

Return to:

FRANK P. DEC, ESQ.  
8940 MAIN STREET  
CLARENCE, NY 14031  
716-634-3405



20120823000316830 1/4 \$22.00  
Shelby Cnty Judge of Probate, AL  
08/23/2012 02:29:03 PM FILED/CERT

This document prepared by:

FRANK P. DEC, ESQ.  
8940 MAIN STREET  
CLARENCE, NY 14031  
716-634-3405

Tax ID No.:

09-7-36-1-004-045.000

Assessor's Value 16229,600.00

QUIT CLAIM DEED

STATE OF ALABAMA  
COUNTY OF SHELBY

THIS INDENTURE made and entered into on this 4 day of Aug, 2012, by and between ANTHONY J. MASELLI, SURVIVING SPOUSE OF KATHLEEN MASELLI, WHO ACQUIRED TITLE AS JOINT TENANTS WITH RIGHTS OF SURVIVORSHIP, 3120 CHELSEA PARK RIDGE, CHELSEA, AL 35043 hereinafter referred to as Grantor(s) and ANTHONY J. MASELLI, A WIDOWER, 3120 CHELSEA PARK RIDGE, CHELSEA, AL 35043, hereinafter referred to as Grantee(s).

WITNESSETH: That the said Grantors, for and in consideration of the sum of ONE and NO/100 (\$1.00) DOLLAR, cash in hand paid and other good and valuable consideration, the receipt of which is hereby acknowledged, have this day remise, release, quitclaim, grant, sell, and convey to the said Grantee following described real estate located in SHELBY County, ALABAMA:

SEE ATTACHED EXHIBIT "A"

Also known as: 3120 CHELSEA PARK RIDGE, CHELSEA, AL 35043  
Property Tax ID No.: 09-7-36-1-004-045.000  
SUBJECT TO EASEMENTS AND RESTRICTIONS OF RECORD.

Prior instrument reference: DOCUMENT NUMBER 20070112000021020, Recorded: 01/12/2007

TO HAVE AND TO HOLD the lot or parcel above described together with all and singular the rights, privileges, tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining unto the said Grantee and unto Grantee's heirs, administrators, successors or assigns, forever in FEE SIMPLE.

And that said conveyance does not render the grantor insolvent nor is it for the purpose of defrauding any of grantor's creditors.

Deed is exempt from tax being that no consideration was exchanged.

Assessor's parcel No. 09-7-36-1-004-045.000

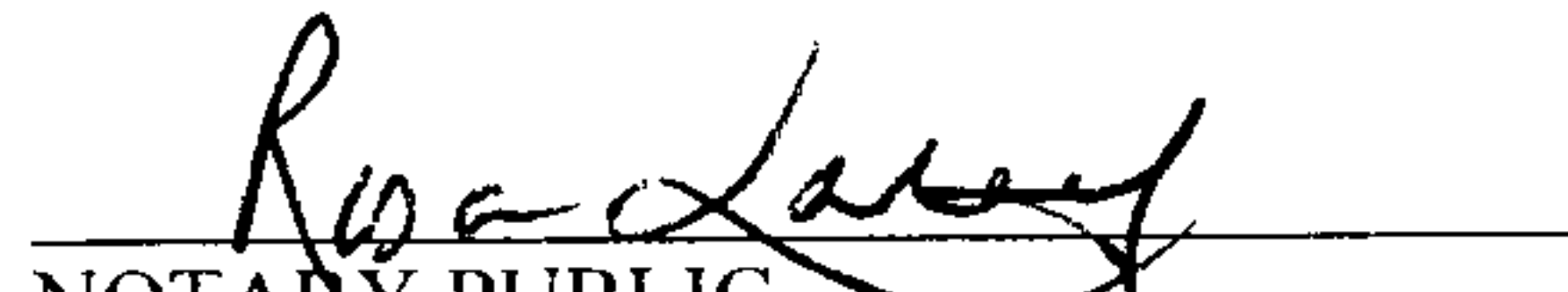
IN WITNESS WHEREOF, the said Grantors have hereunto set their hands and seals on this the day and year first above written.

  
ANTHONY J. MASELLI

STATE OF Ala  
COUNTY OF Shelby

I, the undersigned, a Notary Public in and for said county and state, hereby certify that  
Anthony J. Maselli, whose name(s) is/are signed to the foregoing conveyance, who is known to  
me, acknowledged before me on this day that being informed of the contents of said conveyance, she/he/they  
executed the same voluntarily on the day the same bears date.

Given under my hand and seal this the 4<sup>th</sup> day of Aug, 2012

  
NOTARY PUBLIC  
My commission expires: 08-21-14



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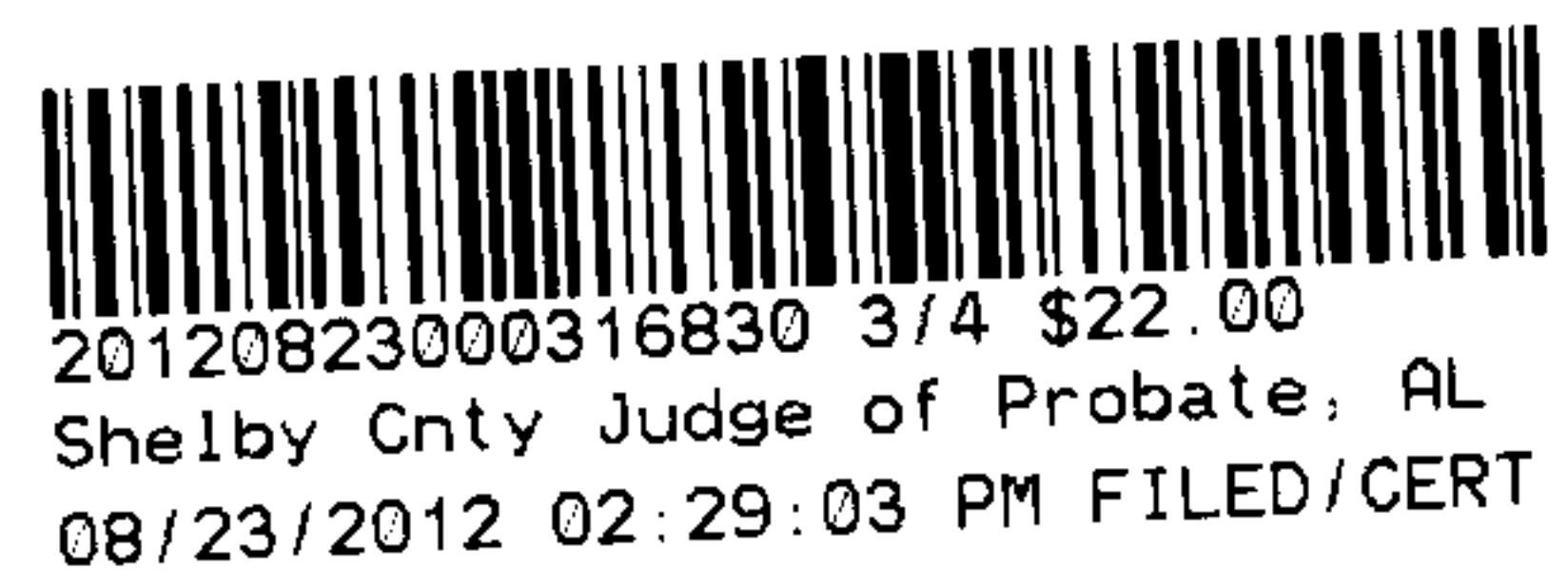
EXHIBIT A  
LEGAL DESCRIPTION

LOT 4-45, ACCORDING TO THE MAP AND SURVEY OF CHELSEA PARK 4TH SECTOR, AS RECORDED IN MAP BOOK 34, PAGE 147 A&B, IN THE OFFICE OF THE JUDGE OF PROBATE OFFICE OF SHELBY COUNTY, ALABAMA.

BEING THE SAME PROPERTY CONVEYED TO KATHLEEN MASELLI AND ANTHONY J. MASELLI, AS JOINT TENANTS WITH RIGHTS OF SURVIVORSHIP BY DEED FROM CHELSEA PARK HOMES, INC., AN ALABAMA CORPORATION RECORDED 01/12/2007 IN DEED INSTRUMENT NO. 20070112000021020, IN THE PROBATE JUDGE'S OFFICE FOR SHELBY COUNTY, ALABAMA.

TAX ID# 09-7-36-1-004-045.000

PROPERTY COMMONLY KNOWN AS: 3120 CHELSEA PARK RIDGE, CHELSEA, AL 35043





THE FRONT OF THIS DOCUMENT IS PINK - THE BACK OF THIS DOCUMENT IS BLUE AND HAS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

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 Middle Last (Type last name all capitals) Kathleen MASELLI			2. DATE OF DEATH (Month, Day, Year) April 1, 2011		3. COUNTY OF DEATH Shelby	
6.	4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Chelsea 35043			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) 3120 Chelsea Park Ridge	
19.	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. No		9. RACE—(Specify American Indian, Black, White, etc.) White	
20.	10. SEX Female						
26.	11. AGE 63 YRS.			12. UNDER 1 YEAR MOS.		13. DATE OF BIRTH (Month, Day, Year) October 9, 1947	
27.	14. DECEASED'S SOCIAL SECURITY NUMBER						
34.	15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) 5+			16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married		17. SURVIVING SPOUSE (If wife, give maiden name) Anthony Maselli	
	18. Was Decedent ever in Armed Forces (Specify Yes or No) No						
	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 Chelsea 35043						
	23. INSIDE CITY LIMITS (Specify Yes or No) Yes			24. STREET AND NUMBER 3120 Chelsea Park Ridge		25. INFORMANT—Name and Address Anthony Maselli 3120 Chelsea Park Ridge Chelsea, AL 35043	
	26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Paralegal			27. KIND OF BUSINESS OR INDUSTRY Law Firm			
	28. FATHER—NAME First Middle Last Salvatore Frosina			29. MOTHER—NAME First Middle Last Frances Abbitale			
	30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Cremation			31. DATE OF DISPOSITION (Month, Day, Year) April 2, 2011		32. CEMETERY OR CREMATORY—Name Abanks Crematory	
	33. LOCATION—(City or Town—State) Birmingham, AL						
	34. FUNERAL HOME—Name and Address Abanks Mortuary 808 5th Ave N Birmingham, AL 35203			35. FUNERAL DIRECTOR—Signature <i>[Signature]</i>		36. DATE SIGNED BY FUNERAL DIRECTOR April 7, 2011	
	37. <input checked="" type="checkbox"/> 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: <i>[Signature]</i>			38. DATE SIGNED (Month, Day, Year) April 5, 2011			
	39. TIME AND DATE OF DEATH 9:20 4/1/2011			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) Barry Collins, M.D.	
	42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) P.O. Box 544, Pell City, AL 35125			43. CERTIFIER LICENSE NUMBER MD22922			
	44. REGISTRAR—Signature <i>[Signature]</i>			45. DATE FILED (Month, Day, Year) April 11, 2011			

## MEDICAL CERTIFICATION

46. PART I. Enter the disease, injuries, or combinations 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) → a. CA Ovarian DUE TO (OR AS A CONSEQUENCE OF):		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 15 Months
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. 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.		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. 11-83

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

April 12, 2011

20120823000316830 4/4 \$22.00  
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