

STATE OF ALABAMA :

COUNTY OF SHELBY

AFFIDAVIT

Before me, a Notary Public, personally appeared Walter K. Novak, who being by me first duly sworn deposes and says as follows:

My name is Walter K. Novak. I was formerly married to Katherine C. Novak, who is now deceased. Katherine C. Novak died on the 7 day of DECEMBER, 2001. Attached is a true and correct copy of her death certificate.

In witness whereof, the undersigned has hereinunto set his hand and seal this the 25 day of November, 2002.

Walter K. Novak
Walter K. Novak

Sworn to and subscribed before me on this the 25th day of November, 2002.

(SEAL)

[Signature]
Notary Public
State of Alabama at Large

MY COMMISSION EXPIRES MARCH 1, 2004

Harry Gambale

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

Shela Keller
Signature of Local Registrar

DEC 27 2001
Date of Issue

20021126000591610 Pg 2/2 14.00
Shelby Cnty Judge of Probate, AL
11/26/2002 13:52:00 FILED/CERTIFIED

ALABAMA
CERTIFICATE OF DEATH

County File Number		State File Number 101	
1. DECEASED—NAME First Middle Last (Type last name all capitals) Daisy Crider NOVAK			2. DATE OF DEATH (Month, Day, Year) December 7, 2001
3. COUNTY OF DEATH Shelby			
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Montevallo 35115		5. INSIDE CITY LIMITS (Specify Yes or No) No	6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number) 317 Dogwood Trail (Residence)
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA)		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 Female			
11. AGE	12. UNDER 1 YEAR MOS. DAYS HOURS MINS.	13. DATE OF BIRTH (Month, Day, Year) August 19, 1932	14. DECEASED'S SOCIAL SECURITY NUMBER
15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (8-12) College (1-4 or 5+)		16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married	17. SURVIVING SPOUSE (If wife, give maiden name) Walter K. Novak
18. Was Decedent ever in Armed Forces (Specify Yes or No) No			
19. STATE OF BIRTH (If not in USA, name country) Alabama	20. RESIDENCE—STATE Alabama	21. COUNTY Shelby	22. CITY, TOWN, OR LOCATION AND ZIP CODE Montevallo 35115
23. INSIDE CITY LIMITS (Specify Yes or No) No	24. STREET AND NUMBER 317 Dogwood Trail	25. INFORMANT—Name and Address Walter K. Novak 317 Dogwood Trail, Montevallo, Alabama 35115	
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Homemaker		27. KIND OF BUSINESS OR INDUSTRY Own Home	
28. FATHER—NAME First Middle Last David Preston Crider		29. MOTHER—NAME First Middle Last Delia Blackwood	
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial	31. DATE OF DISPOSITION (Month, Day, Year) December 10, 2001	32. CEMETERY OR CREMATORY—Name Jefferson Memorial Gardens South	33. LOCATION—(City or Town—State) Hoover, Alabama
34. FUNERAL HOME—Name and Address Jefferson Memorial F.H. 2701 John Hawkins Pkwy, Hoover, AL 35244		35. FUNERAL DIRECTOR—Signature <i>[Signature]</i>	36. DATE SIGNED BY FUNERAL DIRECTOR December 12, 2001
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 (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>[Signature]</i>			38. DATE SIGNED (Month, Day, Year) 12/18/01
39. TIME AND DATE OF DEATH 1:50 a.m. 12/07/01		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) Ronald D. Alvarez, MD
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) 619 19th Street South/OHB 538/Birmingham, AL 35249-7333			43. CERTIFIER LICENSE NUMBER AL 11426
44. REGISTRAR—Signature <i>Shela Keller</i>			45. DATE FILED (Month, Day, Year) December 27, 2001

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) → Ovarian Cancer		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
a. DUE TO (OR AS A CONSEQUENCE OF):		
b. DUE TO (OR AS A CONSEQUENCE OF):		
c. 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. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unk.)
49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) Natural Cause		50. AUTOPSY (Specify Yes or No)
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		
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.

SSN: 422-36-9486

Daisy Crider Novak

NAME OF DECEASED

46.
49.
55.

DECEASED
BURIAL
CERTIFIED

ANY ALTERATIONS VOID THIS DOCUMENT

ANY ALTERATIONS VOID THIS DOCUMENT