

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

*Sheila Keller*

Signature of Local Registrar

SEP 24 2004

Date of Issue

20060519000239160 1/2 \$14.00  
Shelby Cnty Judge of Probate, AL  
05/19/2006 12:13:55PM FILED/CERTALABAMA  
CERTIFICATE OF DEATHCounty  
File  
Number

State File Number 101

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

3. _____	1. DECEASED—NAME First Middle Last (Type last name all capitals) Janie Louise NICHOLS			2. DATE OF DEATH (Month, Day, Year) September 4, 2004		3. COUNTY OF DEATH Shelby	
6. _____	4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Alabaster, 35007			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) Shelby Baptist Medical Center	
19. _____	7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA) 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	
20. _____	10. SEX Female			11. AGE 51 YRS.		12. UNDER 1 YEAR MOS. _____ DAYS _____ HOURS _____ MINS. _____	
26. _____	13. DATE OF BIRTH (Month, Day, Year) April 24, 1953			14. DECEASED'S SOCIAL SECURITY NUMBER [REDACTED]		15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) 12 College (1-4 or 5+) _____	
27. _____	16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married			17. SURVIVING SPOUSE (If wife, give maiden name) Brent Nichols		18. Was Decedent ever in Armed Forces (Specify Yes or No) No	
34. _____	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 Shelby, 35143			23. INSIDE CITY LIMITS (Specify Yes or No) No		24. STREET AND NUMBER 177 North Street	
	25. INFORMANT—Name and Address Brent Nichols 177 North Street, Shelby, AL 35143			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 William Bundrum			29. MAIDEN NAME OF MOTHER— First Middle Last Mary Louise Reaves		30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Cremation	
	31. DATE OF DISPOSITION (Month, Day, Year) Sept. 5, 2004			32. CEMETERY OR CREMATORY—Name Charter Crematory		33. LOCATION—(City or Town—State) Calera, Alabama	
	34. FUNERAL HOME—Name and Address Charter Funeral Home 2521 US Hwy 31, Calera, AL 35040			35. FUNERAL DIRECTOR—Signature <i>[Signature]</i>		36. DATE SIGNED BY FUNERAL DIRECTOR Sept. 20, 2004	
	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 "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) 9/14/04		39. TIME AND DATE OF DEATH 0506 9/4/04	
	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) DARYL G. Dykes MD		42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) 1022 1st St N, Suite 220, ALABASTER, AL 35007	
	43. CERTIFIER LICENSE NUMBER 22282			44. REGISTRAR—Signature <i>Sheila Keller</i> For State or County use only		45. DATE FILED (Month, Day, Year) Sept 24, 2004	

## 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) → a. <u>Hepatitis C</u> DUE TO (OR AS A CONSEQUENCE OF): b. <u>Sepsis</u> DUE TO (OR AS A CONSEQUENCE OF): c. <u>Multi-syst</u> DUE TO (OR AS A CONSEQUENCE OF): d. _____ Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
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)			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 M.
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.

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EXHIBIT "A"

10-00795990

THE FOLLOWING DESCRIBED REAL ESTATE, LYING AND BEING  
IN THE COUNTY OF SHELBY, STATE OF ALABAMA, TO-WIT:

LOT 6, BLOCK 5, ACCORDING TO THE SURVEY OF PINE GROVE  
CAMP, AS RECORDED IN MAP BOOK 4 PAGE 8 IN THE PROBATE  
OFFICE OF SHELBY COUNTY, ALABAMA; BEING SITUATED IN  
SHELBY COUNTY, ALABAMA.

BEING THE SAME PROPERTY CONVEYED TO BRENT EVAN  
NICHOLS AND WIFE, JANIE L. NICHOLS BY DEED FROM RAY  
BAILEY AND BARBARA BAILEY, HUSBAND AND WIFE RECORDED  
03/17/2000 IN DEED DOCUMENT 2000-08472, IN THE  
PROBATE JUDGE'S OFFICE FOR SHELBY COUNTY, ALABAMA.

(1042)

MIC - 383690  
+ 745990

fax# 33112 400 2006000