

STATE OF ALABAMA \*  
COUNTY OF SHELBY \*

AFFIDAVIT

Before me, a Notary Public in and for said County in said State, personally appeared PATSY HUDSON DOLBY, whose name is signed to this Affidavit and who is known to me, and who being by me first duly sworn deposes and says as follows:

That my name is PATSY HUDSON DOLBY, and I reside at 954 Highway 77, Columbiana, Alabama 35051. I am the daughter of GORDON S. HUDSON, deceased, who departed this life on the 9th day of February, 1987, and EMILY JEAN HUDSON, deceased, who departed this life on the 14th day of December, 1993, Neither GORDON S. HUDSON, deceased, nor EMILY JEAN HUDSON, deceased, left a LAST WILL AND TESTAMENT and there has been no administration on either of their respective Estates.

That I am the only child of the said GORDON S. HUDSON and EMILY JEAN HUDSON left surviving and as such I am their only distributee and heir at law. I am over nineteen (19) years of age and of sound mind.

That the said GORDON S. HUDSON and EMILY JEAN HUDSON left no descendants of deceased children surviving them.

That the said GORDON S. HUDSON, deceased and EMILY JEAN HUDSON, deceased, owned the following described real property, situate, lying and being in Shelby County, Alabama, to-wit:

09/28/1994-29548  
01:56 PM CERTIFIED  
SHELBY COUNTY JUDGE OF PROBATE  
004 MCD 16.09

Inst # 1994-29548

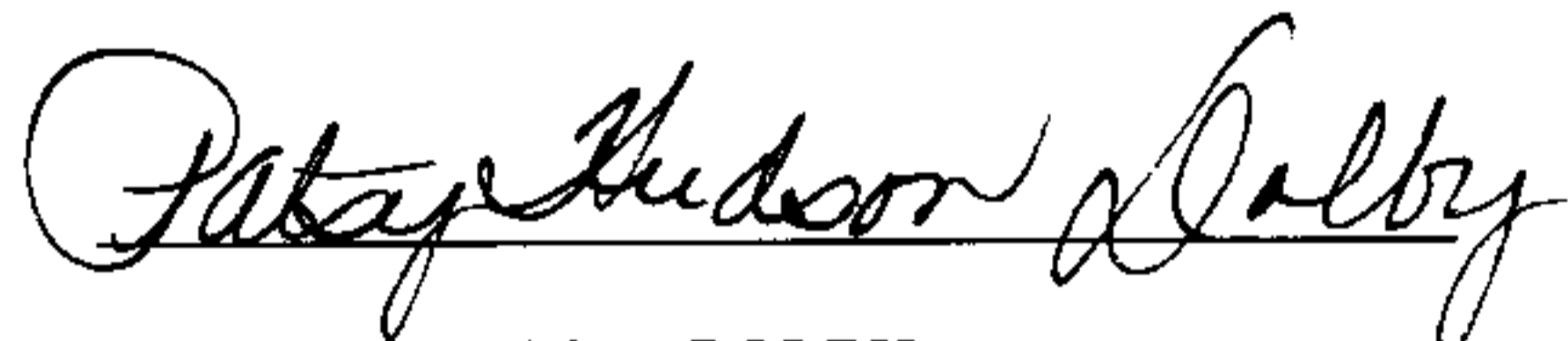
11117

Commence at the Southwest corner of the Southwest One-Fourth of the Northeast One-Fourth of Section 4, Township 22 South, Range 12 East, Shelby County, Alabama, as a point of beginning. From this beginning point proceed North along the West boundary of said quarter-quarter for a distance of 516.85 feet to its point of intersection with the Westerly right-of-way line of Shelby County Highway No. 77; thence proceed Southeasterly along the Westerly right-of-way line of said highway for a distance of 722.2 feet, more or less, to its point of intersection with the South Boundary of said quarter-quarter section; thence proceed West along the South Boundary of said quarter-quarter section for a distance of 463 feet to the point of beginning.

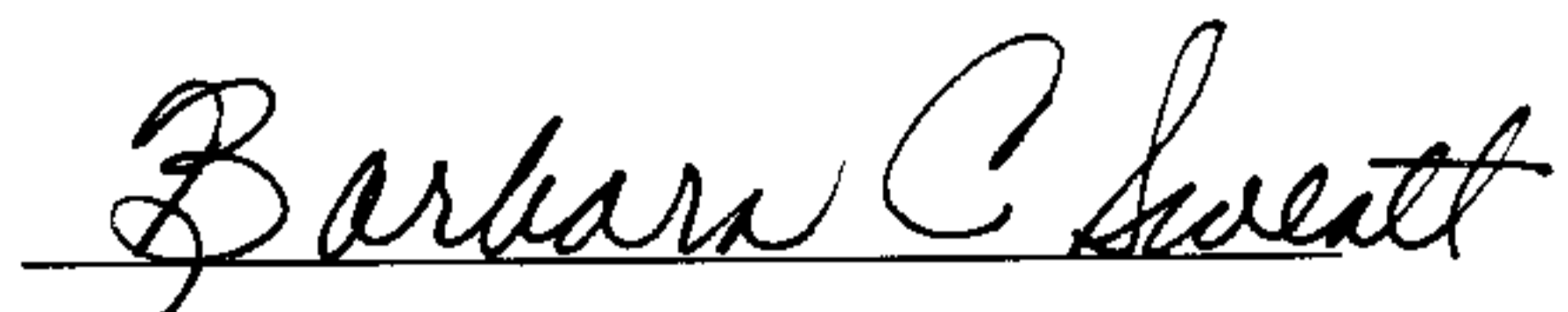
The above-described land is located in the SW 1/4 of the NE 1/4 of Section 4, Township 22 South, Range 1 East, Shelby County, Alabama.

Since the deaths of my parents, I went into possession of the hereinabove described real property and have continued in the possession of same to the exclusion of all other persons.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this the 22 day of September, 1994.

  
PATSY HUDSON DOLBY

Sworn to and subscribed to before me on this the 22<sup>nd</sup> day of September, 1994.



Notary Public

My Commission Expires 9/14/97



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

*Shelby J. ...*  
 Signature of Local or Deputy Registrar

September 19, 1994

Date of Issue

000885

STATE OF ALABAMA  
 CERTIFICATE OF DEATH

STATE FILE NUMBER 101-87-003819

1. DECEASED--NAME FIRST MIDDLE LAST GORDON S. HUDSON			2. DATE OF DEATH (MONTH, DAY, YEAR) FEBRUARY 9 1987		
3. RACE OR COLOR WHITE	4. SEX M	5a. AGE--LAST BIRTHDAY (YEARS) 72	5b. UNDER 1 YEAR MOS. DAYS HOURS MIN.	6. DATE OF BIRTH (MONTH, DAY, YEAR) JUNE 10 1914	
7b. CITY, TOWN, OR LOCATION OF DEATH HOMEWOOD, ALABAMA 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 MEDICAL CENTER 25	
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) ALABAMA		9. CITIZEN OF WHAT COUNTRY U.S.A.		11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) EMILY CHAPPELL HUDSON	
12. SOCIAL SECURITY NUMBER [REDACTED]		13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) MERCHANT		13b. KIND OF BUSINESS OR INDUSTRY S&H KRESS COMPANY 691	
14a. RESIDENCE--STATE ALABAMA 051 x 28		14b. COUNTY SHELBY	14c. CITY, TOWN, OR LOCATION COLUMBIANA		14d. STREET AND NUMBER RT. 2 BOX 45A
15. FATHER--NAME FIRST MIDDLE LAST WILLARD E. HUDSON			16. MOTHER--MAIDEN NAME FIRST MIDDLE LAST ABBIE McCAGHREN		
17a. ADDRESS P.O. Box 1006, Columbiana, AL			17b. ADDRESS RT. 2 BOX 45A COLUMBIANA, ALA.		
18. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
IMMEDIATE CAUSE (a) <b>Right lower lobe carcinoma</b> (b) <b>Respiratory failure</b> (c) <b>1625</b>					
19. PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					
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)					
21a. INJURY AT WORK (SPECIFY YES OR NO)		21b. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		21c. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	
22. CERTIFICATION--PHYSICIAN: I ATTENDED THE DECEASED FROM 5/20/76 2 9 87 AND LAST SAW HIM ALIVE 2 8 87 DID/DID NOT VIEW THE BODY AFTER DEATH NO 12:45P					
23. 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.					
23a. CERTIFIER--PHY., CORONER OR HEALTH OFFICER (TYPE OR PRINT) Thomas M. Nolen, M.D.			23b. SIGNATURE <i>Thomas M. Nolen</i>		
23c. ADDRESS--CERTIFIER PO Box 1006 Columbiana Ala 35051					
24a. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		24b. CEMETERY OR CREMATORY--NAME PINELAWN		24c. LOCATION COLUMBIANA ALABAMA 562	
25a. DATE (MONTH, DAY, YEAR) FEB 11 1987		25b. FUNERAL HOME--NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) BOLTON-BROWN SERVICE P.O. BOX 1066 COLUMBIANA 35051			
25c. FUNERAL DIRECTOR--SIGNATURE <i>Robert Bolton Jr</i>		25d. REGISTRAR--SIGNATURE <i>Howard Ganett</i>		25e. DATE RECEIVED BY LOCAL REGISTRAR February 19, 1987	



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

*Felix C. Hartley*

September 19, 1994

Signature of Local or Deputy Registrar

Date of Issue

009057

**ALABAMA**  
**CERTIFICATE OF DEATH**

93-0348-2948-1515  
09/28/1994  
SHELBY COUNTY JUDGE OF PROBATE  
16.00

State File Number 101

DECEASED—NAME First Middle Last (Type last name all capitals) Emily Jean HUDSON			2. DATE OF DEATH (Month, Day, Year) December 14, 1993		3. COUNTY OF DEATH Jefferson		
CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Homewood 35209			5. INSIDE CITY LIMITS (Specify Yes or No) Yes		6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number) Brookwood Medical Center		
IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA) Inpatient		8. OF HISPANIC ORIGIN (Specify Yes or No) If Yes, Specify Cuban, Mexican, Puerto Rican, etc. No		9. RACE—(Specify American Indian, Black, White, etc.) White		10. SEX Female	
1. AGE 79 YRS.		12. UNDER 1 YEAR MOS. DAYS		13. DATE OF BIRTH (Month, Day, Year) February 14, 1914		14. DECEASED'S SOCIAL SECURITY NUMBER	
3. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) 8		16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Widowed		17. SURVIVING SPOUSE (If wife, give maiden name)		18. Was Decedent ever in Armed Forces (Specify Yes or No) No	
9. STATE OF BIRTH (If not in USA, name country) Alabama		20. RESIDENCE—STATE Alabama		21. COUNTY Shelby		22. CITY, TOWN, OR LOCATION AND ZIP CODE Columbiana 35051	
3. INSIDE CITY LIMITS (Specify Yes or No) No		24. STREET AND NUMBER 954 Hwy. 77		25. INFORMANT—Name and Address Mrs. Patsy H. Dolby 954 Hwy. 77, Columbiana, AL 35051			
6. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Homemaker				27. KIND OF BUSINESS OR INDUSTRY Own Home			
8. FATHER—NAME First Middle Last John Wesley Chappell			29. MOTHER—MAIDEN NAME First Middle Last Nettie Maude Caudle				
0. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial		31. DATE OF DISPOSITION (Month, Day, Year) Dec. 16, 1993		32. CEMETERY OR CREMATORY—Name Pinelawn Gardens		33. LOCATION—(City or Town—State) Columbiana, Alabama	
4. FUNERAL HOME—Name and Address Bolton-Brown Service P.O. Box 1066, Columbiana, AL 35051			35. FUNERAL DIRECTOR—Signature <i>Conner S. Smith</i>		36. DATE SIGNED BY FUNERAL DIRECTOR Dec. 15, 1993		
7. Certifying Physician (Physician certifying cause of death) To the best of my knowledge death occurred at the time, date, place, and due to the cause(s) and manner stated. — Medical Examiner — Coroner — Health Officer (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>Michael B. Brown MD</i>					38. DATE SIGNED (Month, Day, Year) 1/20/94		
9. TIME OF DEATH 1745		40. DATE AND TIME PRONOUNCED DEAD Dec. 14, 1993 1745		41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) MICHAEL B. HONAN, MD			
2. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) 2022 BROOKWOOD MED CTR DR, SUITE 312, BHAM AL 35209					43. CERTIFIER LICENSE NUMBER AL 14673		
4. REGISTRAR—Signature <i>Laurie M Graves</i>					45. DATE FILED (Month, Day, Year) Jan. 24, 1994		

**MEDICAL CERTIFICATION**

6. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. LIST ONLY ONE CAUSE ON EACH LINE. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (Final disease or condition resulting in death) → <u>Ventricular fibrillation</u>	
DUE TO (OR AS A CONSEQUENCE OF) <u>Ischemic cardiomyopathy/congestive heart failure</u>	
DUE TO (OR AS A CONSEQUENCE OF) <u>Coronary Artery disease</u>	
DUE TO (OR AS A CONSEQUENCE OF) <u>Smoking</u>	
7. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. <u>Pneumonia</u>	
48. WAS THERE A PREGNANCY IN LAST 12 DAYS? (Specify Yes, No, or Unknown)	
9. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) <u>Natural Cause</u>	
12. HOW INJURY OCCURRED (Enter nature of injury in Item 46, Part I or Item 47, Part II)	
53. TIME OF INJURY (Month, Day, Year) 004 MCD 16.00	
54. HOUR OF INJURY	
55. INJURY AT WORK (Specify Yes or No)	
56. PLACE OF INJURY—(Specify at home, farm, street, factory, office building, etc.)	
57. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State)	