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| XXX                                                                                                                                                                                                                                                                                                                                                                                          | 12                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | A                                                                                               | 1                              |
|                                                                                                                                                                                                                                                                                                                                                                                              | 7050 Kenbridge Drive, Cle                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                  | 27012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <del></del>                                                                                     | -                              |
| (Name)                                                                                                                                                                                                                                                                                                                                                                                       | (Street and Number)                                                                                                                                                                                                                                                                                                               | (City)                                                                                                                                                           | (State)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (Z <sub>1</sub> p)                                                                              | _ =                            |
| THIS DEED Made this the <u>18th</u> Everette W. Beckner and wife,                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                   | 19_83 by                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                |
|                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                  | of Forsyth County.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | North Carol                                                                                     | ma.                            |
| part <u>ies</u> of the first part, to <u>Everett</u>                                                                                                                                                                                                                                                                                                                                         | te W. Beckner and Roy L. I                                                                                                                                                                                                                                                                                                        | Landreth, t/a I                                                                                                                                                  | . & B Properti                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | es, a                                                                                           |                                |
| Witnesseth that the said part <u>ies</u> of the                                                                                                                                                                                                                                                                                                                                              | of Forsyth Co                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                |
| other valuable considerations                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                |
| part, the receipt of which is hereby acknowle                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                   | ' <del>'</del>                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                |
| vey unto the said part <u>ies</u> of the secon  Clemmons  Towardin                                                                                                                                                                                                                                                                                                                           | id part and <u>their</u> heirs a tract o<br>. and bounded as follows:                                                                                                                                                                                                                                                             | or parcel of land in I                                                                                                                                           | <sup>2</sup> orsyth County, No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | eth Carolina.                                                                                   | , 113                          |
| BEGINNING at an iron stake lesaid iron stake being located conveyed to Everette W. Becked of the Register of Deeds of Street Extension, said beging Orrell and wife property; run 285.0 feet to an iron stake; stake; running thence North Arden Street Extension; runn 118.0 feet to an iron stake; place of Beginning. Contain conveyed to Everette W. Becked part of Lot 42K, Block 4209, | d at the intersection of a<br>ner and wife by deed recor<br>Forsyth County, N. C. and<br>ning point also being loca<br>nning thence with said Or-<br>running thence South 77°<br>83° 31' 34" West 160.87 for<br>ing thence with the center<br>running thence South 86°<br>ing 22,865.55 square feet<br>ner and wife by deed recor | the northern 1: rded in Book 8: the east righ ated at the so- rell property, 07' 54" East eet to a point r of said stre 56' 10" East . Also being rded in Book 8 | ine of the tra 89, page 481, t of way line uthwest corner South 69° 29' 147.89 feet to located in th et, North 3° 2 30.10 feet to a part of the 89, page 481,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | in the Oil of Arden of Herma 59" East o an iron ne center 28' 22" Ea the poin property and bein | nd Effice an B. t of ast t and |
| The above land was conveyed to grantor  TO HAVE AND TO HOLD the aforesaid  ies of the second part and their enant that they is are seized of said are free from encumbrances, and that the                                                                                                                                                                                                   | tract or parcel of land all privileges  heirs and assigns forever. And did premises in fee and have.  y will warrant and defend the                                                                                                                                                                                               | and appurtenances<br>the said part lies<br>the right to convey<br>he said title to the                                                                           | thereunto belonging  of the first part the same in fee simples ame against the cla                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | to the said<br>do<br>ple, that the<br>ims of all pe                                             | eov-<br>same                   |
| whatsoever, save and except easem                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                |
| IN TESTIMONY WHEREOF, the said part <sup>1</sup> Everette W. Beckner                                                                                                                                                                                                                                                                                                                         | - (Seal) Jog                                                                                                                                                                                                                                                                                                                      | Ha DRENG                                                                                                                                                         | <del>(</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                 |                                |
| STATE OF NORTH CAROLINA - Forsyt                                                                                                                                                                                                                                                                                                                                                             | h County                                                                                                                                                                                                                                                                                                                          | -                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                |
| do hereby certify that Everette H. Be                                                                                                                                                                                                                                                                                                                                                        | •                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                  | c of Forsyth County                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | y, North Care                                                                                   | olma,                          |
| grantor(s), each personally appeared before<br>(Notarial Stamp or Soul)                                                                                                                                                                                                                                                                                                                      | <del>-</del>                                                                                                                                                                                                                                                                                                                      | execution of the fo                                                                                                                                              | or Esauman<br>of Esauman<br>Louis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | nveyance<br>Z. 198                                                                              |                                |
| My commission expires  My Commiss 2: 1                                                                                                                                                                                                                                                                                                                                                       | Po 1                                                                                                                                                                                                                                                                                                                              | 306834 C                                                                                                                                                         | Lommons                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                 | 1 titrac                       |
| STATE OF NORTH CAROLINA - Forsyt                                                                                                                                                                                                                                                                                                                                                             | th County                                                                                                                                                                                                                                                                                                                         | ~ £7 #F ar                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                                |
| do hereby certify that                                                                                                                                                                                                                                                                                                                                                                       | -<br>-                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                  | The second second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | al Estate                                                                                       |                                |
| grantor(s), each personally appeared before                                                                                                                                                                                                                                                                                                                                                  | me this day and acknowledged                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                  | **************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                 |                                |
| (Notarial Stamp or Seal) Witness my hand                                                                                                                                                                                                                                                                                                                                                     | I and notarial seal or stamp the                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ម ស្រ                                                                                           | Ξ.                             |
| My commission expires                                                                                                                                                                                                                                                                                                                                                                        | , 19                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                  | The state of the s | <del></del>                                                                                     | ric .                          |
| The foregoing (or annexed) certificate                                                                                                                                                                                                                                                                                                                                                       | ied to be corrects Elected FOR                                                                                                                                                                                                                                                                                                    | 24 day or                                                                                                                                                        | M.P. hors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | the C                                                                                           | 5                              |
| Probate and filing fee \$ 5 00                                                                                                                                                                                                                                                                                                                                                               | paid 5.CORDED                                                                                                                                                                                                                                                                                                                     | nice Ayers, Registe                                                                                                                                              | u di Deeds                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                 |                                |
| Drafted by Parks Roberts                                                                                                                                                                                                                                                                                                                                                                     | Mar 24 9 58 AM '89                                                                                                                                                                                                                                                                                                                | Jessie                                                                                                                                                           | Lolden                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Deputy -                                                                                        | <del>ni-tart</del>             |
| NOTE TO RECORDING PARTY: Please give permanent address of grantee(s)                                                                                                                                                                                                                                                                                                                         | EUN LE ATERS<br>REGISTER OF DEEDS<br>FORSYTH CTY.N.C.                                                                                                                                                                                                                                                                             | J                                                                                                                                                                | : ,120(                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 19181                                                                                           | 1                              |

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