This Document Prepared By:
Jonathan Alvord, Surviving Trustee
6348 North Ponderosa Way
Parker, CO 80134

After Recording Mail To:
uDeed, LLC - 63115
9041 South Pecos Road, Suite 3900
Henderson, NV 89074

20130122000028130 1/3 $18.00
Shelby Cnty Judge of Probate, AL
01/22/2013 12:45:19 PM FILED/CERT

AFFIDAVIT OF SURVIVING TRUSTEE

TITLE OF DOCUMENT

I, **Jonathan Alvord**, the undersigned, affirm under penalty of perjury under the laws of the State of Alabama that the following is true and correct:

(1) By instrument dated April 13, 2009, **Janice May Alvord** executed **The Janice May Alvord Living Trust**
(2) Said trust appointed me to serve as Surviving Trustee upon the death or incapacity of **Janice May Alvord**.
(3) **Janice May Alvord** died on December 15, 2011 at Alabaster, Alabama, a resident of Shelby County, Alabama. Attached hereto and made a part hereof is a certified copy of the death certificate of said **Janice May Alvord**.
(4) Pursuant to the terms of the Trust, I have assumed the responsibilities of Surviving Trustee.
(5) The following described real property is part of the trust estate:

LOT 51 ACCORDING TO THE SURVEY OF HIGH CHAPARRAL, SECTOR 3, AS RECORDED IN MAP BOOK 25, PAGE 83 A, B & C, SHELBY COUNTY, ALABAMA RECORDS.

THIS CONVEYANCE IS HEREBY MADE SUBJECT TO RESTRICTIONS, EASEMENTS AND RIGHTS OF WAY OF RECORD IN THE PROBATE OFFICE OF SHELBY COUNTY, ALABAMA.

(6) No other person has a right to the interest of the Trust in the described property.
(7) The described property shall be transferred to me as Surviving Trustee.

Executed on DEC 21 ST, at _____, 2012.

Jonathan Alvord, SURVIVING TRUSTEE
Jonathan Alvord, Surviving Trustee

General Acknowledgement

STATE OF Colorado

Douglas **COUNTY**

I, H. Head a Notary Public in and for said County, in said State, hereby certify that **Jonathan Alvord, Surviving Trustee,** whose name(s) is/are signed to the foregoing conveyance and who is/are known to me, acknowledged before me on this day, that, being informed of the contents of the above and foregoing conveyance, he/she/they executed the same voluntarily on the day the same bears date.

NOTARY STAMP/SEAL

Given under my hand and official seal of office this 21 day of December, 2012.

H HEAD
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20044025177
MY COMMISSION EXPIRES 7/25/2016

H Head
NOTARY PUBLIC
My Commission Expires: 07/25/2016

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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

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

ALABAMA

CERTIFICATE OF DEATH

County File Number —

State File Number 101

3. _____
6. _____
19. _____
20. _____
26. _____
27. _____
34. _____

SSN: [redacted]

1. DECEASED—NAME First: Janice Middle: May Last (Type last name all capitals): ALVORD		2. DATE OF DEATH (Month, Day, Year): December 15, 2011	3. COUNTY OF DEATH: Shelby
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	
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: 89 YRS.	12. UNDER 1 YEAR: MOS. / DAYS — UNDER 1 DAY: HOURS / MINS.	13. DATE OF BIRTH (Month, Day, Year): May 26, 1922	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): Vermont	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): No	24. STREET AND NUMBER: 401 Alta Vista Drive	25. INFORMANT—Name and Address: Robert Alvord 430 Arabian Rd. Columbiana, AL 35051	
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Homemaker		27. KIND OF BUSINESS OR INDUSTRY: Own Home	
28. FATHER—NAME First: Elwood Middle: Last: Emmons		29. MAIDEN NAME OF MOTHER— First: Lillian Middle: Last: Santamore	
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other): Cremation	31. DATE OF DISPOSITION (Month, Day, Year): 12/16/2011	32. CEMETERY OR CREMATORY—Name: Brookside Crematorium	33. LOCATION—(City or Town—State): Millbrook, AL
34. FUNERAL HOME—Name and Address: Bolton Funeral Home P.O. Box 4 Columbiana, AL 35051		35. FUNERAL DIRECTOR—Signature: Connie S. Beaty	36. DATE SIGNED BY FUNERAL DIRECTOR: Dec. 28, 2011
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: Chere Fulmer MD			38. DATE SIGNED (Month, Day, Year): 12/15/2011
39. TIME AND DATE OF DEATH: 0921 12/15/2011	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): Chere Fulmer MD	
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46): 1000 1st Street N. Alabaster AL 35007			43. CERTIFIER LICENSE NUMBER: AL 27069
44. REGISTRAR— Signature: Sheila Keller	For State or County use only		45. DATE FILED (Month, Day, Year): Jan 9, 2012

NAME OF DECEASED (If Not Shown in Item 1): Alvord, Janice

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. sepsis		days
DUE TO (OR AS A CONSEQUENCE OF): b. bacteremia		days
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST. DUE TO (OR AS A CONSEQUENCE OF): c.		
DUE TO (OR AS A CONSEQUENCE OF): d.		
47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. enterocutaneous fistula, hypernatremia		48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unk.) No

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)	

46. _____
49. _____
55. _____

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
Signature of Local Registrar

Jan 9, 2012
Date of Issue

VOID VOID

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