

STATE OF ALABAMA
DOMESTIC FOR-PROFIT CORPORATION
ARTICLES OF DISSOLUTION

INSTRUCTIONS:

STEP 1: FILE ORIGINAL AND TWO COPIES WITH THE JUDGE OF PROBATE IN THE COUNTY WHERE THE ORIGINAL ARTICLES OF INCORPORATION ARE FILED WITH SECRETARY OF STATE AND JUDGE OF PROBATE FEES ATTACHED. THE JUDGE OF PROBATE'S FILING FEE IS \$10 AND THE SECRETARY OF STATE'S FILING FEE IS \$20.

PURSUANT TO THE PROVISIONS OF THE ALABAMA BUSINESS CORPORATION ACT, THE UNDERSIGNED FOR-PROFIT CORPORATION SUBMITS THE FOLLOWING ARTICLES OF DISSOLUTION.

Article I The name of the corporation:
Marvin Narz, P.C.

Article II The dissolution was authorized on Nov. 2, 2011.

Article III The total number of shareholder votes entitled to be cast is _____. The number of No shareholder votes for the dissolution was _____ and the number of shareholder Share holders votes against the dissolution was _____. Marvin Narz, Deceased

Article IV If voting by groups, the information required by **Article III** above must be separately provided for each group entitled to vote.

Article V If the dissolution was approved by written consent of all shareholders, a statement to that effect may be substituted for requirements in **Articles III & IV** above when a copy of such signed consent is attached.

Nov. 2, 2011
Date

Printed Name and Business Address of Person Preparing this Document:

Marvin Narz P.C.
Type or Print Corporate Officer's Name and Title

Signature of Officer

Julie Narz, wife
5408 Queensferry Ct.
Birmingham, AL 35242
(205) 249-8310



20111104000333370 1/2 \$156.00
Shelby Cnty Judge of Probate, AL
11/04/2011 03:20:11 PM FILED/CERT

ALABAMA CERTIFICATE OF DEATH

State File Number **101**

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

County
File
Number —

3.	1. DECEASED—NAME First: Marvin Middle: NARZ Last: NARZ (Type last name all capitals)		2. DATE OF DEATH (Month, Day, Year) July 24, 2009		3. COUNTY OF DEATH Shelby	
6.	4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Alabaster, 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) Shelby Baptist Medical Center	
19.	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 Male
20.	11. AGE 72 YRS.	12. UNDER 1 YEAR MOS. _____ DAYS _____ HOURS _____ MINS.	13. DATE OF BIRTH (Month, Day, Year) August 31, 1936		14. DECEASED'S SOCIAL SECURITY NUMBER [REDACTED]	
26.	15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) 12 College (1-4 or 5+) 5+		16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married		17. SURVIVING SPOUSE (If wife, give maiden name) Julia A. Hester	18. Was Decedent ever in Armed Forces (Specify Yes or No) No
27.	19. STATE OF BIRTH (If not in USA, name country) New York		20. RESIDENCE—STATE Alabama	21. COUNTY Shelby	22. CITY, TOWN, OR LOCATION AND ZIP CODE Birmingham, 35242	
34.	23. INSIDE CITY LIMITS (Specify Yes or No) NO	24. STREET AND NUMBER 5408 Queensferry Ct.		25. INFORMANT—Name and Address Julia Narz, 5408 Queensferry Ct., Birmingham, Alabama 35242		
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) College Professor			27. KIND OF BUSINESS OR INDUSTRY Education			
28. FATHER—NAME First: Benjamin Middle: Narzemsky Last: Narzemsky			29. MAIDEN NAME OF MOTHER— First: Pearl Middle: Kaufman Last: Kaufman			
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Cremation		31. DATE OF DISPOSITION (Month, Day, Year) Jul. 27, 2009	32. CEMETERY OR CREMATORY—Name Charter Crematory		33. LOCATION—(City or Town—State) Calera, Alabama	
34. FUNERAL HOME—Name and Address Charter Funeral Home 2521 US Hwy 31, Calera, AL 35040			35. FUNERAL DIRECTOR—Signature <i>[Signature]</i>		36. DATE SIGNED BY FUNERAL DIRECTOR Aug. 12, 2009	
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 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) 7/24/09	
39. TIME AND DATE OF DEATH 2:05 7/24/09		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) STONES SURGEON		
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) 1022 North 1st Street Alabaster, AL 35007					43. CERTIFIER LICENSE NUMBER 10315	
44. REGISTRAR—Signature <i>[Signature]</i>			45. DATE FILED (Month, Day, Year) Aug 13, 2009		46. For State or County use only	

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) → a. Cardiorespiratory Arrest	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. Cardiac Failure	
	c. Voluble Heart Disease - 5 P open heart	
	d. Surgery	
47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Pulmonary, Renal Failure		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)		50. AUTOPSY (Specify Yes or No) NO
52. HOW INJURY OCCURRED (Enter nature 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)
55. INJURY AT WORK (Specify Yes or No)		53. DATE OF INJURY (Month, Day, Year)
56. PLACE OF INJURY—(Specify at home, farm, street, factory, office building, etc.)	54. HOUR OF INJURY M	
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

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

Sheila Keller

Aug 13, 2009

Signature of Local Registrar

Date of Issue



20111104000333370 2/2 \$156.00
Shelby Cnty Judge of Probate, AL
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SSN: **NARZ, Marvin**