OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY

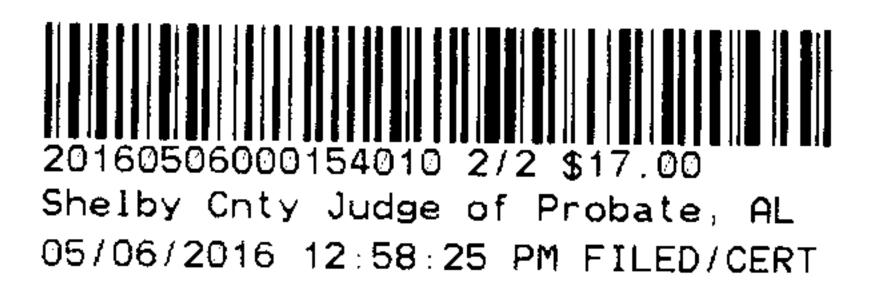
HEIRSHIP AFFIDAVIT

20160506000154010 1/2 \$17.00

(Heirship of <u>Grace T. Gowers</u> Deceased)

20160506000154010 1/2 \$17.00 Shelby Cnty Judge of Probate, AL 05/06/2016 12:58:25 PM FILED/CERT

				00/00/2010 12:00:20 11/ 11/20/
FILE NUMBER: 8895 STATE OF	ABAMA			
• · · · · · · · · · · · · · · · · · · ·	ELBY			
MARY JANE	WILLINGHAM	of law	ful age, being first duly swo	m, upon his/her oath deposes
and says:		, 0, 10, 10, 10, 10, 10, 10, 10, 10, 10,	idi dge, benig mer eni, ara	
That he/she wa	s personally well acquainte affiant bears the following	ed with the aborelationship to	ve decedent, during her lifeting the said decedent, to-wit:	me_having known her for
Affiant further st	tates that the said deceder about	nt departed this being 83	SHELBY HOSPITALSHEL years old at the date of her	BY County, State of AL death.
Affiant further s	states that ne/she was well aunder the laws of the Sta	ite of AL	ATU RIG ISHINA SHO HESI LEISU	following statements and the
QUESTION 1- Did the	decedent leave a will? ANS	WER: YE	S	
			at place, and when? ANSW	R:
QUESTION 3-Is there a	ny other document purpor	ting to be the L	ast Will and Testament of Gr	ace T. Gowers?
QUESTION 4- Has an a	administrator been appoint	ed for the estat	e of said deceased? ANSW	ER:
				ng and the name and address
		<u> </u>		<u></u>
QUESTION 6- Did the o	decedent receive the benefitach copy of Division of Me	fit of any Medic edicaid Waiver	aid payments? ANSWER: \of Recovery pursuant to Sect	YesNoX tion 43-13-371.
QUESTION 7- Give the	name and address of the	surviving widov	w or widower of decedent. A	NSWER:
	ng, state date of death			
QUESTION 8- If the whether ANSWE	decedent was married mosaid former spouse is dealer. R: NA	ore than once, ad or divorced.	give the name of the form	er husband or wife, and state
QUESTION 9- On the book together	plank lines below, give the with the other information	names and pla called for: ANS	ces of residence of all survivi WER: (Give names of surviv	ing children of deceased, ing children only)
Name of Child 1 NA	Date of Birth Date of dea	of fiving ath	Surviving Husband or Wife NA	If not living Date of Death
1,		•	ΝΙΔ	



OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY

Name of Child	Date of Birth	Date of death	Surviving Husband or Wife	If not living Date of Deat
NA				
UESTION 11- Give th	e names of the child	dren of any decease	d son or daughter of the deced	dent: ANSWER:
Name of Child NA NA	Date of Birth -	Address or if not living, Da	ate of death Name of Fa	ather and Mother
UESTION 12- Did the ANSV	decedent have any VER: Yes_X	_No IF S0	or step-children taken into his h O, WRITE THEIR NAMES, AG NES BELOW:	ome? ES, AND ADDRESSES INTH
DEBBE HODGE ANNA BYRD	OVER 19 OVER 19		MLEY ROTALLADEGA	
ıd	e decedent leave ar	ny unpaid debts; and	d if so, give as nearly as possi	ible, the amount of such deb
ANSV		140:4		
ANSW UESTION 14- If the	/ER:decedent left no chi	Idren, then give belo	ow the names and addresses (hers and sisters: ANSWER:	
ANSW UESTION 14- If the	decedent left no chifor), of his surviving	Idren, then give belo	ow the names and addresses (
UESTION 14- If the called Name NA NA NA NA UESTION 15- If the	decedent left no chifor), of his surviving Relati	Idren, then give belongiather, mother, brothonship Children nor children deceased	hers and sisters: ANSWER: Address or if not live	give below the names of a
UESTION 14- If the called Name NA NA NA UESTION 15- If the brothe Name of Brother/Sister	decedent left no chifor), of his surviving Relate decedent left no ers and sisters of the	Idren, then give belongiather, mother, brothonship Children nor children deceased	n of a deceased child, then	give below the names of a
UESTION 14- If the called Name NA NA NA NA UESTION 15- If the brothe	decedent left no chifor), of his surviving Relate decedent left no ers and sisters of the	Idren, then give below father, mother, brothonship Age children nor children deceased edecedent, together Date of Death	ow the names and addresses there and sisters: ANSWER: Address or if not live n of a deceased child, then with the other information call	give below the names of an ed for: ANSWER: If not living Date of Death
ANSW DESTION 14- If the called Name NA	decedent left no chifor), of his surviving Relative decedent left no ers and sisters of the Date of Birth	Idren, then give below father, mother, brothonship Age children nor children deceased edecedent, together Date of Death	n of a deceased child, then with the other information call Surviving Children	give below the names of an ed for: ANSWER: If not living Date of Death