


STATE OF ALABAMA     )  
  :  
SHELBY COUNTY         )

  
20110708000197770 1/4 \$21.00  
Shelby Cnty Judge of Probate, AL  
07/08/2011 09:04:41 AM FILED/CERT

**AFFIDAVIT OF RICHARD S. VARNER, JR.**

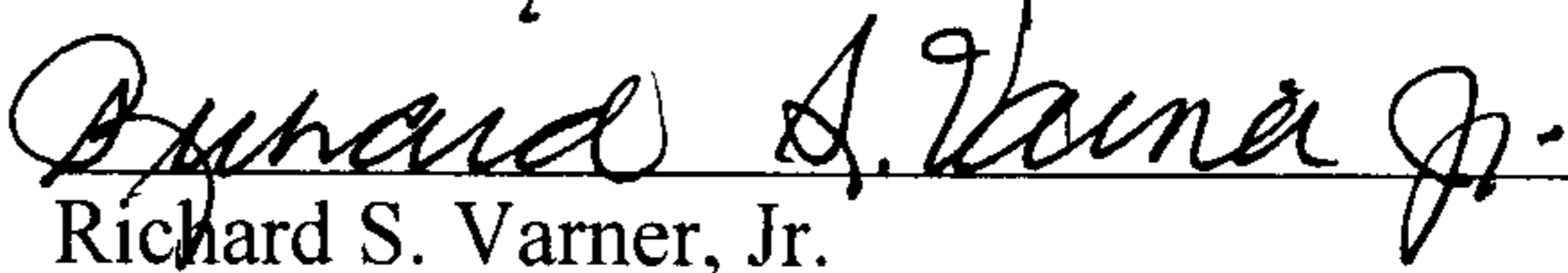
Richard S. Varner, Jr., being duly sworn, deposes and says:

1. My name is Richard S. Varner, Jr. I am over 19 years of age and a resident of Shelby County, Alabama. I have personal knowledge of the facts contained herein.

2. My wife, Joette F. Varner, and I owned the property described on Exhibit "A" (the "Property") as joint tenants with right of survivorship, as evidenced by that certain deed dated July 12, 1984, and recorded in the Office of the Judge of Probate of Shelby County, Alabama in Book 357, at Page 339.

3. My wife died on or about December 17, 2010, as evidenced by the Alabama Certificate of Death, attached hereto as Exhibit "B." Therefore, I now own fee simple title to the Property.

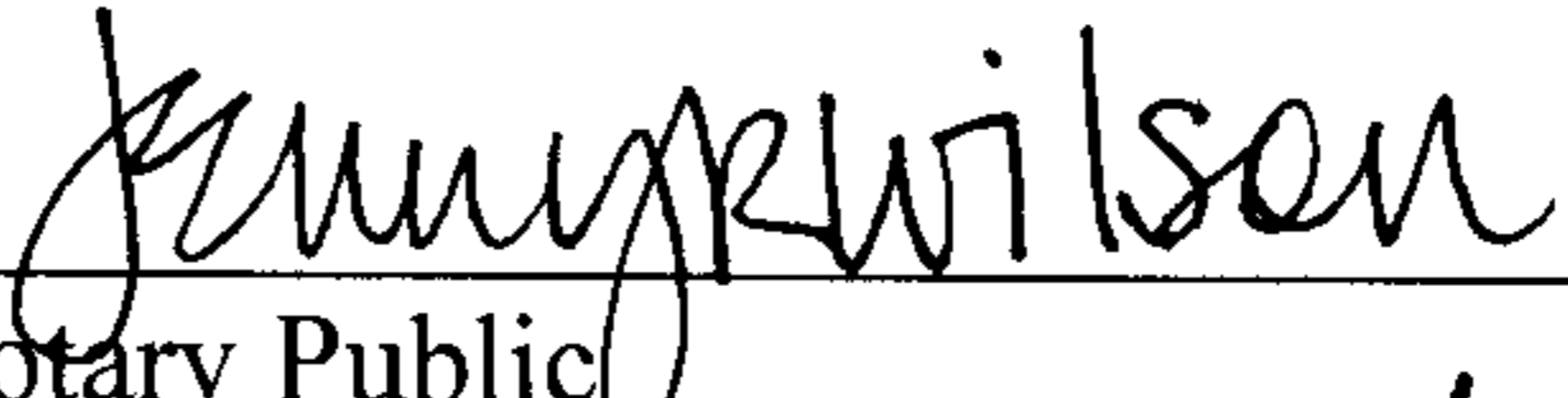
DATED this 14 day of June, 2011.

  
Richard S. Varner, Jr.

STATE OF ALABAMA     )  
SHELBY COUNTY         )


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

Given under my hand this 14 day of June, 2011.

  
Notary Public  
My commission expires: 1/13/14

(SEAL)

**EXHIBIT "A"**

  
20110708000197770 2/4 \$21.00  
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Lot 31-A, according to Resurvey of Lots 31 & 32, Old Mill Trace, 2nd Sector, as recorded in Map Book 9, Page 15, in the Probate Office of Shelby County, Alabama; being situated in Shelby County, Alabama.



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## **EXHIBIT "B"**

ALABAMA CERTIFICATE OF DEATH – JOETTE F. VARNER

[See Attached]

# ALABAMA

## Center for Health Statistics



20110708000197770 4/4 \$21.00  
 Shelby Cnty Judge of Probate, AL  
 07/08/2011 09:04:41 AM FILED/CERT

# ALABAMA

## CERTIFICATE OF DEATH

10-44312

101

YM

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

3. 059989  
 6. 000  
 19. 01  
 20. 059989  
 28.  
 27.  
 34. 37496

1. DECEASED—NAME First: Joette, Middle: Mary, Last: VARNER			2. DATE OF DEATH (Month, Day, Year) December 17, 2010		3. COUNTY OF DEATH Shelby		
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Birmingham 35242			5. INSIDE CITY LIMITS (Specify Yes or No) No		6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in urban, give street and number) 4813 Caldwell Mill Lane		
7. IF HOSPITAL (Specify Inpatient, EIT 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 Female			11. AGE 56 YRS.		12. UNDER 1 YEAR MOS. DAYS HOURS MINS		
13. DATE OF BIRTH (Month, Day, Year)			14. DECEASED'S SOCIAL SECURITY NUMBER		15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (9-12) College (1-4 or 5+) 3		
16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married			17. SURVIVING SPOUSE (If wife, give maiden name) Richard Stratford Varner Jr		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 Birmingham, AL. 35242	
23. INSIDE CITY LIMITS (Specify Yes or No) No		24. STREET AND NUMBER 4813 Caldwell Mill Lane		25. INFORMANT—Name and Address Richard Varner 4813 Caldwell Mill Ln, Birmingham, AL.			
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) RN			27. KIND OF BUSINESS OR INDUSTRY Baptist Medical Center Princeton				
28. FATHER—NAME First: Joseph, Middle: Paschal, Last: Fiorella			29. MOTHER NAME OF MOTHER— First: Patsy, Middle: Lee, Last: Garmany				
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Cremation		31. DATE OF DISPOSITION (Month, Day, Year) Dec. 21, 2010		32. CEMETERY OR CREMATORY—Name Abanks Crematory		33. LOCATION—(City or Town—State) Birmingham, AL	
34. FUNERAL HOME—Name and Address Abanks Mortuary & Crematory 808 5th Ave. N, Birmingham, AL. 35203			35. FUNERAL DIRECTOR—Signature Allen Goodwin		36. DATE SIGNED BY FUNERAL DIRECTOR Dec. 26, 2010		
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: [Signature]					38. DATE SIGNED (Month, Day, Year) 12/21/10		
39. TIME AND DATE OF DEATH 6:00 pm 12/17/2010		40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only)		41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 40) Jonathan C. Merkle, MD			
42. ADDRESS OF PERSON WHO COMPLETES CAUSE OF DEATH (Item 40) 33 Salem Rd Ste #2 Montevallo, AL 35115					43. CERTIFIER LICENSE NUMBER 21192		
44. REGISTRAR—Signature [Signature]					45. DATE FILED (Month, Day, Year) Dec. 28, 2010		

SSN:

VARNER

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2011-133-739-4

*Catherine M. Donald*

February 4, 2011

Catherine Molchan Donald  
 State Registrar of Vital Statistics