



20220119000022860 1/2 \$25.00
Shelby Cnty Judge of Probate, AL
01/19/2022 10:55:34 AM FILED/CERT

STATE OF ALABAMA
COUNTY OF SHELBY

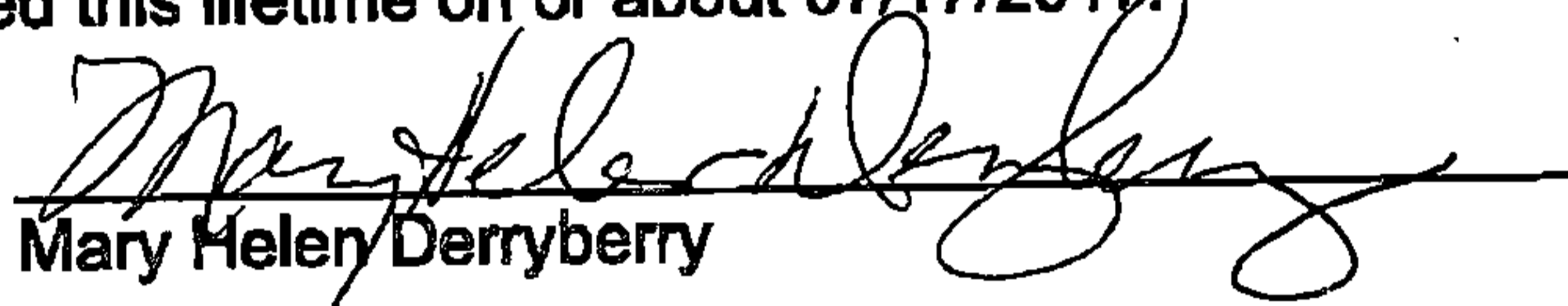
AFFIDAVIT OF DEATH

BEFORE ME, the undersigned authority, personally appeared Mary Helen Derryberry who is known to me to be the person described herein and being by me first duly sworn, deposes and says:

My name is Mary Helen Derryberry. My husband William E. Derryberry and I, as Joint Tenants with Right of Survivorship, purchased the following described property evidenced by deed recorded in Book 260 Page 277 in the Office of the Judge of Probate of Shelby County, Alabama, and further described as follows:

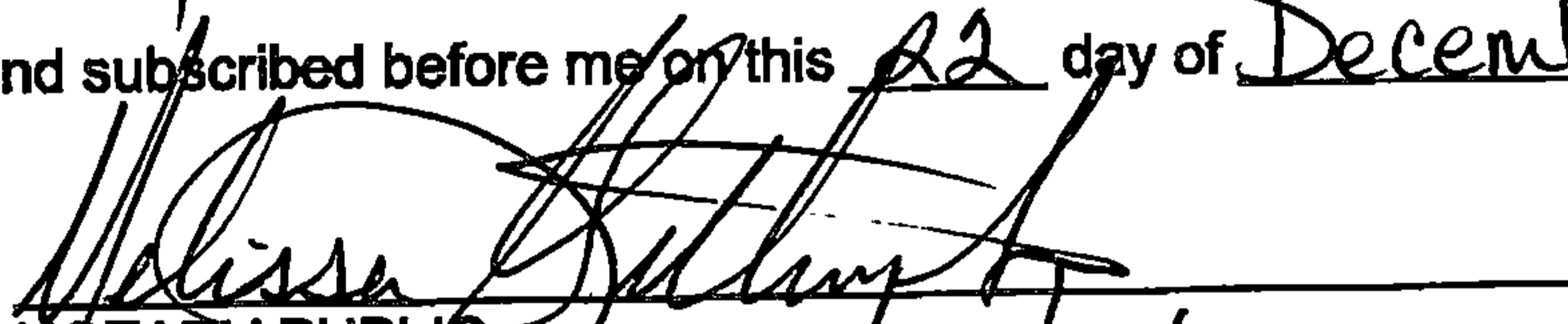
Lot 101, according to the Map and Survey of Portsmouth, Third Sector, as recorded in Map Book 7, Page 110 in the Probate Office of Shelby County, Alabama.

William E. Derryberry departed this lifetime on or about 07/17/2017.


Mary Helen Derryberry

STATE OF ALABAMA
COUNTY OF Shelby

SWORN TO and subscribed before me on this 22 day of December, 2021.


NOTARY PUBLIC
My Commission Expires: 8/27/24

Melissa Gilbert
Notary Public, Alabama State At Large
My Commission Expires Aug. 27, 2024

Prepared by:
Adria Bonnaville
North Alabama Title and Escrow, LLC
1023 Old Monrovia Rd. NW
Huntsville, AL 35806
File Number: 21-1967



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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

ALABAMA
 CERTIFICATE OF DEATH STATE FILE NO 101

TYPE IN PERMANENT DARK INK

1 DECEASED LEGAL NAME (First, Middle, Last) (Type last name all capitals) William Edwin DERRYBERRY		2 LAST NAME PRIOR TO FIRST MARRIAGE	3 COUNTY OF DEATH Shelby
4 CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Alabaster 35007		5 INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6 PLACE OF DEATH (Facility Name) - Hospital or Other Institution - (if not in either, give street and number) 300 Tradewinds Circle
7 IF HOSPITAL (Specify Inpatient, ER, Outpatient, or DOA)		8 SEX <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	9 SOCIAL SECURITY NUMBER 422-46-9479
10 BIRTHPLACE (State or Foreign Country) Alabama		11 AGE - Last Birthday (Years) 77	12 DATE OF BIRTH (Month, Day, Year) 11-14-1939
13 MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married		14 EVER IN US ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	15 SURVIVING SPOUSE (NAME PRIOR TO FIRST MARRIAGE) Mary Helen Hawes
16 DECEASED RESIDENCE-STATE Alabama		17 COUNTY Shelby	
18 CITY, TOWN, OR LOCATION AND ZIP CODE Alabaster 35007		19 STREET ADDRESS (Apt, Lot, Unit - if applicable) 300 Tradewinds Circle	
20 INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		21 FATHER/PARENT NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Edwin Clare Derryberry	
22 MOTHER/PARENT NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Mildred Ellen Daniel		23 INFORMANT NAME AND RELATIONSHIP TO DECEASED Mary Helen Derryberry (Wife)	
24 MAILING ADDRESS OF INFORMANT (Street and Number, City, State, County, Zip Code, Apt, Lot) Shelby 300 Tradewinds Circle Alabaster, Al. 35007		25 DATE OF DISPOSITION (Month, Day, Year) 7-19-2017	
26 METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Hospital Disposal <input type="checkbox"/> Medical Donation <input type="checkbox"/> Other (Specify)		27 CEMETERY OR CREMATORY (Name) Charter Crematory	
28 LOCATION (City or Town, State) Calera, Al. 35040		29 FUNERAL HOME (Name and Address) Charter Funeral Home 2521 Hwy 31	
30 FUNERAL HOME (License Number) 0612		31 FUNERAL DIRECTOR - SIGNATURE <i>William E. Barrett</i>	
32 DATE SIGNED BY FUNERAL DIRECTOR (Month, Day, Year) 7-31-2017		33 FUNERAL DIRECTOR (License Number) 04084	
34 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>		35 DATE SIGNED (Month, Day, Year) 7.26.17	
36 DATE OF DEATH (Month, Day, Year) July 17, 2017		37 TIME OF DEATH 9:35 a.m.	
38 DATE PRONOUNCED DEAD (Month, Day, Year)		39 TIME PRONOUNCED DEAD	
40 NAME, ADDRESS, CITY, STATE, AND ZIP CODE OF PERSON CERTIFYING CAUSE OF DEATH (Item 41) Sadr Ansar, MD 122-7th Ave NE Alabaster, AL 35007		41 LICENSE NUMBER AL-11653	
42 REGISTRAR - Signature <i>Nancy Wilson</i>		43 FOR REGISTRAR ONLY - DATE FILED (Month, Day, Year) August 8, 2017	

MEDICAL CERTIFICATION

44 PART I. CAUSE OF DEATH Enter the chain of events—diseases, injuries, or complications—that directly caused the death DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology Enter only one cause on a line IMMEDIATE CAUSE (Final disease or condition resulting in death) a. MULTIPLE MYELOMA Due to (or as a consequence of) Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. _____ Due to (or as a consequence of): c. _____ Due to (or as a consequence of): d. _____		Approximate Interval Onset to death unknown
45 PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		46 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined
47 DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	48 IF FEMALE. <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	
49. DATE OF INJURY (Month, Day, Year)	50. TIME OF INJURY	51. PLACE OF INJURY (e.g., Decedent's home; construction site, restaurant, wooded area)
52. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		53. LOCATION OF INJURY (Street or P.F.D. No., City or Town, County, State)
54 IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		55 DESCRIBE HOW INJURY OCCURRED
56 AUTOPSY/TOXICOLOGY PERFORMED? Autopsy <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown Toxicology <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		57 WERE FINDINGS CONSIDERED? Autopsy <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Toxicology <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

THIS IS A LEGAL RECORD AND MUST BE FILED WITHIN FIVE (5) DAYS AFTER DEATH

ADPH-HS-2 Rev. 011118

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

Nancy Wilson
 Signature of local registrar

August 8, 2017
 Date of issue

ANY ALTERATIONS VOID THIS DOCUMENT

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NAME OF DECEASED *Derryberry, William E.*