

SURVIVOR AFFIDAVIT AND SATISFACTION OF MORTGAGE

STATE OF ALABAMA)
 :
COUNTY OF SHELBY)

MY name is Marion Price. I am over 19 years of age and competent to testify. I am knowledgeable of the matters asserted herein.

This affidavit is to provide **NOTICE TO ALL THE WORLD** that my mother, Martha Frances Price, a widow, died October 3, 2010 (See Exhibit A, Alabama Certificate of Death). That she was survived by one heir, I, Marion Price.

That prior to her death, Martha Frances Price was the holder of a \$150,000.00 promissory "Note and security instrument, "Mortgage", recorded in Shelby County, Alabama, as instrument Number 20020515000229020 Pg 1/15 278 00, recorded May 15, 2002; a copy of page 1 of said mortgage is attached here too, as Exhibit B. That the legal description of the real estate that is the security interest of said mortgage is:

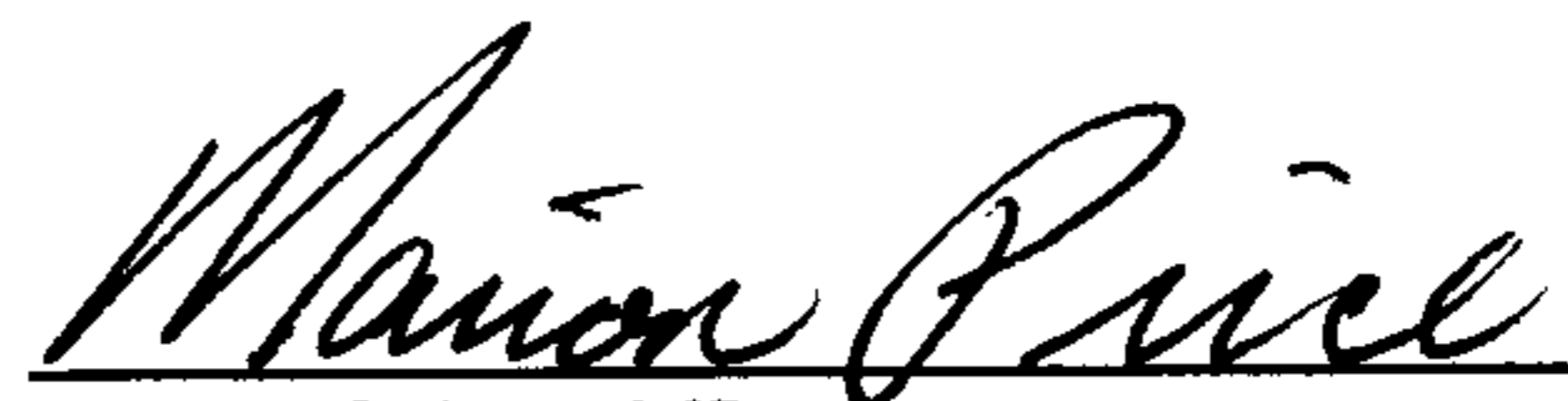
Lot 12, according to the Survey of the Cedars, 2nd Sector, as recorded in Map Book 25, page 135, in Probate Office of Shelby County, Alabama, Situated in Shelby County, Alabama.

That the borrowers that are subject to the above referenced promissory Note and Mortgage are I, Marion Price and my wife, Patricia Price.

That in accordance to the law of intestate succession, Martha Frances Price's entire estate passed to her surviving issue. That I, Marion Price as Martha Frances Price's sole surviving issue, am now the owner and holder of the above referenced Note and Mortgage.

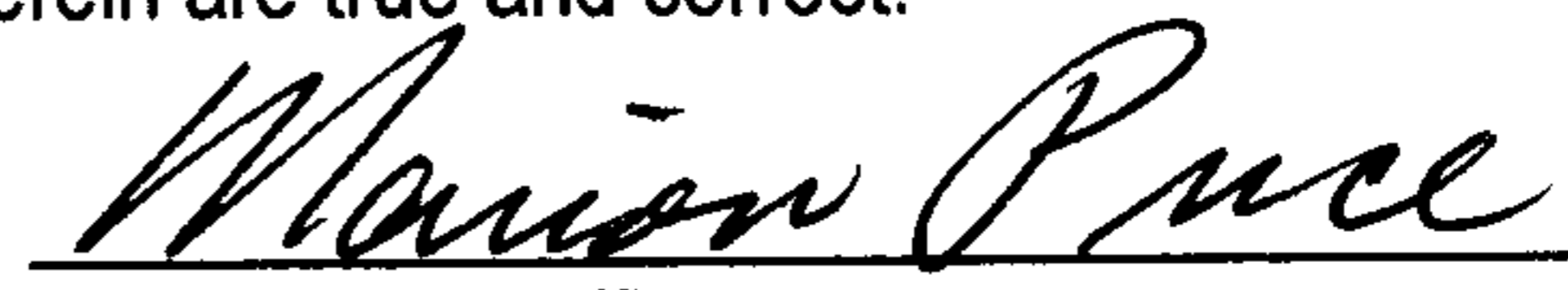
That I, Marion Price as owner and holder of the promissory Note and Mortgage, as well as one of the co-borrowers of the promissory Note and Mortgage do here by satisfy the \$150,000.00 promissory Note and Mortgage recorded in Shelby County, Alabama, as instrument Number 20020515000229020 Pg 1/15 278 00, recorded May 15, 2002.

DONE this the 19th day on September, 2011.

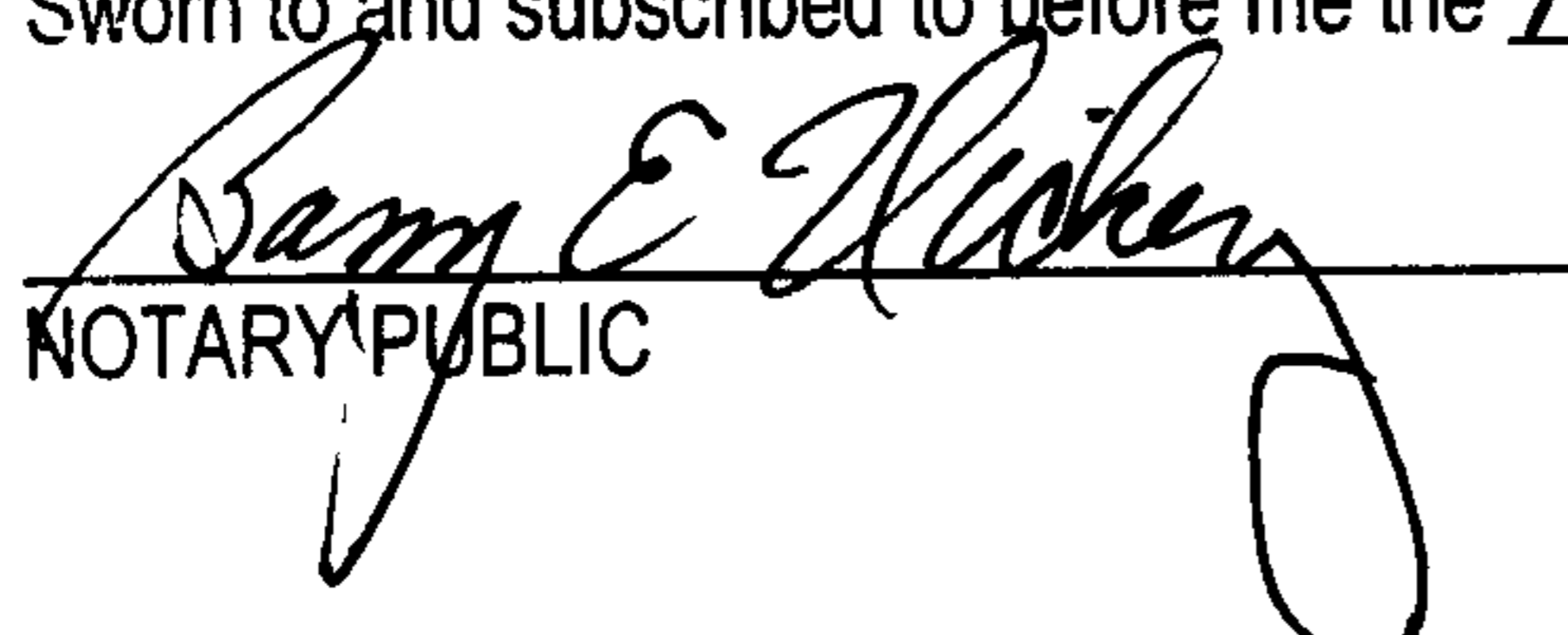

Marion Price, Affiant

STATE OF ALABAMA)
 :
SHELBY COUNTY)

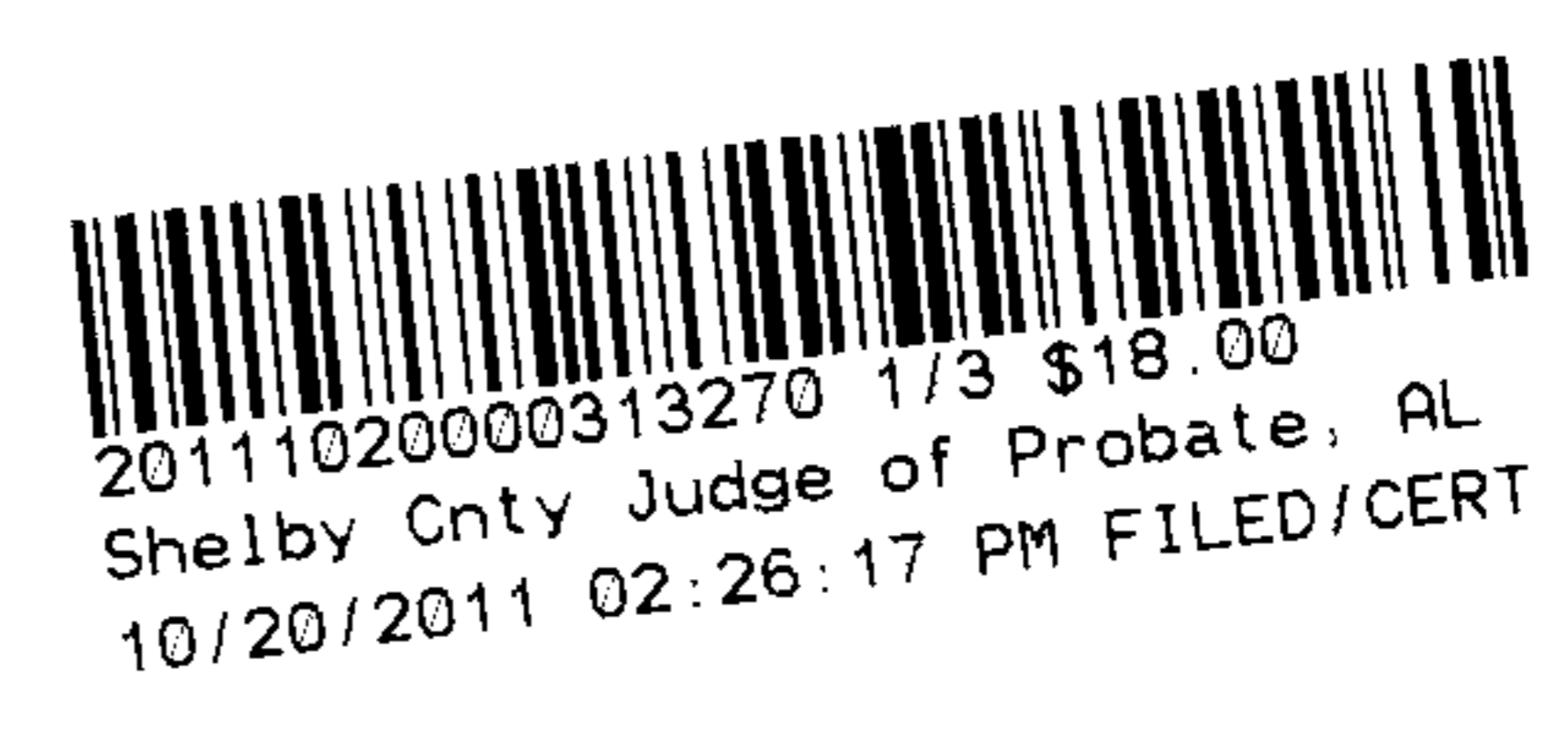
Before me, the undersigned authority, in said County and for said State, personally appeared, Marion Price, who being by me first duly sworn MAKES OATH THAT HE HAS READ THE FOREGOING Affidavit and knows the contents thereof, and that he avers that the facts therein are true and correct.


Marion Price, Affiant

Sworn to and subscribed to before me the 19 day of September, 2011


NOTARY PUBLIC

11/19/2012



ALABAMA CERTIFICATE OF DEATH

State File Number **101**

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

County
File
Number —

1. DECEASED—NAME First Middle Last (Type last name all capitals) Martha Frances PRICE			2. DATE OF DEATH (Month, Day, Year) October 3, 2010		3. COUNTY OF DEATH Jefferson	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Birmingham 35202			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) St. Vincent's Hospital		
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 86 YRS.	12. UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MINS.	13. DATE OF BIRTH (Month, Day, Year) March 11, 1924		14. DECEASED'S SOCIAL SECURITY NUMBER [REDACTED]	
15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) 12 College (1-4 or 5+)		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) No
19. STATE OF BIRTH (If not in USA, name country) Alabama		20. RESIDENCE—STATE Alabama	21. COUNTY Coffee	22. CITY, TOWN, OR LOCATION AND ZIP CODE Elba 36323		
23. INSIDE CITY LIMITS (Specify Yes or No) Yes	24. STREET AND NUMBER 834 Smith Avenue		25. INFORMANT—Name and Address Marion Price 344 Cedar Hill Drive, Birmingham, AL 35242			
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Homemaker			27. KIND OF BUSINESS OR INDUSTRY Home			
28. FATHER—NAME First Middle Last Marion Clifton Adolphus Maddox			29. MAIDEN NAME OF MOTHER— First Middle Last Myrtle White			
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial		31. DATE OF DISPOSITION (Month, Day, Year) Oct. 9, 2010	32. CEMETERY OR CREMATORY—Name Evergreen Cemetery		33. LOCATION—(City or Town—State) Elba, Alabama	
34. FUNERAL HOME—Name and Address Hayes Funeral Home P.O. Box 387, Elba, Alabama 36323			35. FUNERAL DIRECTOR—Signature <i>[Signature]</i>		36. DATE SIGNED BY FUNERAL DIRECTOR Oct. 15, 2010	
37. <input checked="" type="checkbox"/> 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." <input type="checkbox"/> Medical Examiner <input type="checkbox"/> 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>Herbert P. Walker, Jr. MD</i>					38. DATE SIGNED (Month, Day, Year) 10/11/10	
39. TIME AND DATE OF DEATH 1:47pm Oct 3, 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 46) Herbert P. Walker, MD		
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) 3140 Cahaba Heights Road Birmingham, AL 35243				43. CERTIFIER LICENSE NUMBER 10530		
44. REGISTRAR— Signature <i>[Signature]</i>			For State or County use only		45. DATE FILED (Month, Day, Year) Oct-18-2010	

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.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death) → Sepsis	DUE TO (OR AS A CONSEQUENCE OF):	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Perirectal Abscess	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. Dementia; Dehydration		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) 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 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

Exhibit "A"

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

October 19 2010

Doreen Walker

NAME OF DECEASED **FRANCES M. PRICE**

20111020000313270 2/3 \$18.00
Shelby Cnty Judge of Probate, AL
10/20/2011 02:26:17 PM FILED/CERT

SSN: _____

20020515000229020 Pg 1/15 270.00
Shelby Cnty Judge of Probate, AL
05/15/2002 09:46:00 FILED/CERTIFIED

After Recording Return To:

20111020000313270 3/3 \$18.00
Shelby Cnty Judge of Probate, AL
10/20/2011 02:26:17 PM FILED/CERT

[Space Above This Line For Recording Data]

MORTGAGE

DEFINITIONS

Words used in multiple sections of this document are defined below and other words are defined in Sections 3, 11, 13, 18, 20 and 21. Certain rules regarding the usage of words used in this document are also provided in Section 16.

(A) "Security Instrument" means this document, which is dated APRIL 29, 2002, together with all Riders to this document.

(B) "Borrower" is MARION PRICE AND WIFE, PATRICIA PRICE. Borrower is the mortgagor under this Security Instrument.

(C) "Lender" is FRANCES M. PRICE. Lender is a AN INDIVIDUAL organized and existing under the laws of STATE OF ALABAMA. Lender's address is 834 SMITH AVENUE, ELBA, ALABAMA 36323. Lender is the mortgagee under this Security Instrument.

(D) "Note" means the promissory note signed by Borrower and dated APRIL 29, 2002. The Note states that Borrower owes Lender ONE HUNDRED FIFTY THOUSAND AND NO/100 Dollars (U.S. \$ 150,000.00) plus interest. Borrower has promised to pay this debt in regular Periodic Payments and to pay the debt in full not later than MAY 1, 2032.

(E) "Property" means the property that is described below under the heading "Transfer of Rights in the Property."

(F) "Loan" means the debt evidenced by the Note, plus interest, any prepayment charges and late charges due under the Note, and all sums due under this Security Instrument, plus interest.

(G) "Riders" means all Riders to this Security Instrument that are executed by Borrower. The following Riders are to be executed by Borrower [check box as applicable]:

- Adjustable Rate Rider
- Balloon Rider
- 1-4 Family Rider
- Condominium Rider
- Planned Unit Development Rider
- Biweekly Payment Rider
- Second Home Rider
- Other(s) [specify] _____

Exhibit B