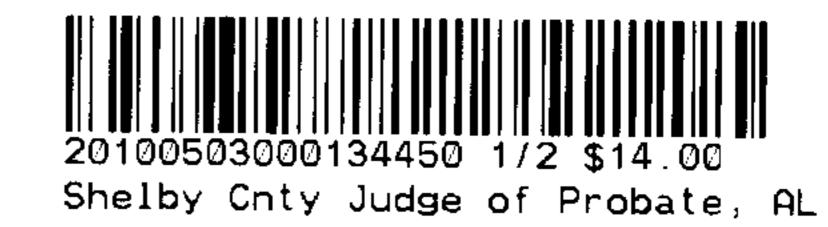
ADPH-HS 2/Rev. 11-93

ALABAMA

Center for Health Statistics



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

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ALABAMA

ACK MK, DO NOT E GREEN, RED, OR UE INK.	County		CERTIFICATE OF DEATH State File Mumber 101								04-21894		
15C17E	Number —	rst Midde	las	Last (Type lest name all capitals)			State File Number [H (North, Day, Year)	101	3. COUNTY OF DE	3. COUNTY OF DEATH			
<u>059035</u>							June 18, 2004			Shelby			
39			liam DA	RRENKAM	E CITY LIMITS		ATH-HOSPITAL OR OTH				<u> </u>		
	4. CITY, TOWN, OR LOCATION OF			[\$peci	ty Yes or No)	1							
054035	Helena	<u>35080</u>	a Acuren	Yes B. OF HISPANIC ORIGIN (Specify Yes or No) II Yes, Specify Cubi			16 Ston			SEX			
5	7. IF HOSPITAL (Specify Inpetient	, Effor Outpoinent, DOA)	Mexican	unic unicin (Specify resion) , Puerto Rican, etc.	und a sezt pharm en	Delity			rainte, davil				
7				<u> </u>	No		Whit		FOR CONST. CONST.	Male	· <u> </u>		
59402	11,79	2. UNDER 1 YEAR DAYS	UNDER 1 DAY HOURS	MINS.	13. DATE OF BIRT	H (Month, Day, Ye		14. DECEAS	ED'S SOCIAL SECURIT	TRUMBEN			
	62 YRS.		<u> </u>		Marc	 	1942						
	TS. EDUCATION (Specify OHLY to Elementary or High School (C	· · · · · · · · · · · · · · · · · · ·	16. MARITALS or 5+) Widowed,	STATUS (Specify Married, Ne Divorced	ever Merried,	17. SURVIV	RVG SPOUSE (III wite, give	maiden namej		Forces (adent over in Armai Specify Yes or No)		
		4		Marr		Do		ykes		Y	es		
	19. STATE OF BIRTH (If not in US	iA, name country) 20	RESIDENCE—STATE		21. COUNTY		22. CTY, 1	DWN, DR LDEATI	ON AND ZIP CODE		_		
	Pennsyly	vania	Alaban	na	She:	lby	<u> </u>	<u>lelena</u>	a, AL.	<u>3508</u>	0		
₹	22 INSIDE CITY LIMITS 24	4. STREET AND NUMBER			25. INFORMAL	T-Name and Ad	dress Dor	othy	Darre	nkamp			
2	(Specify Yea or No.) Yes	816 St	neridge	Drive	816	Ston	eridge	Dr. 1	Helena	<u>, AL.35</u>	080		
80	26. USUAL OCCUPATION (Give)					D OF BUSINESS	OR INDUSTRY						
~	Man	agement			•	M	edical	.=					
X		First Middle	Į.a.	ışt.	29. MA	IDEN NAME OF N	AOTHER- Fin	i i	Middle	Last			
	Jo	ohn Elwa	ood Dar	renkamp			Pe	earl	Mae	Huss			
₽	30 DISPOSITION OF BODY (See	cify Burisi, Cremation, Medical	31. DATE OF DISPOS		EMETERY OR CREMA	70RY—Name		33 LOCAT	NON-(City or Town-S	itate)			
<u>.</u>	Donation, Hospital Disposal,	Othen Buria	(Month, Day, Year) Tippe 2	222004 Iv	anhoe	Bapt	ist Ch	. Iv	anhoe,	NC			
id	34. FUNERAL HOME—Kame and	SADERS 11 + DO DO	o Horit:	ige 3512	35. FUNERAL I	XRECTOR-Signa	ture			36. DATE SIGNED BY F	UNERAL DIRECTO		
ä	475/Caha	ba Valle	v Rd. Pe	elham.AL		WILL	Mill			July2.	2004		
ğ	37. Y Certifying Ph	المسادات بمنوب واوبدا فالكوالة البراط الناب				and data and du	e to the cause(s) and mar	her stated." 30	B. DATE SIGNED (Mont				
• • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	mynt A Coroner					date, place, and due to th	e cause(s)	6/29/				
₹	Signature:	4 1 1		2 V.			and mann	er at phed."	47/	ا			
	39. TIME AND DATE OF DEATH	1 m	40. DATE AND TIME	PRONOUNCED DEAD (For Co	proner/M.E. use only	41, 1	IAME AND TITLE OF PERS	ON WHO COMPLE	TED CAUSE OF DEATH	(hem 46)			
X	l	•				E	-lizabet	h A.	Lowe	nthal	DO		
- S	42. ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	H (Kern 46)						43. CERTIFIER LICE				
				3T 2EA	Λ 7				D031	'B			
42	1024 1st.		labaster	AL 350		only	——————————————————————————————————————	<u> </u>	48. DATE FINED (M	onth, Dep., Year)			
**	44. REGISTRAR - Sign	UNITURE			0000	1			Chilli	$\sim 8^{\circ}$ λ	TXX		
	······································	<u> </u>		XXIV- 17	<u> </u>	<u> </u>			10000				
	MEDICAL CEDTIFICATION												
	MEDICAL CERTIFICATION 48. 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. <u>LIST ONLY ONE CAUSE ON EACH LINE.</u> APPROXIMATE INTERVAL BETWEEN ONSET												
	:	_								IND DEATH	_		
	IMMEDIATE CAUSE (Final disease or condition resulting in		METASTAT		none re	HKACOM	PROSTATI	L CAN	JCER	ok y	ears		
		- UDE II) (OR AS A CONSEQUENCE	-	λ. Λ		O		1000	4	۲ م. م. <i>د</i>		
		ا کے ا	LEASONS		DE HOS	17708	PROSTAT	E CM	JCE /K	- 5 4	ears		
	Sequentially list conditions, if a) (OR AS A CONSEQUENCE	. UF J.									
	immediate cause. Enter UNDER's (Disease or injury that ink	LYING CAUSE <		AP.	· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·				
	resulting in death) LAST	Agree exercted 1 DOE 14) (OR AS A CONSEQUENCE	: OF):					}				
		<u>_</u> ¢			· · · · · · · · · · · · · · · · · · ·					A WAS TURBE A ODER	MARCH IN LACT		
88	47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.									8. WAS THERE A PREG 42 DAYS? (Specify Y			
8											0		
\$6	49 MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) 50. AUTOPSY [Specify Yes or No] [Specify Yes or No]										cause of death?		
.	NATURAL CAUSE												
	52. HOW INJURY OCCURRED (Enter nature of injury in hem 4	i, Part 1 or Item 47, Part II)				63. DATE OF INJURY (A	lonin, Day, Year)		54. HOUR OF MU	URY		
	_ [· · · · · · · · · · · · · · · · · · ·					· · · · · · · · · · · · · · · · · · ·				
49	55. INJURY AT WORK (Specify Y	les or Not 56. PLACE OF INJU	RY—(Specify at home, farm,	street, factory, office building	j, etc.)	57. LOCATION DE	INJURY (Street or R.F.D. N	lo., City or Town, S	i131e)				
55													
, . . 								· 					

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2010-195-081-9

This is a legal record and must be filed within five (5) days after death.



JUL 0 9 2004

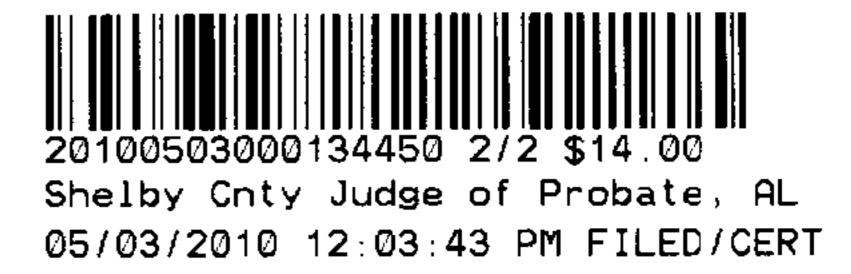


Exhibit "A" Legal Description

ALL THAT PARCEL OF LAND IN CITY OF HELENA, SHELBY COUNTY, STATE OF ALABAMA, BEING KNOWN AND DESIGNATED AS FOLLOWS:

LOT 324, ACCORDING TO THE SURVEY OF PHASE I, FIELDSTONE PARK, THIRD SECTOR, AS RECORDED IN MAP BOOK 18, PAGE 113, IN THE PROBATE OFFICE OF SHELBY COUNTY, ALABAMA.

BY FEE SIMPLE DEED FROM FIELDSTONE CONSTRUCTION AND MORTGAGE, INC. AS SET FORTH IN INST # 1994-36958 DATED 12/16/1994 AND RECORDED 12/20/1994, SHELBY COUNTY RECORDS, STATE OF ALABAMA.

Tax ID: 13-5-21-3-002-003.024

