

STATE OF ALABAMA)

COUNTY OF SHELBY)

AFFIDAVIT OF DEATH

Before me, the undersigned authority, on this day personally appeared Janet Ethel Thompson ("Affiant") who, being first duly sworn, upon his/her oath did depose and state as follows:

1. My name is Janet Ethel Thompson, and I live at 3374 North Wildewood Drive, Pelham, Alabama 35124 (insert address of affiant's residence). I am the surviving daughter of Aleine W. Key ("Decedent"), and I have personal knowledge of the facts stated in this affidavit.
2. Decedent died on August 2, 2008. Decedent's place of death was 3374 North Wildewood Drive, Pelham, Alabama 35124. At the time of decedent's death, decedent's residence was 3374 North Wildewood Drive, Pelham, Alabama 35124.
3. In further support of the facts surrounding my mother's demise, a copy of the Death Certificate is attached hereto as Exhibit "A."
4. Decedent left no debts that are unpaid.
5. There are no unpaid estate or inheritance taxes.
6. I give this affidavit for the purpose of establishing for the public record the facts of my mother's death. This affidavit is not intended in no way to establish the heirs of my deceased mother.

Signed this 16 day of October, 2009.

Janet E. Thompson
(signature of affiant)

State of Alabama)

County of Shelby)

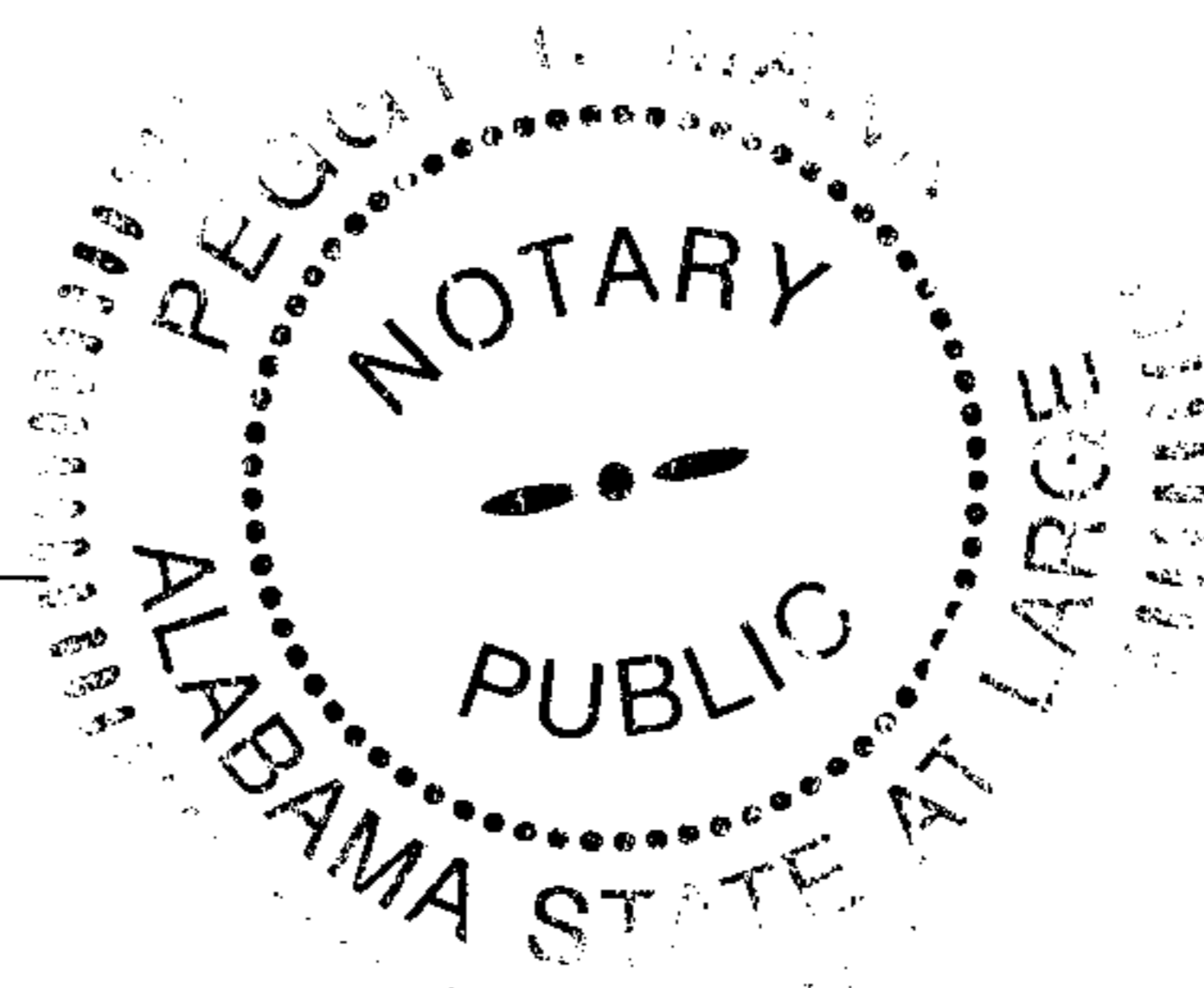
Sworn to and subscribed to before me on October 16, 2009 by Janet Ethel Thompson.

[Signature]
(signature of notarial officer)

(Seal of notary)

Peggy I. Mann
(printed name)

My commission expires: 2-5-11



PEGGY I. MANN
COMMISSION EXPIRES FEB 5, 2011

This instrument was prepared by:

Stewart & Associates, P.C.
3595 Grandview Parkway
Birmingham, AL 35243

ALABAMA CERTIFICATE OF DEATH

1005415540

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

County
File
Number

State File Number 101

1. DECEASED—NAME First Middle Last (Type last name all capitals) Aleine Walden KEY			2. DATE OF DEATH (Month, Day, Year) August 02, 2008		3. COUNTY OF DEATH Shelby	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Pelham 35124			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) 3374 N Wildwood Drive	
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.		9. RACE—(Specify American Indian, Black, White, etc.) White	
11. AGE 80 YRS.			12. UNDER 1 YEAR MOS. DAYS HOURS MINS.		13. DATE OF BIRTH (Month, Day, Year) June 06, 1928	
15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (9-12) College (1-4 or 5-1-1)			16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Widowed		17. SURVIVING SPOUSE (If wife, give maiden name) Susan Key	
19. STATE OF BIRTH (If not in USA, name country) Alabama			20. RESIDENCE—STATE Alabama		21. COUNTY Shelby	
23. INSIDE CITY LIMITS (Specify Yes or No) Yes			24. STREET AND NUMBER 3374 N Wildwood Drive		22. CITY, TOWN, OR LOCATION AND ZIP CODE Pelham 35124	
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		25. INFORMANT—Name and Address 405 Southerland Pl, Homewood, AL 35209	
28. FATHER—NAME First Middle Last Thomas H. Walden			29. MOTHER—NAME First Middle Last Ellie Wallace		18. Was Decedent ever in Armed Forces (Specify Yes or No) No	
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial			31. DATE OF DISPOSITION (Month, Day, Year) Aug. 05, 2008		32. CEMETERY OR CREMATORY—Name Elmwood Cemetery	
34. FUNERAL HOME—Name and Address Ridout's Elmwood Chapel 800 Dennison Av. Sw. Birmingham, AL 35211			35. FUNERAL DIRECTOR—Signature <i>Kelly Y Johnson</i>		33. LOCATION—(City or Town—State) Birmingham, AL	
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 (Forensic) "On the basis of examination and/or information, 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) 08/05/08		36. DATE SIGNED BY FUNERAL DIRECTOR 8-6-08	
39. TIME AND DATE OF DEATH 10:44 08/02/08			40. DATE AND TIME PROCLAIMED DEAD (For Coroners/M.E. use only)		41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) James M. Cross M.D.	
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) LHRB 112, 1530 3rd Ave S, Birmingham, AL 35294			43. CERTIFIER LICENSE NUMBER 23294		44. REGISTRAR—Signature <i>Shula Heller</i>	
44. REGISTRAR—Signature <i>Shula Heller</i>			45. DATE FILED (Month, Day, Year) Aug 12, 2008			

NAME OF DECEASED
Aleine Key

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) → Severe Blunt Force Trauma			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 hr	
DUE TO (OR AS A CONSEQUENCE OF): Motor Vehicle Collision			1 hr	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST				
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) Accident			50. AUTOPSY (Specify Yes or No)	
52. HOW INJURY OCCURRED (Enter source of injury in Item 46, Part I or Item 47, Part II)			51. If yes, were findings considered in determining cause of death? (Specify Yes or No)	
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.

ADPH-MS 2/Rev. 11-95

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

Shula Heller
Signature of Local Registrar

Aug 13, 2008
Date of Issue



20091022000397690 2/2 \$14.00
Shelby Cnty Judge of Probate, AL
10/22/2009 11:08:14 AM FILED/CERT