

246
SALES CONTRACT

19810908000096410 1/5 \$.00
Shelby Cnty Judge of Probate, AL
09/08/1981 12:00:00 AM FILED/CERT

Birmingham, Alabama

August 25, 1980

The undersigned Purchaser, Cynthia R. Silberman, her designees or assigns hereby agree to purchase and the undersigned Sellers hereby agree to sell the following described real estate, improvements, trees, shrubbery, plantings, fixtures and appurtenances situated in Shelby County, Alabama, on the terms stated below:

Legal Description: SEE EXHIBIT "A", SAID PARCEL CONTAINS FORTY (40) ACRES M/L, BEING THE NW1/4 OF THE SW1/4 OF SECTION 28, TOWNSHIP 20 SOUTH, RANGE 4 WEST, OF THE HUNTSVILLE MERIDIAN, SHELBY COUNTY, ALABAMA.

(Located approximately 1/2 mile West of So. Shades Crest Road)

The Purchase Price shall be	\$35,000.00
Earnest Money, receipt of which is hereby acknowledged by the agent	500.00
Cash on closing	<u>34,500.00</u>

Subject To Easements And Restrictions Of Record.

This offer to purchase is contingent upon Purchaser securing reasonable access through the adjoining property (See Exhibit "B") from the adjoining property owner off of So. Shades Crest Road, and further contingent upon this Ingress and Egress right being an instrument of record and recorded in the proper manner.

The undersigned Sellers agree to furnish the Purchaser a standard form title insurance policy issued by a company qualified to insure titles in Alabama, in the amount of the Purchase Price against loss on account of any defect or encumbrance in the title, unless herein excepted, otherwise the earnest money shall be refunded in full to the Purchaser.

Said property is sold and is to be conveyed subject to zoning classification, No Zoning in Shelby County, and Not being located in a flood plain. The taxes are to be prorated between the Sellers and Purchaser as of the date of delivery of the deed. The sale shall be closed and the deed delivered on or before December 31, 1981, except that the Sellers shall have a reasonable length of time within which to perfect title or cure defects in the title to said property. Possession is to be given on delivery of deed.

The Sellers hereby authorize SHIRLEY "K" & ASSOCIATES, INC. to hold earnest money in trust for the Seller pending the fulfillment of this contract. The licensed real estate agent in this transaction is SHIRLEY "K" & ASSOCIATES, INC., said agent shall be entitled to a commission of Ten (10%) of the purchase price, payable from such purchase price by the Sellers.

Conveyance shall be by general warranty deed executed by Sellers. Deed to be drawn in favor of Cynthia R. Silberman, her designees or assigns.

SHIRLEY "K" & ASSOCIATES
1891 HOOVER COURT
B'HAM, ALA. 35226

This contract in its entirety shall be contingent upon Purchaser securing a flexible type easement across the adjoining property off So. Shades Crest Road for ingress and egress in recordable form.

This contract states the entire agreement between the parties, and there are merged in this agreement all statements, representations and covenants heretofore made; and other agreements not incorporated herein are void and of no force and effect; and all warranties herein made shall survive the delivery of the deed.

Witness to Purchaser's Signature

Shirley Keydoszins

Arthur R. Little
Purchaser

The foregoing offer is hereby accepted subject to the terms, provisions and conditions set out above.

Mary E. Brennan
Mary E. Brennan

David G. Little
David G. Little

Gerald F. Brennan
Gerald F. Brennan

Mary Lillian Clupper
Mary Lillian Clupper

Jewell R. Ellison
Jewell R. Ellison

Lewis Clupper
Lewis Clupper

A. W. Little, Jr.
A. W. Little, Jr.

Donald R. Clark
Donald R. Clark

Fern Little
Fern Little

Ronald W. Little
Ronald W. Little

Jack E. Metcalfe
Jack E. Metcalfe

Shirley J. Little
Shirley J. Little

Herbert Little
Herbert Little

Receipt is hereby acknowledged of the earnest money (cash X check) as hereinabove set forth.

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SHIRLEY "K" & ASSOCIATES, INC.

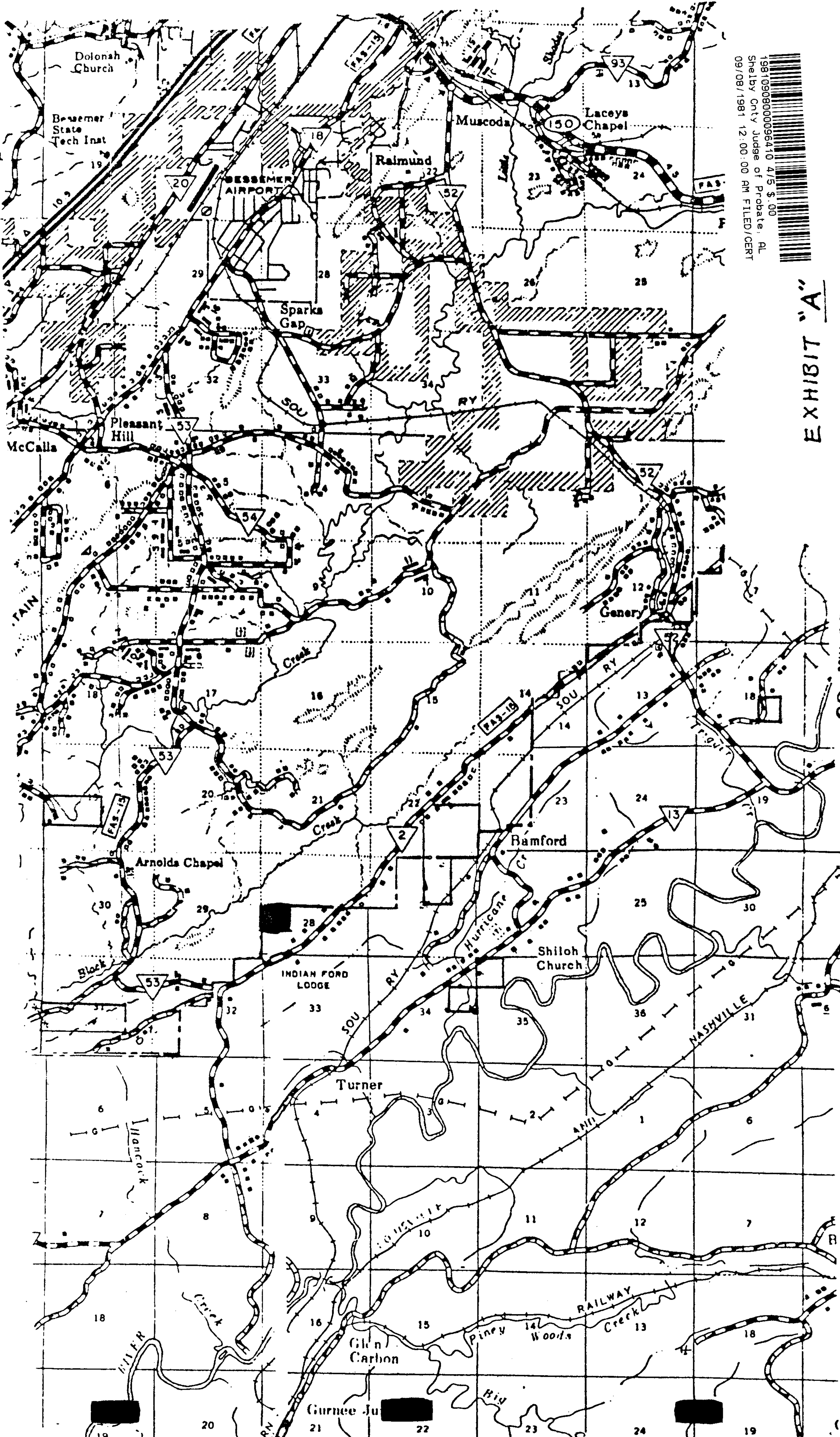
Shirley Keydoszins
REALTOR - BROKER

19810908000096410 4/5 \$.00
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EXHIBIT "A"

BOOK 14 PAGE 03



OHIO DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Reg. Dist. No.

3101

State File No.

Primary Reg. Dist. No.

Registrar's No.

DECEASED NAME First Middle Last Jack Ellison Metcalfe			SEX Male	DATE OF DEATH (Mo., Day, Year) June 19, 1981	
1. Race (e.g., White, Black, American Indian, etc.) (Specify)	2. AGE—Last Birthday (Years) 51	3. UNDER 1 YEAR Mos. Days 5b. 5c.	4. UNDER 1 DAY Hours Mins. 5d. 5e.	5. DATE OF BIRTH (Mo., Day, Yr.) 4-2-30	6. COUNTY OF DEATH Hamilton
7. VILLAGE OR LOCATION OF DEATH Cincinnati, Ohio		8. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number) General Hospital			9. IF HOSP. OR INST. Indicate DOA, GP/Emer. Rm., Location (Specify) DOA
10. DATE OF BIRTH (If not in U.S.A., name country) Ohio	11. CITIZEN OF WHAT COUNTRY USA		12. ORIGIN OR DESCENT (Italian, Mexican, German, English, Cuban, Puerto Rican, etc.) (Specify) American		13. SOCIAL SECURITY NUMBER 423-28-5936
14. DECEASED EVER IN U.S. ARMED FORCES? (If yes, give dates of service) Unknown Yes 5-22-52 5-21		15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 54 Divorced		16. SURVIVING SPOUSE (If wife, give maiden name) None	
17. MAJOR OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter			18. KIND OF BUSINESS OR INDUSTRY Home Bldg.		
19. RESIDENCE—STATE Ohio	20. COUNTY Hamilton	21. CITY, VILLAGE OR LOCATION Cincinnati		22. STREET AND NUMBER 225 W. 9th	23. INSIDE CITY LIMITS (Specify Yes or No) Yes
24. FATHER—NAME First Middle Last William Metcalfe			25. MOTHER—MAIDEN NAME First Middle Last Lois Ellison		
26. GUARDIAN—NAME (Type or Print) Lillian Clupper		27. MAILING ADDRESS (STREET OR R.F.D. No.) (CITY OR TOWN) (STATE) (ZIP) 1708 Nutwood, Bowling Green, Ky 42101			
28. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					29. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
30. IMMEDIATE CAUSE (a) Arteriosclerotic heart disease DUE TO, OR AS A CONSEQUENCE OF:					31. BARCODE 19810908000096410 5/5 \$.00 Shelby Cnty Judge of Probate, AL 09/08/1981 12:00:00 AM FILED/CERT
32. (b) DUE TO, OR AS A CONSEQUENCE OF:					
33. (c) DUE TO, OR AS A CONSEQUENCE OF:					
34. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not related to cause given in Part I (a)					35. AUTOPSY (Yes or no) No
					36. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes
37. SUICIDE, HOMICIDE, UNDETERMINED INVEST. (Specify)	38. DATE OF INJURY (Month, Day, Year) 20b.	39. HOUR 20c.	40. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, item 18) 20d.		
41. AT WORK (Yes or no)	42. PLACE OF INJURY At home, farm, street, factory, office, etc. (Specify) 20f.		43. LOCATION (Street or R.F.D. no., city or village, state, zip) 20g.		
To be Completed by ATTENDING PHYSICIAN Only			To be Completed by CORONER Only		
44. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 45. Name and Title 46. DATE SIGNED (Mo., Day, Year)			47. 22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated: (Signature and Title) 48. DATE SIGNED (Mo., Day, Year) 49. HOUR OF DEATH 21c.		
50. HOUR OF DEATH 21c.			51. 22b. June 29, 1981 22c. about 5:00 P.M. 22d. ON June 19, 1981 22e. AT 6:45 P.M.		
52. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) (Type or Print) Frank P. Cleveland MD., Coroner, 3159 Eden Ave., Cincinnati, OH. 45219					
53. BURIAL, CREMATION, OTHER (Specify)	54. DATE 23b. 6-24-81	55. NAME OF CEMETERY OR CREMATORY 24c. Sharon		56. LOCATION (City, village, or county) (State) 24d. Augusta, Ky RFD	
57. NAME OF FUNERAL HOME Metcalfe-Hennessey		58. (LIC. No.) 7440 A	59. FUNERAL DIRECTOR'S SIGNATURE (LIC. No.) Matthew C. Hennessey Jr. Ky 4257		
60. FUNERAL HOME ADDRESS (STREET NO.) 310 E. 4th		61. (CITY) (STATE) (ZIP) Augusta, Ky 41002			
62. DATE REC'D BY JUL 1 1981	63. REGISTRAR'S SIGNATURE Jacqueline M. Adams		64. DATE PERMIT ISSUED		65. SIGNATURE OF PERSON ISSUING PERMIT STATE OF ALA. SHELBY CO. JUDGE OF PROBATE
66. DIST. No.					

I hereby certify this to be a true and correct photographic copy of the certificate on file with the Cincinnati Board of Health.

SEP -8 PM 3:58

Jacqueline M. Adams
Local Registrar

Thomas A. Snowden, Jr.
JUDGE OF PROBATE

Rec. 12.00
Ind. 1.00
13.00