

Lawyers Title Insurance Corporation

Title Guarantee Division

574

Binder # BE 571056  
Case No. V-2856

JUDGMENT AND TAX LIEN AFFIDAVIT

STATE OF ~~ALABAMA~~ MICHIGAN  
COUNTY

Before me, the undersigned, personally appeared  
Pauline Lee, whose residence address is 14031 Rosemont, Detroit, Mich. 48223,

who, after first being duly sworn, deposes and says the following:

My name is Pauline Lee

and I am over the age of 21 years, and a resident citizen of Detroit, County, Michigan. I have entered into a contract to (X) sell ( ) purchase the following described property:

(Property described on reverse side hereof)

After entering into the aforesaid Contract, Lawyers Title Insurance Corporation issued a title insurance binder requiring proof that James Alexander, who was my brother, and who died on May 14, 1986, was not the same person against whom judgments and/or tax liens are of record as shown in said title binder.

My said brother, James Alexander, has always been known as James Alexander and has never been known by any other name. Said James Alexander had no middle name and no middle initial, and he never used any middle name or middle initial, and he never used any name at all except his true name of "James Alexander". I was appointed as Executrix of the Last Will and Testament of said James Alexander, deceased, by order of the Probate Court of Shelby County, Alabama on August 27, 1986, and I am still serving as Executrix of said estate. The only claim which has been filed against said estate has been duly paid, and said estate owes no unpaid obligations except expenses payable in connection with the sale of the property of said James Alexander and of closing said estate, neither have I received any notice of any suit or judgment having been filed against me or against said estate. Said James Alexander was definitely not the same person against whom the judgment or tax lien styled: Internal Revenue Service vs. James D. Alexander, dated August 5, 1983 recorded in Judgment Book T, page 749, in the amount of \$11,213.58, as shown by the following:

BOOK 166 PAGE 867

As stated above, my said deceased brother, James Alexander had no middle name or initial, and his Social Security Number was 417-10-6900, as shown by State of Alabama Certificate of Death, which is attached hereto and made a part hereof. My said brother, James Alexander, lived and resided in Alabaster, Shelby County, Alabama, for 40 years preceding his death. He was a retired barber and had been unemployed for at least the last 10 years of his life, and during said 10-year period, he had no substantial income.

The said judgment or tax lien recorded in Judgment Book T, page 749, office of Judge of Probate of Shelby County, Alabama, was against one James D. Alexander, whose social number is 417-66-2441. Said James D. Alexander's residence address is shown to be at Route 1, Box 211, Calera, Alabama 35040, and, as stated above, my said deceased brother was a resident of Alabaster and never had any residence at Calera, Alabama or any RFD Route of Calera, Alabama. My deceased brother, James Alexander, was definitely not the same James D. Alexander referred to in said judgment-tax lien.

This affidavit is given for the purpose of inducing Lawyers Title Insurance Corporation to insure the aforesaid property against any such judgments and tax liens which may affect the title to the aforesaid property.

Pauline Lee  
(Affiant)

STATE OF MICHIGAN  
Oakland COUNTY

Sworn to and subscribed before me, this  
the 20th day of October 19 87

Mark Capaldi  
NOTARY PUBLIC

MARK CAPALDI  
Notary Public, Oakland County, Michigan  
My Commission Expires October 24, 1990

11 e 11 E

A parcel of land situated in the Southeast Quarter of the Southwest Quarter of Section 1, Township 21 South, Range 3 West, Huntsville Meridian, Shelby County, Alabama, and being more particularly described as follows:

Commence at the Southeast corner of said quarter-quarter section; thence in a Northerly direction along and with the East line of said quarter-quarter section 454.24 feet to a point; thence with a deflection of 87 deg. 18 min. left, leaving said East line, 257.33 feet to a point on the Westerly right-of-way margin of Interstate Highway 65; thence with a deflection of 67 deg. 00 min. right, along and with said Westerly right-of-way margin, 30.90 feet to the point of beginning; thence continue along said right-of-way margin 108.18 feet to a point; thence with a deflection of 27 deg. 47 min. 15 sec. right, along and with said right-of-way margin, 57.45 feet to a point; thence with a deflection of 85 deg. 12 min. 45 sec. right, leaving said Westerly right-of-way margin, 164.70 feet to a point; thence with a deflection of 97 deg. 22 min. 00 sec. right, 88.98 feet (88.94 feet in a previous description) to a point; thence with a deflection of 52 deg. 00 min. 00 sec. right, 134.60 feet to a point on the Westerly right-of-way margin of Interstate Highway 65 and the point of beginning, forming a closing interior angle of 82 deg. 22 min. According to Survey of Jerry O. Peery, A.L.P.S. #12697, dated May 15, 1987. Situated in Shelby County, Alabama.

BOOK 166 PAGE 868

BOOK 100 PAGE 301

**STATE OF ALABAMA  
CERTIFICATE OF DEATH**

State File No. **101**

1. DECEASED—NAME FIRST: James MIDDLE: ALEXANDER LAST: ALEXANDER			DATE OF DEATH (MONTH, DAY, YEAR) May 14, 1986		
2. RACE or COLOR Black	3. SEX Male	4. AGE—LAST BIRTHDAY (YEARS) 76	5. UNDER 1 YEAR MO. 50. DAYS 5c. HOURS MIN.	6. DATE OF BIRTH (MONTH, DAY, YEAR) March 20, 1910	7. COUNTY OF DEATH Jefferson
7b. CITY, TOWN, OR LOCATION OF DEATH Birmingham 037020		7c. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 1649 17th Place S.W. 00		
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Alabama 01	9. CITIZEN OF WHAT COUNTRY USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed	11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) None		
12. SOCIAL SECURITY NUMBER [REDACTED]	13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Barber 457	13b. KIND OF BUSINESS OR INDUSTRY Haircutting 780			
14a. RESIDENCE—STATE Alabama 059095	14b. COUNTY Shelby	14c. CITY, TOWN, or LOCATION Alabaster	14d. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	14e. STREET AND NUMBER P. O. 337	
15. FATHER—NAME FIRST: Booker MIDDLE: Alexander LAST: Alexander			16. MOTHER—MAIDEN NAME FIRST: Pearl MIDDLE: TRENHOLM LAST: Trenholm		
17a. PHYSICIAN'S NAME (IF ANY) Dr. David Gordon			17b. INFORMANT—NAME Mrs. Hester Williams		
17c. ADDRESS 1009 Montg. Hwy So., Vestavia, AL			17d. ADDRESS 1649 17th Place S.W., B'ham., AL		
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))					
18. IMMEDIATE CAUSE Pulmonary Ca. DUE TO, OR AS A CONSEQUENCE OF:					
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST					
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					
19a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		19b. DATE OF INJURY (MONTH, DAY, YEAR)	19c. HOUR	19d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
20a. INJURY AT WORK (SPECIFY YES OR NO)		20b. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		20c. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	
21a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM		21b. MONTH DAY YEAR 2 19 86	21c. TO MONTH DAY YEAR 4 25 86	21d. AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR 4 25 86	21e. DID/DID NOT VIEW THE BODY AFTER DEATH. NOT
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.		22b. HOUR OF DEATH		22c. THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR	
23a. CERTIFIER—PHYSICIAN, CORONER OR HEALTH OFFICER (TYPE OR PRINT) Dr. David L. Gordon		23b. SIGNATURE		23c. DEGREE OR TITLE	23d. DATE SIGNED (MONTH, DAY, YEAR) 6-2-86
24a. MAILING ADDRESS—CERTIFIER InterCare		24b. STREET OR R.F.D. NO. 1009 Montgomery Hwy		24c. CITY OR TOWN B'ham	24d. STATE AL
25a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		25b. CEMETERY OR CREMATORY—NAME Montevallo Cemetery		25c. LOCATION CITY OR TOWN STATE Montevallo, Alabama 323	
26a. DATE (MONTH, DAY, YEAR) May 18, 1986		26b. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Bushelon Funeral Home, 800 14th Street S.W., B'ham., AL 35211			
27a. FUNERAL DIRECTOR—SIGNATURE Annie Busheloni Holt		27b. REGISTRAR—SIGNATURE Howard Harrett		27c. DATE RECEIVED BY LOCAL REGISTRAR June 4, 1986	

ADPH-F-VS-2/Rev 9-84

This is to certify that the above is a true and correct copy of a certificate as permanently recorded in the Bureau of Health Statistics and Vital Records, Jefferson County Department of Health, Birmingham, Alabama, and is issued under the provisions of Title 22-9-8, State Code of Alabama, 1977.

*Felis E. Hartley*  
Registrar

*[Signature]*  
Authorized Bureau Clerk

June 4, 1986  
Date of Issue

Seal of Health Officer  
Jefferson County, Alabama

IMPORTANT—This certificate void (a) without the embossed seal of the Health Officer of Jefferson County, Alabama, (b) if it contains evidence of erasures or

STATE OF ALA. SHELBY CO. I CERTIFY THIS INSTRUMENT WAS FILED

Rec 7.50  
Jud 1.00  
8.50

BOOK 166 PAGE 869