860

AFFIDAVIT OF VALERIE J. CONOVER

Re: Lot 10, Block 3, according to Wooddale, First Sector, as recorded in Map Book 5, Page 91, Probate Office of Shelby County, Alabama

19761029000104180 1/2 $.00
Shelby Cnty Judge of Probate, AL
10/29/1976 12:00:00 AM FILED/CERT

STATE OF ALABAMA)
JEFFERSON COUNTY)

Before me, the undersigned authority, a Notary Public in and for said County in said State, personally appeared the affiant, Valerie J. Conover, who first being duly sworn, on oath, deposes and says:

The affiant resides at 1774 Wooddale Circle, Shelby County, Alabama, and has so resided since February, 1973. The affiant was married to Dennis W. Conover, who died intestate while residing at said residence on to-wit, September 8, 1976.

The affiant and her husband, Dennis W. Conover, are the grantees in that certain deed from Awtrey Building Corporation, dated February 26, 1973, which was filed of record in the Probate Court of Shelby County, Alabama, and appears in Book 278, page 898, in said Probate Office, which deed conveyed reference property, which is one and the same as 1774 Wooddale Circle, Shelby County, Alabama; a true and correct copy of a certified death certificate of my late husband is attached hereto and made a part hereof.

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Valerie J. Conover, Affiant

Sworn to and subscribed before me on this 26th day of October, 1976.

NOTARY PUBLIC STATE AT LARGE

Notary Public

THIS INSTRUMENT PREPARED BY
W. S. PRITCHARD, JR.
PRITCHARD, McCALL AND JONES
831 Frank Nelson Building
Birmingham, Alabama 35203

STATE OF ALABAMA
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEASED—NAME: FIRST Dennis; MIDDLE Warren; LAST Conover
2. DATE OF DEATH (MONTH, DAY, YEAR): September 8, 1976
3. RACE or COLOR: White
4. SEX: M
5a. AGE—LAST BIRTHDAY (YEARS): 36
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (MONTH, DAY, YEAR): 7-22-1940
7a. COUNTY OF DEATH: Jefferson
7b. CITY, TOWN, OR LOCATION OF DEATH: Homewood 037074
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): YES
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Brookwood Hospital
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Illinois
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Valerie Schick Conover
12. SOCIAL SECURITY NUMBER: 330-34-1486
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Central Manager
13b. KIND OF BUSINESS OR INDUSTRY: Oscar Mayer Meat Company
14a. RESIDENCE—STATE: Alabama 35216
14b. COUNTY: Shelby
14c. CITY, TOWN, or LOCATION: Pelham
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): YES
14e. STREET AND NUMBER: 1774 Wood Dale Circle
15. FATHER—NAME: FIRST Warren; MIDDLE Clay; LAST Conover
16. MOTHER—MAIDEN NAME: FIRST Jean; MIDDLE Phyllis; LAST Thompson
17a. PHYSICIAN'S NAME (IF ANY): Dr. John Hankins
17b. ADDRESS: 1025 S 18th St, BHam, AL
INFORMANT—NAME: Warren Clay Conover
17b. ADDRESS: 1821 North Ave, Waukegan, Illinois

MEDICAL CERTIFICATION

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE (a): Acute Poorly differentiated lymphocytic
DUE TO, OR AS A CONSEQUENCE OF:
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST (b): lymphosarcoma c probable pulmonary
DUE TO, OR AS CONSEQUENCE OF: (c): embolism

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a).

19a. AUTOPSY (YES OR NO): No
19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH: n/a
19c. WAS THERE A PREGNANCY IN LAST SIX MONTHS (YES, NO, UNK.): no

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):
20b. DATE OF INJURY (MONTH, DAY, YEAR):
20c. HOUR:
20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18):
20e. INJURY AT WORK (SPECIFY YES OR NO):
20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY):
20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE):

21a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM: MONTH 8 DAY 76 YEAR
21b. TO: MONTH 9 DAY 8-76 YEAR
21c. AND LAST SAW HIM/HER ALIVE ON: MONTH 9 DAY 7-76 YEAR
21d. I DID/DID NOT VIEW THE BODY AFTER DEATH: did
21e. DEATH OCCURRED (HOUR): 5:00 p.m. At the place, on the date, and to the best of my knowledge, due to the M. cause(s) stated.

22a. CERTIFICATION—CORONER OR HEALTH OFFICER: On the basis of the examination of the body and/or the investigation, in my opinion death occurred on the date and due to the cause(s) stated. HOUR OF DEATH: M.
22b. THE DECEDENT WAS PRONOUNCED DEAD: MONTH DAY YEAR HOUR M.

23a. CERTIFIER—PHY., CORONER OR HEALTH OFFICER (TYPE OR PRINT): John G. Hankins, M.D.
23b. SIGNATURE: John G Hankins — DEGREE OR TITLE:
23c. DATE SIGNED (MONTH, DAY, YEAR): 9/12/76
23d. MAILING ADDRESS—CERTIFIER: STREET OR R.F.D. NO.: 2018 Brookwood Med Ctr Drive CITY OR TOWN: Homewood STATE: Ala ZIP: 35209

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Transit
24b. CEMETERY OR CREMATORY—NAME: Garden of Memories
24c. LOCATION: CITY OR TOWN: Waukegan, STATE: Illinois
24d. DATE (MONTH, DAY, YEAR): Sept. 11, 1976
25a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Ridout's Valley Chapel, 1800 Oxmoor Rd, BHam, AL 35209
25b. FUNERAL DIRECTOR—SIGNATURE: Linda Nave
26a. REGISTRAR—SIGNATURE: William H. Garrett
26b. DATE RECEIVED BY LOCAL REGISTRAR: September 21, 1976

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STATE OF ALABAMA
COUNTY OF JEFFERSON

This is to certify that the above is a copy of a certificate as filed in the Bureau of Statistics and Vital Records, Jefferson County Health Department, Birmingham, Alabama.

M.D.
Health Officer

September 30, 1976
Date of Issue

STATE OF ALABAMA, SHELBY COUNTY
I CERTIFY THIS INSTRUMENT WAS FILED
1976 OCT 29 AM 9:
Conrad Fitzpatrick
JUDGE OF PROBATE
Felix E Hartley
Registrar of Vital Statistics

James Foster
Authorized Bureau Clerk

Not Valid Without Embossed Seal of the Health Officer of Jefferson County, Alabama.