

246
SALES CONTRACT



19810908000096300 1/5 \$.00
Shelby Cnty Judge of Probate, AL
09/08/1981 12:00:00 AM FILED/CERT

Birmingham, Alabama

August 25, 1980

The undersigned Purchaser, Cynthia R. Silberman, her designees or assigns hereby agrees to purchase and the undersigned Sellers hereby agree to sell the following described real estate, improvements, trees, shrubbery, plantings, fixtures and appurtenances situated in Shelby County, Alabama, on the terms stated below:

Legal Description: SEE EXHIBIT "A", SAID PARCEL CONTAINS FORTY (40) ACRES M/L, BEING THE NW1/4 OF THE SW1/4 OF SECTION 28, TOWNSHIP 20 SOUTH, RANGE 4 WEST, OF THE HUNTSVILLE MERIDIAN, SHELBY COUNTY, ALABAMA.

(Located approximately 1/2 mile West of So. Shades Crest Road)

The Purchase Price shall be	\$35,000.00
Earnest Money, receipt of which is hereby acknowledged by the agent	500.00
Cash on closing	<u>34,500.00</u>

Subject To Easements And Restrictions Of Record.

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BOOK

This offer to purchase is contingent upon Purchaser securing reasonable access through the adjoining property (See Exhibit "B") from the adjoining property owner off of So. Shades Crest Road, and further contingent upon this Ingress and Egress right being an instrument of record and recorded in the proper manner.

The undersigned Sellers agree to furnish the Purchaser a standard form title insurance policy issued by a company qualified to insure titles in Alabama, in the amount of the Purchase Price against loss on account of any defect or encumbrance in the title, unless herein excepted, otherwise the earnest money shall be refunded in full to the Purchaser.

Said property is sold and is to be conveyed subject to zoning classification, No Zoning in Shelby County, and Not being located in a flood plain. The taxes are to be prorated between the Sellers and Purchaser as of the date of delivery of the deed. The sale shall be closed and the deed delivered on or before December 31, 1981, except that the Sellers shall have a reasonable length of time within which to perfect title or cure defects in the title to said property. Possession is to be given on delivery of deed.

The Sellers hereby authorize SHIRLEY "K" & ASSOCIATES, INC. to hold earnest money in trust for the Seller pending the fulfillment of this contract. The licensed real estate agent in this transaction is SHIRLEY "K" & ASSOCIATES, INC., said agent shall be entitled to a commission of Ten (10%) of the purchase price, payable from such purchase price by the Sellers.

Conveyance shall be by general warranty deed executed by Sellers. Deed to be drawn in favor of Cynthia R. Silberman, her designees or assigns.

SHIRLEY "K" & ASSOCIATES
1891 DOVER COURT
B'HAM, ALA. 35226

This contract in its entirety shall be contingent upon Purchaser securing a flexible type easement across the adjoining property off So. Shades Crest Road for ingress and egress in recordable form.

This contract states the entire agreement between the parties, and there are merged in this agreement all statements, representations and covenants heretofore made; and other agreements not incorporated herein are void and of no force and effect; and all warranties herein made shall survive the delivery of the deed.

Witness to Purchaser's Signature

Shirley Keydozinas

Curtis R. Lumsden
Purchaser

The foregoing offer is hereby accepted subject to the terms, provisions and conditions set out above.

Mary E. Brennan
Mary E. Brennan

David G. Little
David G. Little

Gerald F. Brennan
Gerald F. Brennan

Mary Lillian Clupper
Mary Lillian Clupper

Jewell R. Ellison
Jewell R. Ellison

Lewis Clupper
Lewis Clupper

A. W. Little, Jr.
A. W. Little, Jr.

Donald R. Clark
Donald R. Clark

Fern Little
Fern Little

Ronald W. Little
Ronald W. Little

Jack E. Metcalfe

Shirley J. Little
Shirley J. Little

Herbert Little

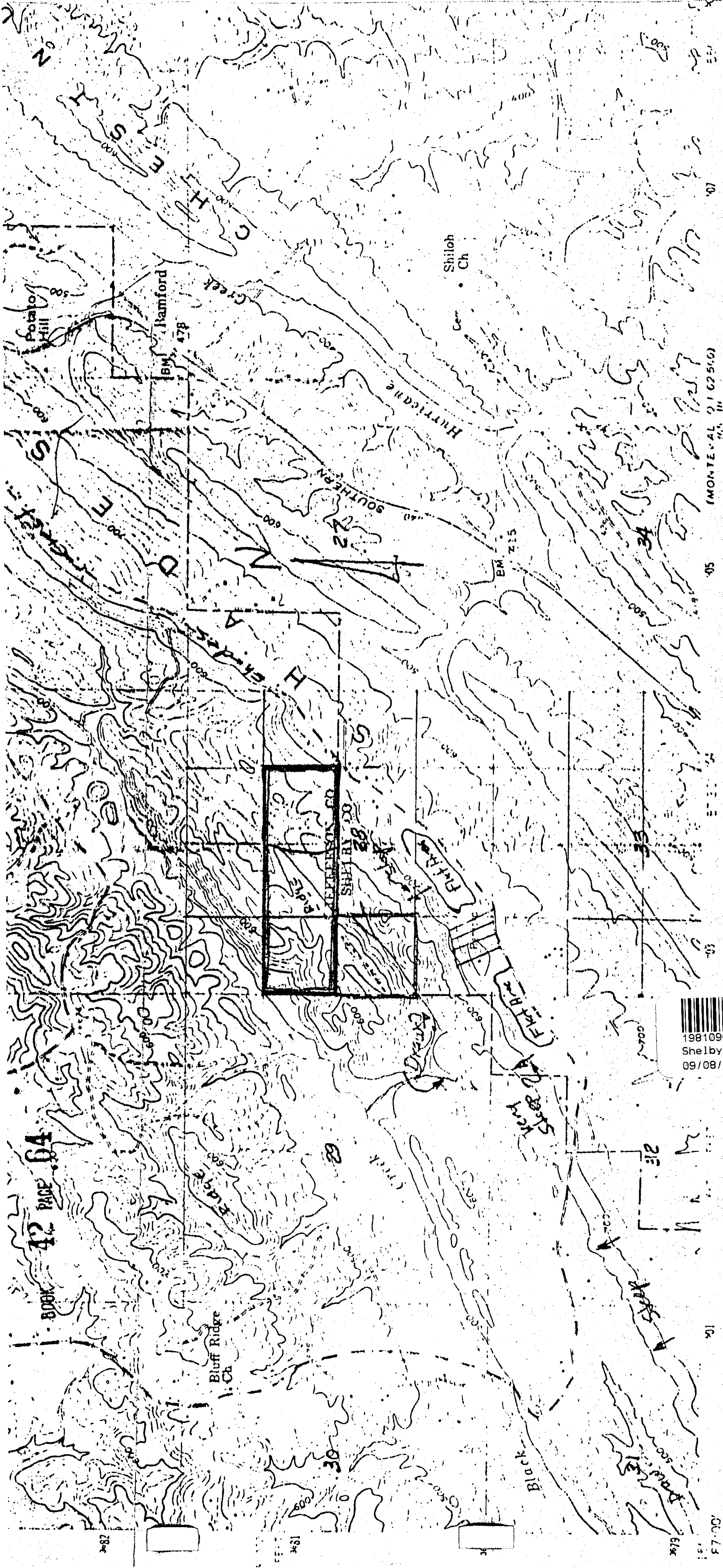
Receipt is hereby acknowledged of the earnest money (cash X check) as hereinabove set forth.



19810908000096300 2/5 \$.00
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SHIRLEY "K" & ASSOCIATES, INC.

Shirley Keydozinas
REALTOR - BROKER



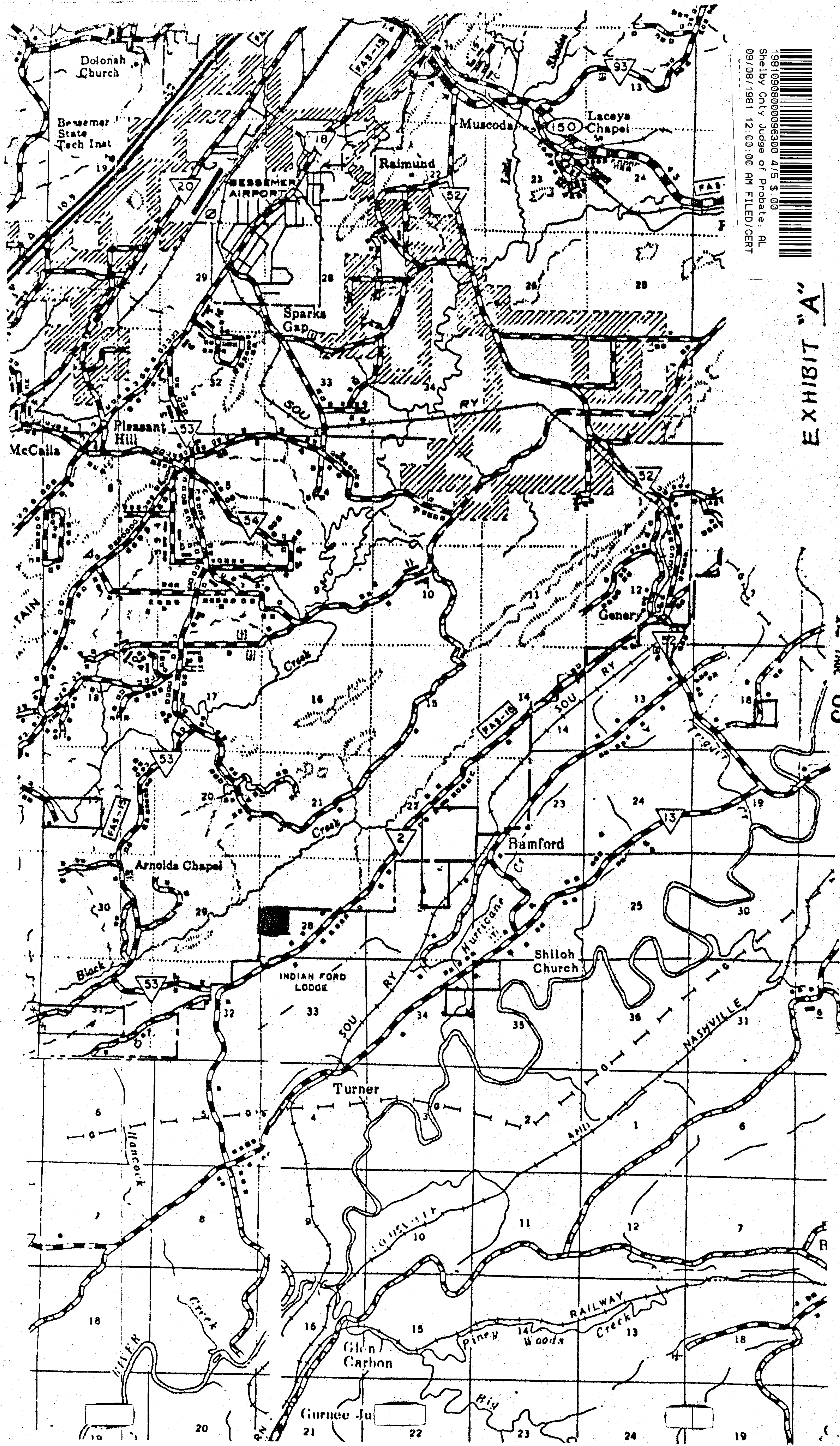
19810908000096300 3/5 \$.00
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Mapped, plotted and recorded by the Geological Survey.

PLANNING ASSOCIATES, INC.
CIVIL ENGINEERS SURVEYORS
CITY FEDERAL BUILDING
BIRMINGHAM, ALA. 35203
PHONE 254-3461

EXHIBIT "B"

FOR SALE BY U.S. GEOLOGICAL SURVEY WASHINGTON, D.C. 20509



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EXHIBIT "A"

U.S. DEPT. OF JUSTICE

OHIO DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

State File No.

Registrar's No.

Reg. Dist. No.

Primary Reg. Dist. No.

3101

DECEASED NAME First Middle Last Jack Ellison Metcalfe			SEX Male	DATE OF DEATH (Mo., Day, Year) June 19, 1981	
1. Race (e.g., White, Black, American Indian, etc.) (Specify)	2. AGE—Last Birthday (Years) 51	3. UNDER 1 YEAR Mo. Days 5b.	4. UNDER 1 DAY Hours Mins. 5c.	5. DATE OF BIRTH (Mo., Day, Yr.) 4-2-30	6. COUNTY OF DEATH Hamilton
7. CITY, VILLAGE OR LOCATION OF DEATH Cincinnati, Ohio		8. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number) General Hospital			9. (If Hosp. or Inst. indicate DOA, OP/Emer. Rm., Inpatient) (Specify) DOA
10. DATE OF BIRTH (If not in U.S.A., name any)	11. CITIZEN OF WHAT COUNTRY Ohio USA	12. ORIGIN OR DESCENT (Italian, Mexican, German, English, Cuban, Puerto Rican, etc.) (Specify) American		13. SOCIAL SECURITY NUMBER 423-28-5936	
14. DECEASED EVER IN U.S. ARMED FORCES? (If yes, give dates of service) Unknown Yes 5-22-52 5-21-54		15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		16. SURVIVING SPOUSE (If wife, give maiden name) None	
17. OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter			18. KIND OF BUSINESS OR INDUSTRY Home, Bldg.		
19. RESIDENCE—STATE Ohio	20. COUNTY Hamilton	21. CITY, VILLAGE OR LOCATION Cincinnati	22. STREET AND NUMBER 225 W. 9th	23. INSIDE CITY LIMITS (Specify Yes or No) Yes	
24. OTHER NAME First Middle Last William Metcalfe		25. MOTHER—MAIDEN NAME First Middle Last Lois Ellison			
26. OHMANT—NAME (Type or Print) Lillian Clupper		27. MAILING ADDRESS (Street or R.F.D. No.) 708 Nutwood,		28. (CITY OR TOWN) Bowling Green, Ky	
				29. (STATE) 42101	
30. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					
31. IMMEDIATE CAUSE (a) Arteriosclerotic heart disease DUE TO, OR AS A CONSEQUENCE OF:					
32. (b) DUE TO, OR AS A CONSEQUENCE OF:					
33. (c) DUE TO, OR AS A CONSEQUENCE OF:					
34. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not related to cause given in Part I (a)				35. AUTOPSY (Yes or No) No	36. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes
37. SUICIDE, HOMICIDE, UNDETERMINED INVEST. (Specify)	38. DATE OF INJURY (Month, Day, Year) 20b.	39. HOUR 20c.	40. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, item 18) 20d.		
41. AT WORK (Yes or No)	42. PLACE OF INJURY At home, farm, street, factory, office bldg., etc. (Specify) 20f.	43. LOCATION (Street or R.F.D. no., city or village, state, zip) 20g.			
To be Completed by ATTENDING PHYSICIAN Only			To be Completed by CORONER Only		
44. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) 21a.			45. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated: (Signature and Title) 22a.		
46. DATE SIGNED (Mo., Day, Year)		47. HOUR OF DEATH 21c.	48. DATE SIGNED (Mo., Day, Year) 22b. June 29, 1981		49. HOUR OF DEATH 22c. about 5:00 P.M.
			50. PRONOUNCED DEAD (Mo., Day, Year) 22d. ON June 19, 1981		51. PRONOUNCED DEAD (Hour) 22e. AT 6:45 P.M.
52. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) (Type or Print) (Street or R.F.D. no., city or village, state, zip) Frank P. Cleveland MD., Coroner, 3159 Eden Ave., Cincinnati, OH. 45219					
53. METHOD OF BURIAL, CREMATION, OTHER (Specify)	54. DATE 24b. 6-24-81	55. NAME OF CEMETERY OR CREMATORY 24c. Sharon		56. LOCATION (City, village, or county) (State) 24d. Augusta, Ky RFD	
57. NAME OF FUNERAL HOME (Street No.) Metcalfe-Hennessey 310 E. 4th		58. FUNERAL DIRECTOR'S SIGNATURE (LIC. No.) Matthew C. Hennessey Jr. Ky 4257		59. (CITY) Augusta, Ky	
60. DATE REC'D BY JUL 01 1981		61. REGISTRAR'S SIGNATURE Juanita M. Adams		62. DATE PERMIT ISSUED	
		63. SIGNATURE OF PERSON ISSUING PERMIT STATE OF ALA. SHELBY CO. I CERTIFY THIS DOCUMENT WAS FILED		64. DIST. No.	

I hereby certify this to be a true and correct photographic copy of the certificate on file with the Cincinnati Board of Health.

SEP -8 PM 3:58

Local Registrar

JUDGE OF PROBATE

Reg. 12.00
Ind. 1.00
13.00