

STATE OF ALABAMA }
~~JEFFERSON COUNTY~~
SHELBY COUNTY

FULL SATISFACTION OF RECORDED LIEN

Know All Men By These Presents, That, the undersigned J.E. Kreider and Millie Kreider

_____, acknowledges full payment of the indebtedness secured by that certain
(Real Property) (Personal Property) mortgage executed by Eli T. Stevens and Patricia M. Stevens

which said mortgage was recorded in the office of the Judge of Probate Court of Jefferson County, Alabama,
in Mortgage _____ Book No. 382, Page No. 561, (and assigned to n/a
in _____ Book No. _____, Page _____,) and the undersigned does further hereby release
and satisfy said mortgage.

SEE ATTACHED EXHIBIT "A"

1994-05854

02/22/1994-05854
01:56 PM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
006 MCD 21.00

In Witness Whereof, the undersigned, J.E. Kreider and Millie Kreider
has caused these presents to be executed this 9 day of Feb., 1994.

(X) Deceased (01/10/84)
J.E. Kreider

(X) J.E. Kreider Jr. By
Millie Kreider
P.O.A. Millie Kreider

STATE OF ALABAMA }
JEFFERSON COUNTY

I, the undersigned Notary Public, in and for said County in said State, hereby certify that _____
J. E. Kreider, Jr. whose name (as general attorney of
Millie Kreider a corporation) is signed to the foregoing instrument, acknowledged before me on
this day that, being informed of the contents of the instrument, he (as such officer and with full authority,) executed the
same voluntarily (for and as the act of said corporation).

Given under my hand and Official seal this 9 day of February, 1994

Marcus E. Ezell
Notary Public

My Commission expires August 8, 1994

Maynard Cook

EXHIBIT "A"

Parcel F

A tract of land located in Section 31, Township 18 South, Range 1 West: described as follows:

Commence at the Southeast corner of Section 31, Township 18 South, Range 1 West, thence run North along the East line of said Section a distance of 1663.70 feet; thence turn an angle of 90 deg. 18 min. 08 sec. to the left and run a distance of 799.06 feet to the point of beginning; thence turn an angle of 90 deg. 00 min. to the left and run a distance of 271.52 feet to the North right of way of U.S. Hwy. No. 280; thence turn an angle of 83 deg. 08 min. to the right and run along said right of way a distance of 267.18 feet; thence turn an angle of 90 deg. 47 min. to the right and run a distance of 1274.60 feet; thence turn an angle of 90 deg. 42 min. to the right and run a distance of 266.00 feet; thence turn an angle of 89 deg. 16 min. 31 sec. to the right and run a distance of 968.27 feet to the point of beginning.

Situated in the NE 1/4 of the SE 1/4 of Section 31, Township 18 South, Range 1 West, Huntsville Meridian, Shelby County, Alabama.

**STATE OF ALABAMA
CERTIFICATE OF DEATH**

STATE FILE
NUMBER **101-**

| | | | | | | |
|---|----------------------------|--|---|---|---|---|
| DECEASED—NAME FIRST: Jesse MIDDLE: Evans LAST: KREIDER, SR. | | | | | DATE OF DEATH (MONTH, DAY, YEAR) January 10, 1984 | |
| RACE & COLOR White | SEX Male | AGE—LAST BIRTHDAY (YEARS) 83 | UNDER 1 YEAR MOS. DAYS HOURS MIN. | UNDER 1 DAY HOURS MIN. | DATE OF BIRTH (MONTH, DAY, YEAR) August 2, 1900 | COUNTY OF DEATH Jefferson |
| CITY, TOWN, OR LOCATION OF DEATH Bessemer 037013 | | | INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes | HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Bessemer Carraway Medical Center 22 | | |
| STATE OF BIRTH (IF NOT IN U.S.A., NAME) Alabama 01 | | CITIZEN OF WHAT COUNTRY USA | | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married | | SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Millie Pryor Kreider |
| SOCIAL SECURITY NUMBER [REDACTED] | | USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Miner 616 | | KIND OF BUSINESS OR INDUSTRY Ishkooda Mines 041 | | |
| RESIDENCE—STATE Alabama 037020 | COUNTY Jefferson | CITY, TOWN, OR LOCATION Birmingham | INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes | STREET AND NUMBER 3025 Balsam Ave., S.W. | | |
| FATHER—NAME FIRST: Tobias MIDDLE: LAST: Kreider | | | MOTHER—MAIDEN NAME FIRST: Hattie MIDDLE: LAST: Brashier | | | |
| PHYSICIAN'S NAME (IF ANY) Dr. Thomas Williams | | | INFORMANT—NAME Millie P. Kreider | | | |
| 17a. ADDRESS 921 Medical Ctr. Dr., Bess., AL | | | 17b. ADDRESS 3025 Balsam Avenue, S.W. B'ham., AL | | | |
| 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 <input checked="" type="checkbox"/> Cardiac arrest | | | | | | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | | |
| CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST | | | | | | |
| <input checked="" type="checkbox"/> Ruptured abdominal aortic aneurysm | | | | | | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | | |
| | | | | | | 4413 |
| PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) | | | | | | |
| ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) | | DATE OF INJURY (MONTH, DAY, YEAR) | HOUR | AUTOPSY (YES OR NO) No | IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH | WAS THERE A PREGNANCY IN LAST SIX MONTHS (YES, NO, UNK.) |
| 20a. | | 20b. | 20c. | 20d. | 20e. | 20f. |
| INJURY AT WORK (SPECIFY YES OR NO) | | PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) | LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) | | | |
| 20a. | | 20b. | 20c. | | | |
| CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM | | MONTH DAY YEAR | MONTH DAY YEAR | AND LAST SAW HIM/HER ALIVE ON | MONTH DAY YEAR | DID/DID NOT VIEW THE BODY AFTER DEATH. |
| 21a. | | 01 10 84 | 01 10 84 | 21b. | 01 10 84 | 21c. |
| 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 | | THE DECEDENT WAS PRONOUNCED DEAD | | |
| 22a. | | 12:50 P.M. | | MONTH DAY YEAR HOUR | | |
| 22b. | | 12 50 P.M. | | 01 10 84 12:50 P.M. | | |
| CERTIFIER—PHY., CORONER OR HEALTH OFFICER (TYPE OR PRINT) | | SIGNATURE | | DEGREE OR TITLE | | |
| 23a. J. Thomas Williams, Jr., M.D. | | [Signature] | | 23b. M.D. | | |
| MAILING ADDRESS—CERTIFIER | | STREET OR R.F.D. NO. | | CITY OR TOWN | | |
| 23c. 2022 Brookwood Medical Center Dr. Suite 215 | | B'ham., AL | | 35209 | | |
| BURIAL, CREMATION, REMOVAL (SPECIFY) | | CEMETERY OR CREMATORY—NAME | | LOCATION CITY OR TOWN STATE | | |
| 24a. Burial | | 24b. Elmwood Cemetery | | 24c. Birmingham Alabama | | |
| DATE (MONTH, DAY, YEAR) | | FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) | | | | |
| 24d. January 12, 1984 | | 24e. Elmwood Chapel, 800 Dennison Avenue, SW B'ham., AL 35211 326 | | | | |
| FUNERAL DIRECTOR—SIGNATURE | | REGISTRAR—SIGNATURE | | DATE RECEIVED BY LOCAL REGISTRAR | | |
| [Signature] | | [Signature] | | 24f. January 20, 1984 | | |

**STATE OF ALABAMA
COUNTY OF JEFFERSON**

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.

Felix E. Hartley
Registrar

[Signature]
Authorized Bureau Clerk

Seal of Health Officer
Jefferson County, Alabama

January 23, 1984
Date of Issue

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 alterations.

STATE OF ALABAMA)
JEFFERSON COUNTY)

KNOW ALL MEN BY THESE PRESENTS:

POWER OF ATTORNEY

I, MILLIE V. KREIDER, residing at 20885 Cedar Road, McCalla, Alabama 35111 under the authority of Act No. 81-98, Regular Session 1981, of the Legislature of Alabama, Codified in the 1975 Code as Section 26-1-2, do hereby declare that "this power of attorney shall not be affected by disability, incompetency or incapacity of principal". I the undersigned, MILLIE V. KREIDER, recognizing this contingency and intending to create a durable power of attorney do nominate and appoint, J.E. KREIDER, JR. as my true and lawful general attorney, to do each and every thing that I could do myself, if personally present, without limitation, restriction or condition. I grant to my said general attorney the power to withdraw in any financial institution where I may have any money to withdraw the same for and on my behalf, and to sign my name as my general attorney to any and all accounts in any corporation, partnership or other business organization as fully and as completely as I, myself, could do if I were present. I grant to my attorney, without limitation, the authorization of my entry into any hospital or any treatment by any surgeon or physician or the authorization for any medical operation or other treatment that may be recommended by a physician or surgeon; for the employment of nurses to take care of me under any and all conditions where I may not be

able to care for myself; to authorize any treatment that may be recommended by a physician or surgeon, and to pay from any funds that I may have on deposit in any bank or trust company for medical care, hospital bills, nurses hire or any other expenses of any nature that may be chargeable to me and would be due by me. I authorize my attorney to withdraw any funds that I may have on deposit in any bank or trust company or savings and loan association; to borrow on the security of any personal or real property that I may own and to do any and all things as fully and as completely as I, myself, could do if I were present and acting.

I grant to my said attorney-in-fact the specific power to sign my name as my attorney-in-fact on any and all savings bonds of any nature to redeem said bonds and obtain payment thereof, issued by the United States of America or any agency of the Federal Government or the State of Alabama or any agency of the State of Alabama or any other State of the United States of America or any private corporation.

I specifically grant to my said Attorney-in-fact the power and authority to sell any and all real estate owned by me or in which I have any right, title or interest and to sign and execute any and all contracts to sell, options, deeds or documents of any nature to sell any and all of said real estate.

All of the foregoing I do hereby authorize to be done on my behalf by my said general attorney and I do hereby ratify and confirm any and all acts or things that may be done by my said general attorney on my behalf.

In event of the disability, disqualification or death of my said general attorney, J.E. KREIDER, JR., I hereby nominate and appoint VERNA KREIDER as the Contingent or Successor Attorney-in-Fact, with the same powers, authority and with the same provisions as stated in the original appointment.

WITNESS MY HAND AND SEAL, this 30 day of April, 1990.

Millie V. Kreider
MILLIE V. KREIDER

WITNESSES:

Cindy Lee
Georgia W. Dup

Inst # 1994-05854

02/22/1994-05854
01:56 PM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
006 MCD 21.00

STATE OF ALABAMA)
JEFFERSON COUNTY)

I, the undersigned, a Notary Public, in and for said State and County, hereby certify that, MILLIE V. KREIDER, whose name is signed to the foregoing general power of attorney, and who is known to me, acknowledged before me on this date that being informed of the contents of said power of attorney, she executed the same voluntarily on the day the same bears date.

IN WITNESS WHEREOF, I hereunto set my hand and my official seal this 30 day of April, 1990.

Joan W. Cottingham
NOTARY PUBLIC

MY COMMISSION EXPIRES FEB. 23, 1992