

OCT 0 2 2002



20021010000497160 Pg 1/3 17.00  
Shelby Cnty Judge of Probate, AL  
10/10/2002 14:00:00 FILED/CERTIFIED

**PROOF OF DEATH AND HEIRSHIP AFFIDAVIT**

State of Alabama )  
Shelby County )

Before me, the undersigned, a notary public in and for said state at large, personally appeared Sharon Jones, who, being dully sworn, deposes and says as follows, to wit:

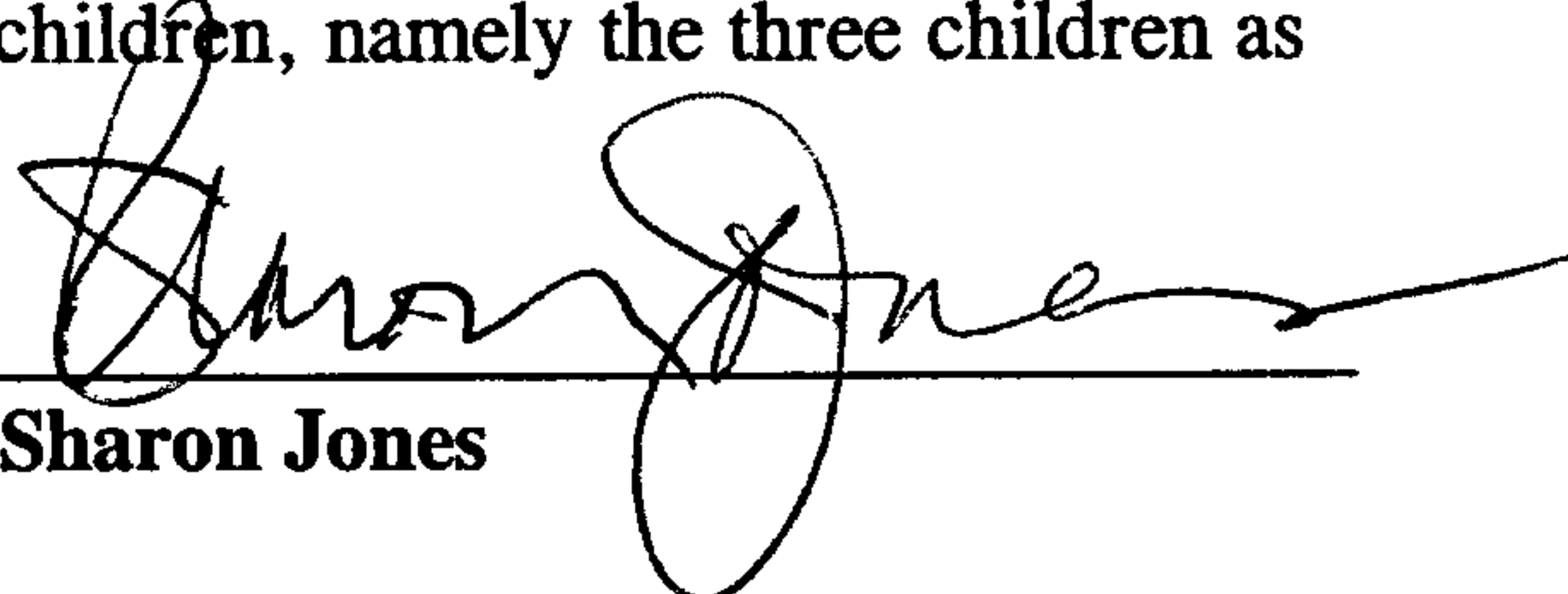
1. My name is Sharon Jones and I am one of the heirs of Roy Woolley, deceased, and I have personal knowledge of the facts herein. My said father, Roy Woolley, departed this life on or about April 7, 1999. He died intestate and his estate was administered in the Probate Court of Shelby County, Alabama,(case number 40-247).

2. My mother's name was Elinor Peters Woolley and she was married to my father at the time of his death. She departed this life on or about January 14, 2000.

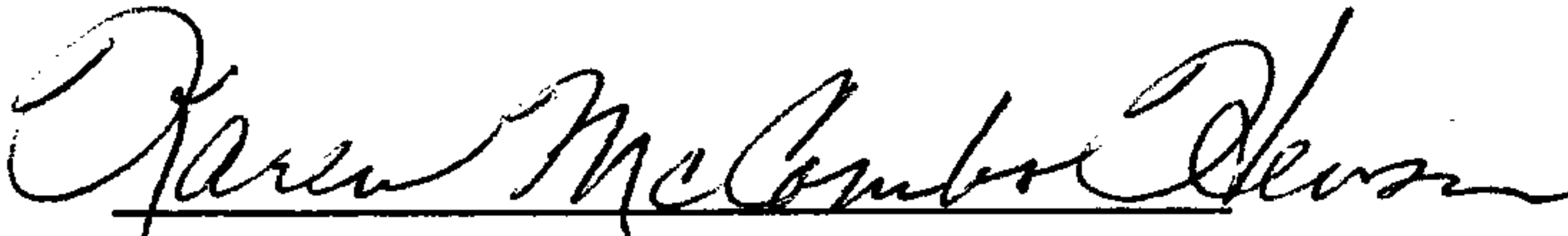
3. The said Elinor Woolley left no Will, and to the best of my knowledge, information and belief, left no debts and there was no administration of her estate.

4. The heirs at law of the said Elinor Woolley, are the following natural children as listed. (See Attached Exhibit A.)

5. It has been over two years since the death of Elinor Woolley. Elinor Woolley's children are the same as Roy Woolley's children, namely the three children as listed on Exhibit A.

  
Sharon Jones

Sworn to and subscribed before me the 20 day of September, 2002.

  
Notary Public  
My Commission Expires:

**EXHIBIT A**

Sharon Jones, daughter & personal representative  
2148 Bailey Brook Drive  
Hoover, AL 35244

Catherine Gideon, daughter  
5302 Waterford Drive  
Dunwoody, GA 30338

Roy Dayle Woolley, son  
PO BOX 485  
71 Hwy 203  
Montevallo, AL 35115

A handwritten signature in black ink, appearing to be the initials 'SJ' or similar, located below the contact information.

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

*Carol Lee*

Signature of Local Registrar

*January 28, 2000*  
Date of Issue

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Shelby Cnty Judge of Probate, AL  
10/10/2002 14:00:00 FILED/CERTIFIED

# ALABAMA CERTIFICATE OF DEATH

County File Number -

State File Number **101**

1. DECEASED—NAME First Middle Last (Type last name all capitals) <b>Elinor Peters WOOLLEY</b>			2. DATE OF DEATH (Month, Day, Year) <b>January 14, 2000</b>		3. COUNTY OF DEATH <b>Shelby</b>	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE <b>Alabaster 35007</b>			5. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number) <b>Shelby Ridge Health Care</b>	
7. IF HOSPITAL: (Specify Inpatient, ER or Outpatient, DQA)			8. OF HISPANIC ORIGIN (Specify Yes or No. If Yes, Specify Cuban, Mexican, Puerto Rican, etc.) <b>No</b>		9. RACE—(Specify American Indian, Black, White, etc.) <b>White</b>	
10. SEX <b>Female</b>			11. AGE <b>83</b> YRS		12. UNDER 1 YEAR: MOS. DAYS HOURS MINS	
13. DATE OF BIRTH (Month, Day, Year) <b>February 1, 1916</b>			14. DECEASED'S SOCIAL SECURITY NUMBER [REDACTED]			
15. EDUCATION (Specify ONLY highest grade completed below) Elementary or high school (0-12): <b>10</b> College (1-4 or 5+)			16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) <b>Widowed</b>		17. SURVIVING SPOUSE (If wife, give maiden name)	
18. Was Decedent ever in Armed Forces (Specify Yes or No) <b>NO</b>			19. STATE OF BIRTH (If not in USA, name country) <b>Alabama</b>		20. RESIDENCE—STATE <b>Alabama</b>	
21. COUNTY <b>Shelby</b>			22. CITY, TOWN, OR LOCATION AND ZIP CODE <b>Montevallo, 35115</b>			
23. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			24. STREET AND NUMBER <b>71 Hwy 203n.</b>		25. INFORMANT—Name and Address <b>Sharon Jones 2148 Bailey Brook Dr. Hoover, AL 35244</b>	
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>Homemaker/Domestic</b>			27. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>			
28. FATHER—NAME First Middle Last <b>Herman Brown Peters Sr.</b>			29. MAIDEN NAME OF MOTHER— First Middle Last <b>Catherine Thompson</b>			
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital, Disposal, Other) <b>Burial</b>			31. DATE OF DISPOSITION (Month, Day, Year) <b>01 17 2000</b>		32. CEMETERY OR CREMATORY—Name <b>Montevallo Cemetery</b>	
33. LOCATION—(City or Town—State) <b>Montevallo, AL 35115</b>			34. FUNERAL HOME—Name and Address <b>Rockco Funeral Home P.O. BOX 647 Montevallo, AL 35115</b>		35. FUNERAL DIRECTOR—Signature <i>Ron Kiker</i>	
36. DATE SIGNED BY FUNERAL DIRECTOR <b>01-25-2000</b>			37. <input checked="" type="checkbox"/> 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.) <input type="checkbox"/> Medical Examiner <input type="checkbox"/> Coroner (In case 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>Joseph Hunsow MD</i>		38. DATE SIGNED (Month, Day, Year) <b>1-27-00</b>	
39. TIME AND DATE OF DEATH <b>1-14-00 18:10</b>			40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only)		41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) <b>JOSEPH HUNSON MD</b>	
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) <b>11202 HWY 25 CAUSA AL 35040</b>			43. CERTIFIER LICENSE NUMBER <b>19596</b>		44. REGISTRAR—Signature <i>Sonia Hardy</i>	
45. DATE FILED (Month, Day, Year) <b>Jan 27, 2000</b>			46. For State or County use only			

## MEDICAL CERTIFICATION

47. 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) → a. <b>PTE</b> DUE TO (OR AS A CONSEQUENCE OF):			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
b. <b>RECWT HIP FRACTURE (RIGHT)</b> DUE TO (OR AS A CONSEQUENCE OF):					
c. <b>RIGHT FEMORAL FX</b> DUE TO (OR AS A CONSEQUENCE OF):					
d. <b>AFIB DEMENTIA</b> 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. <b>RIGHT FEMORAL FX, AFIB, DEMENTIA</b>			48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unk.) <b>NO</b>		
49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) <b>NATURAL</b>			50. AUTOPSY (Specify Yes or No) <b>NO</b>		51. If yes, were findings considered in determining cause of death? (Specify Yes or No)
52. HOW INJURY OCCURRED (Enter nature of injury in Item 46, Part I or Item 47, Part II)			53. DATE OF INJURY (Month, Day, Year)		54. HOUR OF INJURY <b>M</b>
55. INJURY AT WORK (Specify Yes or No)		56. PLACE OF INJURY—(Specify at home, farm, street, factory, office building, etc.)		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.

ANY ALTERATIONS VOID THIS DOCUMENT

DECEASED  
BURIAL  
CERTIFIER

IN PERMANENT  
K INK. DO NOT  
GREEN, RED, OR  
INK.