

20090708000262030 1/4 \$194.50
Shelby Cnty Judge of Probate, AL
07/08/2009 10:31:31 AM FILED/CERT

Shelby County, AL 07/08/2009
State of Alabama
Deed Tax : \$174.50

This Document Prepared By:

Gordon W. Donnelly
164 Pebble Drive
Alabaster, Alabama 35007

After Recording Send Tax Notice To:

Gordon W. Donnelly
164 Pebble Drive
Alabaster, Alabama 35007

Assessor's Parcel Number: 23-2-10-1-001-001-056
Fair Market Value: 174,500.00

C-3227042

QUITCLAIM DEED
TITLE OF DOCUMENT

3 R-3235192

①

STATE OF ALABAMA

KNOW ALL MEN BY THESE PRESENTS:

SHELBY COUNTY

THAT in consideration of ONE AND NO/100 DOLLARS (\$1.00), to the undersigned grantor (whether one or more), in hand paid by the grantee herein, the receipt whereof is acknowledged, I or we, **Gordon W. Donnelly, surviving spouse of Jacklyn S. Donnelly as per attached certified copy of Certificate of Death**, (herein referred to as grantor, whether one or more), do hereby remise, release, quitclaim and convey to: **Gordon W. Donnelly, an unmarried man**, (herein referred to as grantee, whether one or more), the following described real estate, situated in Shelby County, Alabama, to wit:

LOT 24, ACCORDING TO THE SURVEY OF SUMMER BROOK, SECTION 4, AS RECORDED AS MAP BOOK 21, PAGE 104, IN THE PROBATE OFFICE OF SHELBY COUNTY, ALABAMA.

COMMONLY known as: 164 Pebble Drive, Alabaster, Alabama 35007

Source of Title Ref.: Deed: Recorded June 1, 1998; Doc. No. 1998-20015

TO have and to hold to the said grantee, his, her or their heirs and assigns forever.

The land described herein (You must make a selection):

X is homestead property of the said Grantor

_____ is **NOT** homestead property of the said Grantor

Mail to:
Recording Requested by &
When Recorded Return To:
US Recordings, Inc.
2925 Country Drive
St. Paul, MN 55117

Open
155

75779032-01

IN WITNESS WHEREOF, **Gordon W. Donnelly** have hereunto set my (our) hand(s) and seal(s),
this 7th day of MAY, 2009.

Gordon W. Donnelly
Gordon W. Donnelly

General Acknowledgement

STATE OF ALABAMA
Shelby COUNTY

I, Jo Ann Kiser a Notary Public in and for said
County, in said State, hereby certify that **Gordon W. Donnelly**, whose name(s) is/are signed to
the foregoing conveyance and who is/are known to me, acknowledged before me on this day,
that, being informed of the contents of the above and foregoing conveyance, he/she/they
executed the same voluntarily on the day the same bears date.

NOTARY STAMP/SEAL

Given under my hand and official seal of office this
7th day of MAY, 2009.

NOTARY PUBLIC
My Commission Expires: 3/20/2013

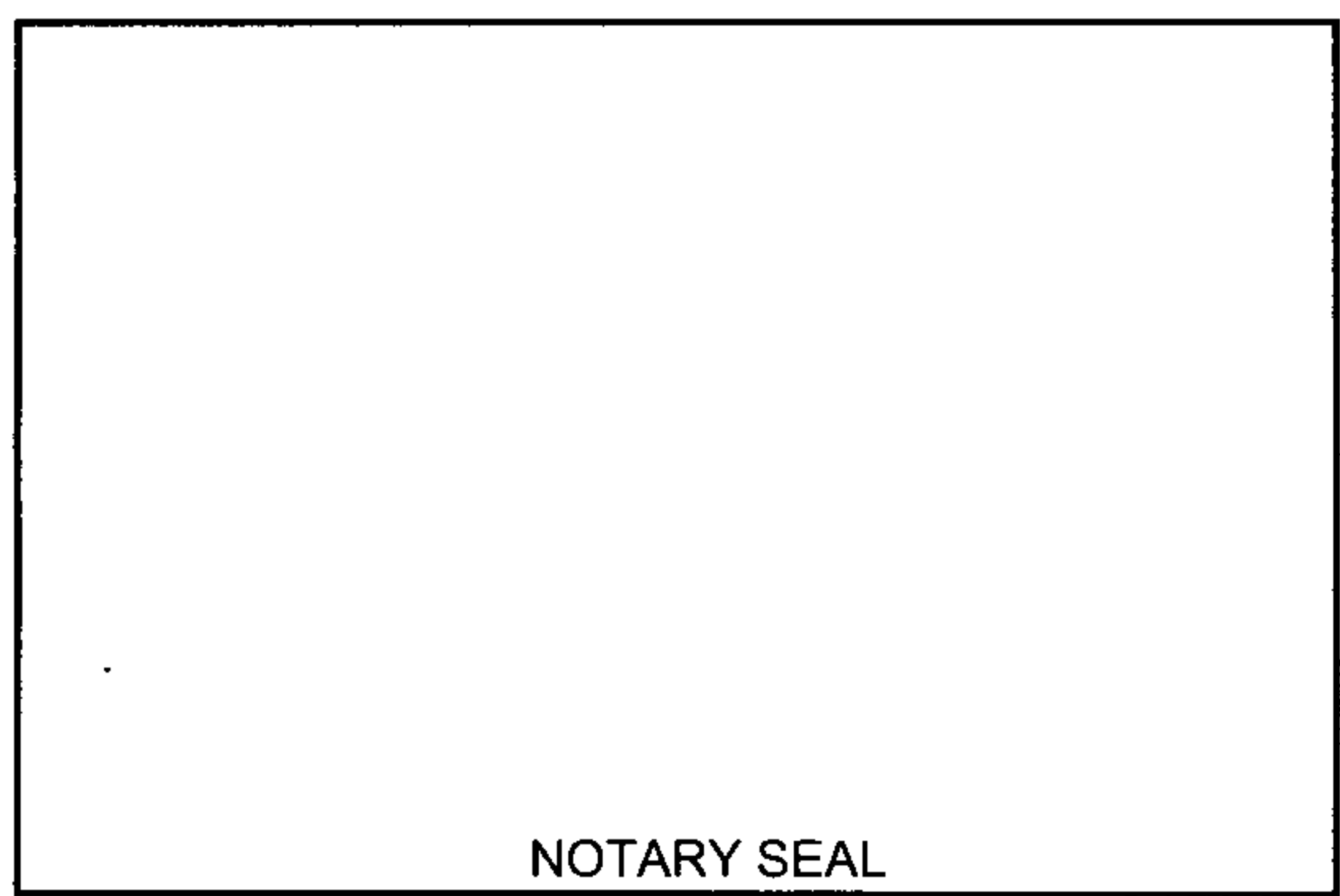
See ATTACHED
→

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ACKNOWLEDGMENT

STATE OF ALABAMA
COUNTY OF shelby
On 5/7/09 before me, JoAnn Kiser, a Notary Public, Personally Appeared
(DATE) NAME OF NOTARY PUBLIC
Gordon W. Donnelly

NAME(S) OF SIGNERS
 personally known to me -or- ✓ proved to me on the basis of satisfactory evidence to be the
person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they
executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument
the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.
JoAnn Kiser
SIGNATURE OF NOTARY
JOANN KISER
MY COMMISSION EXPIRES ON: 3/20/2013

Description of Attached Document:
Title to Type of Document: Quitclaim Deed
Document Date: 5-7-2009 Number of Pages: 3
Signers Other Than Named Above: _____

ALABAMA

Center for Health Statistics

ALABAMA

CERTIFICATE OF DEATH

20090708000262030 4/4 \$194.50
Shelby Cnty Judge of Probate, AL
07/08/2009 10:31:31 AM FILED/CERT

05-41986

State File Number 101

County
File
Number

1. DECEASED—NAME First Middle Last (Type last name all capitals) Jacklyn S. DONNELLY				2. DATE OF DEATH (Month, Day, Year) November 25, 2005		3. COUNTY OF DEATH Shelby	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Alabaster, AL 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) 164 Peeble Drive	
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA) No				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 66 YRS.		12. UNDER 1 YEAR MOS. DAYS HOURS MINS.		13. DATE OF BIRTH (Month, Day, Year) February 8, 1939		14. DECEASED'S SOCIAL SECURITY NUMBER	
15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) 12 College (1-4 or 5+) 12				16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married		17. SURVIVING SPOUSE (If wife, give maiden name) Gordon Donnelly	
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, AL 35007	
23. INSIDE CITY LIMITS (Specify Yes or No) Yes		24. STREET AND NUMBER 164 Peeble Drive		25. INFORMANT—Name and Address Gordon Donnelly 164 Peeble Drive Alabaster, AL 35007			
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Corporate Secretary				27. KIND OF BUSINESS OR INDUSTRY President of B'ham Regional Chamber of Commerce			
28. FATHER—NAME First Middle Last Jack Thomas Shell				29. MAIDEN NAME OF MOTHER—First Middle Last Louise Payne			
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial		31. DATE OF DISPOSITION (Month, Day, Year) Nov. 29, 2005		32. CEMETERY OR CREMATORY—Name Macedonia		33. LOCATION—(City or Town—State) Bessemer, AL	
34. FUNERAL HOME—Name and Address Brown Service Funeral Home PO Box 609 Bessemer, AL 35021				35. FUNERAL DIRECTOR—Signature <i>Michael Raimurater</i>		36. DATE SIGNED BY FUNERAL DIRECTOR Dec. 9, 2005	
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 — 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) DECEMBER 27, 2005			
39. TIME AND DATE OF DEATH 9^{PM} November 25, 2005		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) Ira Gore M.D.			
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) 810 - St. Vincent Drive B'ham, AL 35205				43. CERTIFIER LICENSE NUMBER 10914			
44. REGISTRAR—Signature <i>Donna Davis</i>				45. DATE FILED (Month, Day, Year) December 16, 2005			

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) → BREAST 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):			
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.) no	
49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) Natural		50. AUTOPSY (Specify Yes or No) 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.

DEC 16 2005

ADPH-HS 2/Rev. 11-93

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2009-225-627-4

April 20, 2009

Catherine M. Donald
Catherine Molchan Donald
State Registrar of Vital Statistics

ANY ALTERATIONS VOID THIS DOCUMENT

NAME OF DECEASED: Jacklyn S. Donnelly SSN: [REDACTED]

DECEASED

BURIAL CERTIFIER

CAUSE