

AFFIDAVIT

STATE OF ALABAMA)

COUNTY OF SHELBY)

Before me, the undersigned authority, a Notary Public in and for said State and County, personally appeared Thomas Gene Webster, Jr. and wife, Renee Webester who after being duly sworn by me, deposes and says:

Affiant states that a Double Wide Mobile home against which a UCC-1 is filed in Instrument NO. 1996-23303 is no longer located on the property as herein described:

Commencing at the Northwest Corner of the Northwest 1/4 of the Southeast 1/4 of Section 13, Township 19 South, Range 2 East; thence S 00 deg. 51' 00" E a distance of 348.94 feet to a point; thence S 00 deg. 36' 00" E a distance of 903.54 feet to a 5/8" capped rebar set, said point also being the point of beginning of herein described parcel of land; thence N 78 deg. 26' 42" E a distance of 400.00 feet to a 5/8" capped rebar set; thence S 02 deg. 13' 13" E a distance of 182.12 feet to a 5/8" capped rebar set; thence N 89 deg. 44' 00" W a distance of 400.00 feet to a 5/8" rebar set; thence N 00 deg. 36' 00" E a distance of 100.00 feet to the point of beginning.

Thomas G. Webster, Jr.
Thomas G. Webster, Jr.

Renee Webster
Renee Webster

Sworn to and subscribed before me this the 26th day of August, 2002.

Stacy L. Jones
NOTARY PUBLIC
My Commission Expires: 2/22/03

I Via L. Webster to state that
Luther M. Davis and wife Nellie Roe Davis
are deceased,

Via L Webster
Vira L. Webster

Luther M. Davis
Oct. 7. 1992

Dr. Faye McBain

Nellie Roe Davis
April 7. 1990

8/14/02

Both are buried in Aspinville cemetery.

I certify this to be a true copy
and accurate copy of the original document.

B. Janis Date 8/26/02

This is a true and exact copy of the record of file with the Jefferson County Health Department.

Felix C. Hartley

Signature of Local or Deputy Registrar

05-02-94

Date of Issue

002903

ALABAMA
CERTIFICATE OF DEATH

101

94-012224

1. DECEASED—NAME First Middle Last (Type last name all capitals) John Thomas WEBSTER, JR.			2. DATE OF DEATH (Month, Day, Year) April 13, 1994		3. COUNTY OF DEATH Jefferson	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Birmingham 35235			5. INSIDE CITY LIMITS (Specify Yes or No) Yes		6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number) Medical Center East Hospital	
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DCA) Inpatient		8. OF HISPANIC ORIGIN (Specify Yes or No) If Yes, Specify Cuban, Mexican, Puerto Rican, etc. No		9. RACE—(Specify American Indian, Black, White, etc.) White		10. SEX Male
11. AGE 69 YRS		12. UNDER 1 YEAR MONS. _____ DAYS _____ HOURS _____ MINS. _____		13. DATE OF BIRTH (Month, Day, Year) December 05, 1924		14. DECEASED'S SOCIAL SECURITY NUMBER [REDACTED]
15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) _____ College (1-4 or 5-1) _____ 8		16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married		17. SURVIVING SPOUSE (If wife, give maiden name) Vira Lee Davis		18. Was Deceased ever in Armed Forces? (Specify Yes or No) Yes
19. STATE OF BIRTH (If not in USA, name country) Alabama		20. RESIDENCE—STATE Alabama		21. COUNTY St. Clair		22. CITY, TOWN, OR LOCATION AND ZIP CODE Pell City 35125
23. INSIDE CITY LIMITS (Specify Yes or No) Yes		24. STREET AND NUMBER 702 20th St. No.		25. INFORMANT—Name and Address Vira Lee Webster P. O. Box 291 Pell City, AL 35125		
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Taxi Driver				27. KIND OF BUSINESS OR INDUSTRY Self-Employed		
28. FATHER—NAME First Middle Last John Thomas Webster, Sr.			29. MAIDEN NAME OF MOTHER— First Middle Last Eula Mae Macon			
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Organized, Other) Burial		31. DATE OF DISPOSITION (Month, Day, Year) April 16, 1994		32. CEMETERY OR CREMATORY—Name St. Clair Memorial		33. LOCATION—(City or Town—State) Pell City, Alabama
34. FUNERAL HOME—Name and Address Kilgroe Funeral Home P. O. Box 1070 Pell City, AL 35125			35. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		36. DATE SIGNED BY FUNERAL DIRECTOR April 21, 1994	
37. Certifying Physician (Physician certifying cause of death) "To the best of my knowledge, death occurred at the time and date, and due to the cause(s) and manner stated." — Medical Examiner— Coroner "On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place, and due to the cause(s) and manner stated." Signature: <i>Robert L. [Signature]</i>					38. DATE SIGNED (Month, Day, Year) 4/13/94	
39. TIME AND DATE OF DEATH 4/13/94 1644		40. DATE AND TIME PROCLAIMED DEAD (For Coroner/M.E. use only)		41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 40) <i>Robert L. [Signature]</i>		
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 40) 52 Medical Park East Drive Phenix 35235					43. CERTIFIED LICENSE NUMBER 115253	
44. REGISTRAR—Signature <i>[Signature]</i>					45. DATE FILED (Month, Day, Year) April 25, 1994	

MEDICAL CERTIFICATION

46. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. LIST ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (Final disease or condition resulting in death) → Cardiorespiratory Collapse		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
DUE TO (OR AS A CONSEQUENCE OF) Seizure			
DUE TO (OR AS A CONSEQUENCE OF)			
DUE TO (OR AS A CONSEQUENCE OF)			
47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I			
48. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause)		49. AUTOPSY (Specify Yes or No) Yes	
50. HOW INJURY OCCURRED (Enter nature of injury in item 46, Part I or item 47, Part II)		51. If yes, were findings considered in determining cause of death? (Specify Yes or No)	
52. INJURY AT WORK (Specify Yes or No)		53. DATE OF INJURY (Month, Day, Year)	
54. PLACE OF INJURY—(Specify at home, farm, street, factory, office building, etc.)		55. HOUR OF INJURY M	
56. INJURY AT WORK (Specify Yes or No)		57. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State)	

This is a legal record and must be filed within five (5) days after death.

ADPH-MS 2-Rev 11-82

11-30-01

I Teresa Webster Wiley do state that
on July 11-2001 I was a married woman
and also do state that I never have homesteaded
this said property (and on Bates Rd, Vincent, Al. 35378)
2001-38064

Teresa Webster Wiley

G. Jaye McKinney

8/14/02

I certify this to be a true copy
and accurate copy of the origi-
nal document.

D. Jones Date 8/26/02

I certify this to be a true copy
and accurate copy of the original document.

D. Jones
8/24/02



White to **E**xtending, White

Thomas Gene Webster *Virginia Carol Bailey*
of Pell City, Alabama *and* *of Leeds, Alabama*
were by me united in

Marriage

on the *ninth* *day of*
October

in the Year of our Lord *1971*
at First Baptist Church, Leeds, Alabama

Rev Chester L Campbell
John Walter Riekey Jr
Lena Mae Brashe

Guests

<i>Mrs. Lavinia Whalley</i>	<i>Doris Dill</i>
<i>Mrs. Fida C. Lutz</i>	<i>Jimmy Stevens</i>
<i>Mrs. Kathy Dondos</i>	<i>Mr + Mrs William H Wiley</i>
<i>Miss Renee Patterson</i>	<i>Mrs Jerome Adams</i>

I certify this to be a true copy
and accurate copy of the original document.

Alabama Certificate of Marriage

TYPE IN PERMANENT
BLACK INK. DO NOT USE
GREEN, RED, OR BLUE INK.

State File Number D Jones Date 8/26/02

LICENSE TO MARRY	To any person lawfully authorized to solemnize marriages within Alabama. You are hereby authorized to celebrate the rite of matrimony for the persons named below, after which you are required by law to return this license, duly certified under your hand, to the Probate Judge of the issuing county within one month.			1. ISSUING COUNTY St. Clair	
GROOM	2. GROOM'S NAME First Middle Last (Print last name all capitals) THOMAS GENE WEBSTER JR		3. DATE OF BIRTH (Month, Day, Year) 09/12/1974		4. RACE—(Specify American Indian, Black, White, etc.) WHITE
1.	5. RESIDENCE—City, Town, or Location and Zip Code 264 BATES DR VINCENT AL		6. INSIDE CITY LIMITS (Specify Yes or No) Yes	7. COUNTY SHELBY	
4.			8. STATE ALABAMA		
7.	9. NO. OF PREVIOUS MARRIAGES 0	10. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED—(Specify, Death, Divorce, Dissolution, Annulment) N/A		11. EDUCATION (Specify ONLY highest grade completed) Elementary or High School (0-12) 12 College (1-4 or 5+) 2	
9.	12. FATHER'S NAME First Middle Last THOMAS GENE WEBSTER		13. MOTHER'S NAME First Middle Maiden Last Name VIRGINIA CAROL BAILEY		
10.	14. BRIDE'S NAME First Middle Last (Print last name all capitals) JANET RENEE MOOREHOUSE		15. BRIDE'S MAIDEN LAST NAME (if different) MOOREHOUSE		16. DATE OF BIRTH (Month, Day, Year) 01/31/1974
17.	17. RACE—(Specify American Indian, Black, White, etc.) WHITE		18. RESIDENCE—City, Town, or Location and Zip Code 264 BATES DR VINCENT		19. INSIDE CITY LIMITS (Specify Yes or No) Yes
20.	20. COUNTY SHELBY		21. STATE ALABAMA		22. NO. OF PREVIOUS MARRIAGES 0
23.	23. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED—(Specify, Death, Divorce, Dissolution, Annulment) N/A		24. EDUCATION (Specify ONLY highest grade completed) Elementary or High School (0-12) 12 College (1-4 or 5+) 0		
24.	25. FATHER'S NAME First Middle Last LUTHER GENE MOOREHOUSE		26. MOTHER'S NAME First Middle Maiden Last Name LINDA GAIL MIZE		
We hereby certify that the information provided is correct to the best of our knowledge and belief and we are free to marry under the laws of this state.					
SIGNATURES			27. GROOM—SIGNATURE <i>Thomas Webster Jr</i>		
			28. BRIDE—SIGNATURE <i>Janet Moorehouse</i>		
LOCAL OFFICIAL			29. JUDGE OF PROBATE—SIGNATURE <i>Wallace Wyatt Jr</i>		30. ISSUING DATE (Month, Day, Year) 01/03/1997
					31. EXPIRATION DATE (Month, Day, Year) 02/02/1997
CEREMONY			32. CERTIFY THAT THE ABOVE NAMED PERSONS WERE MARRIED ON: (Month, Day, Year) JAN, 18, 1997		33. WHERE MARRIED—City, Town, or Location and Zip Code VINCENT
					34. COUNTY SHELBY
34.	35. SIGNATURE OF PERSON PERFORMING CEREMONY <i>Jeffery Clay Adams</i>		36. TYPED OR PRINTED NAME OF PERSON PERFORMING CEREMONY JEFFERY CLAY ADAMS		
37.	37. TITLE OF PERSON PERFORMING CEREMONY MINISTER		38. ADDRESS OF PERSON PERFORMING CEREMONY—Street and Number or RFD Number, City or Town, State, Zip Code 300 DOGWOOD DRIVE LEEDS AL 35094		
LOCAL OFFICIAL			39. DATE CERTIFICATE RETURNED TO JUDGE OF PROBATE— (Month, Day, Year) 1/23/97		40. MARRIAGE LICENSE RECORD Book Number 33 Page Number 314
			41. JUDGE OF PROBATE—SIGNATURE <i>Wallace Wyatt Jr</i>		

THIS LICENSE IS VOID UNLESS SOLEMNIZED WITHIN 30 DAYS FROM ISSUING DATE.

ADPH-F-HE 50/Rev 1-9

CERTIFIED TO BE A TRUE COPY AS THE SAME
APPEARS OF RECORD THIS 23rd DAY OF
January, 1997
Wallace Wyatt Jr
Judge of Probate
St. Clair County, Ala.

20020911000436450 Pg 6/6 26.00
Shelby Cnty Judge of Probate, AL
09/11/2002 13:11:00 FILED/CERTIFIED