

This instrument prepared by:
Stephen L. Sexton
Sexton & Associates, P. C.
1330 21st Way South
Birmingham, Alabama 35205

Send tax notice to:
Richard O. Evans
108 Newgate Road
Alabaster, Alabama 35007

WARRANTY DEED

STATE OF ALABAMA)
) **Know All Men By These Presents,**
SHELBY COUNTY)

That in consideration of Ten Dollars and Other valuable consideration (\$10.00) Dollars to the undersigned grantor, Richard O. Evans, a single man, in hand paid by Richard O. Evans, Richard Allen Evans, and Joel Patrick Evans, the receipt whereof is acknowledged Richard O. Evans, a single man, Grantor does grant, bargain, sell and convey unto the said Richard O. Evans, Richard Allen Evans, and Joel Patrick Evans, the following described real estate, situated in Shelby County, Alabama, to-wit:

Lot 3, Block 2, according to the Map of Norwick Forest, First Sector, as recorded in Map Book 11, Page 63 in the Probate Office of Shelby County, Alabama.

Mining and Mineral Rights Excepted..

Subject to all easements, restrictions and rights of way of record and any outstanding mortgages or liens.

The above named Grantor, Richard O. Evans, is the surviving Grantee of that certain deed recorded on 5/4/1995, in the Office of the Judge of Probate of Shelby County, Alabama, in Instrument number 1995-11612, recorded at 8:49 am.

TO HAVE AND TO HOLD Unto the said GRANTEES as joint tenants, with right of survivorship, their heirs and assigns, forever; it being the intention of the parties to this conveyance, that [unless the joint tenancy hereby created is severed or terminated during the joint lives of the grantees herein] in the event one grantee herein survives the other, the entire interest in fee simple shall pass to the surviving grantee, and if one does not survive the other, then the heirs and assigns of the grantees herein shall take as tenants in common.

And I (we) do for myself (ourselves) and for my (our) heirs, executors, and administrators covenant with the said GRANTEES, their heirs and assigns, that I am (we are) lawfully seized in fee simple of said premises; that they are free from all encumbrances, unless otherwise noted above; that I (we) have a good right to sell and convey the same as aforesaid; that I (we) will and my (our) heirs, executors and administrators shall warrant and defend the same to the said GRANTEES, their heirs and assigns forever, against the lawful claims of all persons.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this the 10th day of May, 2008.

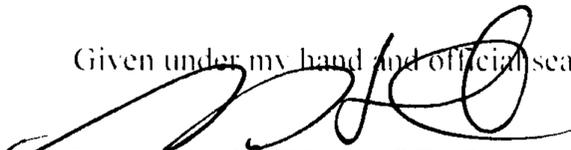
WITNESS:


Richard O. Evans

STATE OF ALABAMA)
) General Acknowledgement
JEFFERSON COUNTY)

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that Richard O. Evans, whose name is signed to the foregoing conveyance, and who is known to me, acknowledged before me on this day, that, being informed of the contents of the conveyance have executed same voluntarily on the day the same bears date.

Given under my hand and official seal this 10th day of May, 2008.


NOTARY PUBLIC
My Commission Expires: 5-25-11


20090107000005050 1/3 \$18.00
Shelby Cnty Judge of Probate, AL
01/07/2009 02:12:01PM FILED/CERT



20090107000005050 2/3 \$18.00
 Shelby Cnty Judge of Probate, AL
 01/07/2009 02:12:01PM FILED/CERT

ALABAMA CERTIFICATE OF DEATH

State File Number **101**

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

County
 File
 Number

3. _____
 6. _____
 19. _____
 20. _____
 26. _____
 27. _____
 34. _____

1. DECEASED—NAME First Middle Last (Type last name all capitals) Brenda Kay EVANS			2. DATE OF DEATH (Month, Day, Year) April 22, 2008		3. COUNTY OF DEATH Shelby	
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		
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	10. SEX Female	
11. AGE 59 YRS.	12. UNDER 1 YEAR MOS. DAYS HOURS MINS.	13. DATE OF BIRTH (Month, Day, Year) April 24, 1948		14. DECEASED'S SOCIAL SECURITY NUMBER		
15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) College (1-4 or 5+) 4		16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married	17. SURVIVING SPOUSE (If wife, give maiden name) Richard Oscar Evans		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 Alabaster 35007		
23. INSIDE CITY LIMITS (Specify Yes or No) Yes	24. STREET AND NUMBER 108 Newgate Road		25. INFORMANT—Name and Address Joel Evans 6819 Eastern Court, Montgomery, AL 36117			
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Nurse			27. KIND OF BUSINESS OR INDUSTRY Medical			
28. FATHER—NAME First Middle Last Harvey J Blevins			29. MAIDEN NAME OF MOTHER— First Middle Last Katherine Clayton			
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial		31. DATE OF DISPOSITION (Month, Day, Year) April 25, 2008	32. CEMETERY OR CREMATORY—Name Liberty Hill Cemetery		33. LOCATION—(City or Town—State) Oakman AL	
34. FUNERAL HOME—Name and Address Kilgore - Green Funeral Home 1209 Birmingham Ave, Jasper, AL 35501			35. FUNERAL DIRECTOR—Signature <i>Robert Pullen</i>		36. DATE SIGNED BY FUNERAL DIRECTOR May 1, 2008	
37. <input checked="" type="checkbox"/> Medical Examiner - Coroner (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." Signature: <i>W. Monk Seal</i>					38. DATE SIGNED (Month, Day, Year) April 25 2008	
39. TIME AND DATE OF DEATH 0500 4/22/2008		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) W. Monk Scofield MD		
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) Shelby Baptist Medical Center 10001st St N ALABASTER AL					43. CERTIFIER LICENSE NUMBER 12767	
44. REGISTRAR—Signature <i>Stephanie Anderson</i> For State or County use only					45. DATE FILED (Month, Day, Year) MAY 9 2008	

SSN: _____
 NAME OF DECEASED
EVANS, Brenda Kay

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. Sepsis			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Verdant Hernia			
c. _____			
d. _____			
47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Diabetes Mellitus			48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unk.) No
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.

ADPH-HS 2/Rev. 11-93

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

Stephanie Anderson
 Signature of Local Registrar

May 9, 2008
 Date of Issue

ANY ALTERATIONS VOID THIS DOCUMENT

ANY ALTERATIONS VOID THIS DOCUMENT



20090107000005050 3/3 \$18.00
 Shelby Cnty Judge of Probate, AL
 01/07/2009 02:12:01PM FILED/CERT

ALABAMA CERTIFICATE OF DEATH

State File Number **101**

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

1. DECEASED—NAME First Middle Last (Type last name all capitals) Richard Oscar Evans			2. DATE OF DEATH (Month, Day, Year) November 25, 2008		3. COUNTY OF DEATH Shelby	
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) Residence 108 Newgate Road	
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 Male
11. AGE 64 YRS.	12. UNDER 1 YEAR MOS. DAYS HOURS MINS.	13. DATE OF BIRTH (Month, Day, Year) June 10, 1944		14. DECEASED'S SOCIAL SECURITY NUMBER		
15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) 12th		16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Widowed		17. SURVIVING SPOUSE (If wife, give maiden name)		18. Was Decedent 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 Shelby		22. CITY, TOWN, OR LOCATION AND ZIP CODE Alabaster 35007
23. INSIDE CITY LIMITS (Specify Yes or No) Yes	24. STREET AND NUMBER 108 Newgate Road		25. INFORMANT—Name and Address Richard Evans 816 Bridle Lane, Moody, AL. 35004			
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Engineer			27. KIND OF BUSINESS OR INDUSTRY Railroad			
28. FATHER—NAME First Middle Last Lincoln Woody Evans			29. MAIDEN NAME OF MOTHER— First Middle Last Viola McDonald			
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial		31. DATE OF DISPOSITION (Month, Day, Year) November 30, 2008	32. CEMETERY OR CREMATORY—Name Liberty Hill Cemetery		33. LOCATION—(City or Town—State) Oakman AL	
34. FUNERAL HOME—Name and Address Kilgore - Green Funeral Home 1200 Birmingham Ave. Jasper, AL. 35501			35. FUNERAL DIRECTOR—Signature <i>Robert P. [Signature]</i>		36. DATE SIGNED BY FUNERAL DIRECTOR December 16, 2008	
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." 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>Gwen Clausen, MD</i>					38. DATE SIGNED (Month, Day, Year) 12/4/2008	
39. TIME AND DATE OF DEATH 11/25/08 @ 9:45PM		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) Gwen Clausen, MD		
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) 1720 7th Ave. South, Birmingham AL 35294					43. CERTIFIER LICENSE NUMBER AL 14659	
44. REGISTRAR—Signature <i>Sheila Keller</i>					45. DATE FILED (Month, Day, Year) Dec 23, 2008	

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. Amiotrophic lateral sclerosis		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 1/2 years
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		
b. DUE TO (OR AS A CONSEQUENCE OF):		
c. DUE TO (OR AS A CONSEQUENCE OF):		
d. 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		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.

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

ADPH-HS 2/Rev. 11-93

Sheila Keller

Signature of Local Registrar

Dec 23, 2008

Date of Issue

NAME OF DECEASED
 Evans, Richard

SSN:

ANY ALTERATIONS VOID THIS DOCUMENT

ANY ALTERATIONS VOID THIS DOCUMENT

DECEASED
 BURIAL
 CERTIFIER