

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.

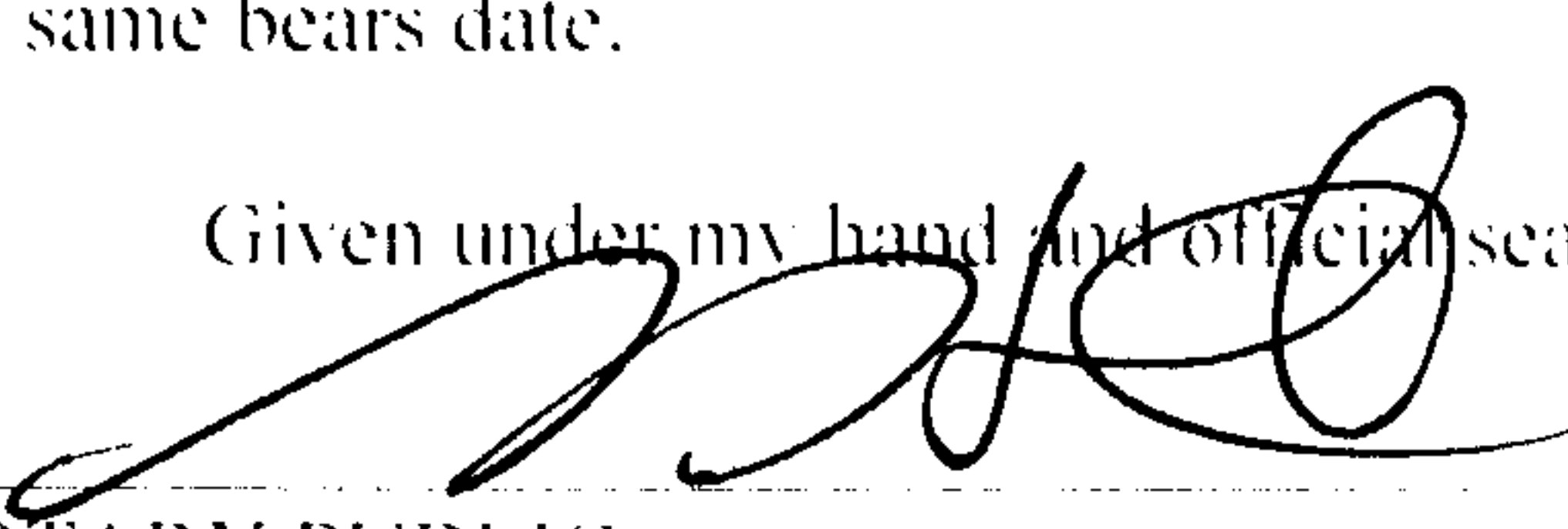
WITNESS:


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

101

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

County
File
Number —

State 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</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 Scottiehl MD	
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) Shelby Baptist Medical Center 1001st St N Alabaster AL			43. CERTIFIER LICENSE NUMBER 12767			
44. REGISTRAR—Signature <i>Stephane A. Hudson</i>			45. DATE FILED (Month, Day, Year) May 9, 2008		46. DATE FILED (Month, Day, Year)	

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	
b. Verdant Hernia				
c. Diabetes Mellitus				
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.) 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

Stephane A. Hudson
Signature of Local Registrar

May 9, 2008
Date of Issue

ANY ALTERATIONS VOID THIS DOCUMENT

SSN: _____

NAME OF DECEASED *EVANS, Brenda Kay*

DECEASED

BIRTH

CERTIFICATE

CAUSE

ANY ALTERATIONS VOID THIS DOCUMENT

TYPE IN PERMANENT
BLACK INK. DO NOT
USE GREEN, RED, OR
BLUE INK.20090107000005050 3/3 \$18.00
Shelby Cnty Judge of Probate, AL
01/07/2009 02:12:01PM FILED/CERTALABAMA
CERTIFICATE OF DEATH

101

Number —

State File Number

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

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. Kilgore</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	

SSN:

NAME OF DECEASED
Evans, Richard

NAME OF DECEASED

46.
49.
55.

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. <i>Amotrophic lateral sclerosis</i> DUE TO (OR AS A CONSEQUENCE OF):			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <i>2 1/2 years</i>	
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) <i>Natural</i>			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)				

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ADPH-HS 2/Rev. 11-93

Signature of Local Registrar

Date of Issue