. INFORMANT - NAME (Type or print) GARY L. SPARKS		20b. RELATIONSHIP TO DECEDENT SON		20c. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) 2222 HWY. 64, WYNNE, AR 72396
21a. DISPOSITION OF BODY (Specify Burial, Cremation, Removal, etc.) BURIAL		21b. CEMETERY/CREMATORY - NAME FOREST HILL SOUTH		21c. LOCATION (City and State) MEMPHIS, TN
22b. FUNERAL HOME - NAME FOREST HILL SOUTH F. H.		22c. FUNERAL HOME LICENSE NUMBER 920 TN		22d. EMBALMER - SIGNATURE AND LICENSE NUMBER EMBALMED IN TENNESSEE
23a. PERSON WHO PRONOUNCED DEATH - NAME AND TITLE (Type or print) ERIC FOLCH, MD		23b. PRONOUNCED DEAD (Month, Day, Year) OCTOBER 30, 2009		23c. PRONOUNCED DEAD (Hour) AT 4:54P
24a. CERTIFIER - NAME (Type or print) JEFFERY POUNDERS, DMEI		24b. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) 4942 POUNDERS RD, NESBIT, MS 38651		
25a. To the best of my knowledge, death occurred due to cause(s) and manner as stated. SIGNATURE > 25b. DATE SIGNED (Month, Day, Year)		25c. STATE LICENSE NUMBER MD		25d. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE > 25e. TITLE DESOTO COUNTY DMEI
25f. NAME OF ATTENDING PHYSICIAN (OTHER THAN CERTIFIER) (Type or Print)		25g. DATE SIGNED (Month, Day, Year) NOVEMBER 12, 2009		
26. PART I - Enter the chain of events, diseases, injuries, or complications - list directly caused the death. DO NOT enter terminal event such as cardiac arrest, coma, or heart failure without showing the cause. List only one cause on each line. DO NOT USE ABBREVIATIONS.				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		(a) MULTI ORGAN FAILURE DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST.		(b) MYOCARDIAL INFARCTION DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		
		(c) SEPTIC SHOCK DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		
		(d)		
27. PART II: OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.				
30. IF FEMALE, SPECIFY: <input type="checkbox"/> Was not pregnant within the past year <input type="checkbox"/> Was pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but had been pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year				
31a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)		31b. DATE OF INJURY (Month, Day, Year)		31c. HOUR OF INJURY
31d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED		31e. INJURY AT WORK (Yes or No)		
31f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)		31g. LOCATION Street or route number City or town State		

Mississippi State Department of Health

Revised 1-4-08

Form 511

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

NOV 23 2009

Judy Moulder

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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