SATISFACTION OF MORTGAGE AND RELEASE OF LIEN

I, Rodger D. Bass, do certify that the mortgage, dated May 22,1995, which was executed and delivered by Raylon M. Tumlin and Wife Betty Tumlin to Rodger D. Bass on May 22, 1995, and which was recorded in the office of Probate, Shelby County, Alabama at Instrument # 1995-13735 on May 25, 1995, together with the debt secured thereby, is fully paid and discharged.

Dated: February 26, 1996

Rodger D. Bass
P.O. Box 430
Pelham, Alabama 35124

STATE OF ALABAMA)
SHELBY COUNTY)

ACKNOWLEDGMENT

Before me, the undersigned, a Notary Public, in and for said State and said County, personally appeared Rodger D. Bass, who is known to me, and, after being duly sworn, deposes and says that he has read the foregoing, understands the contents thereof, and that the same are true and correct to the best of his information, knowledge and belief.

NOTARY PUBLIC
My commission expires: August 4, 1999

Inst # 1996-07802

03/08/1996-07802
01:08 PM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
002 MCD 11.00

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

Lottie S. Norwood
Signature of Local Registrar

February 7, 1996
Date of Issue

PERMANENT INK. DO NOT USE GREEN, RED, OR BLUE

ALABAMA
CERTIFICATE OF DEATH

County File Number —

State File Number 101

DECEASED

1. DECEASED—NAME First	Middle	Last (Type last name all capitals)	2. DATE OF DEATH (Month, Day, Year)	3. COUNTY OF DEATH
Raylon	Mark	TUMLIN	January 19, 1996	Shelby

4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE	5. INSIDE CITY LIMITS (Specify Yes or No)	6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number)
Alabaster 35007	Yes	Shelby Medical Center

7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA)	8. OF HISPANIC ORIGIN (Specify Yes or No) If Yes, Specify Cuban, Mexican, Puerto Rican, etc	9. RACE—(Specify American Indian, Black, White, etc.)	10. SEX
E.R.	No	White	Male

11. AGE	12. UNDER 1 YEAR		UNDER 1 DAY		13. DATE OF BIRTH (Month, Day, Year)	14. DECEASED'S SOCIAL SECURITY NUMBER
43 YRS.	MOS.	DAYS	HOURS	MINS.	April 3, 1952	[redacted]

15. EDUCATION (Specify ONLY highest grade completed below)		16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced)	17. SURVIVING SPOUSE (If wife, give maiden name)	18. Was Decedent ever in Armed Forces (Specify Yes or No)
Elementary or High School (0-12)	College (1-4 or 5+)			
12th		Married	Betty Horn	Yes

19. STATE OF BIRTH (If not in USA, name country)	20. RESIDENCE—STATE	21. COUNTY	22. CITY, TOWN, OR LOCATION AND ZIP CODE
Alabama	Alabama	Shelby	Chelsea 35043

23. INSIDE CITY LIMITS (Specify Yes or No)	24. STREET AND NUMBER	25. INFORMANT—Name and Address
Yes	1280 Hwy. 11	Betty Tumlin 1280 Hwy. 11 Chelsea, Alabama 35043

26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	27. KIND OF BUSINESS OR INDUSTRY
Attendant	Service Station

28. FATHER—NAME First	Middle	Last	29. MAIDEN NAME OF MOTHER— First	Middle	Last
Curtis		Tumlin	Avie	Louise	Hodgens

BURIAL

30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other)	31. DATE OF DISPOSITION (Month, Day, Year)	32. CEMETERY OR CREMATORY—Name	33. LOCATION—(City or Town—State)
Cremation	Jan. 21, 1996	John's-Ridout	Birmingham, Alabama

34. FUNERAL HOME—Name and Address	35. FUNERAL DIRECTOR—Signature	36. DATE SIGNED BY FUNERAL DIRECTOR
Ridout's Southern Heritage 475 Cahaba Valley Rd. Pelham, AL 35124	Bob Beuver	Jan. 31, 1996

CERTIFIER

37. ___ Certifying Physician (Physician certifying cause of death) "To the best of my knowledge death occurred at the time and date, and due to the cause(s) and manner stated."
___ Medical Examiner X Coroner "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: Jack A. Jones

38. DATE SIGNED (Month, Day, Year): Feb. 6, 1996

39. TIME AND DATE OF DEATH	40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only)	41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)
Jan. 19, 1996	Jan. 19, 1996	Jack A. Jones Coroner

42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 41): P.O. Box 916 Columbiana, Al. 35051

43. CERTIFIER LICENSE NUMBER:

For State or County use only

44. REGISTRAR— Signature: Lottie S. Norwood

45. DATE FILED (Month, Day, Year): February 7, 1996

MEDICAL CERTIFICATION

CAUSE

46. 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) →	a. Natural Causes	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A CONSEQUENCE OF):	
	c. DUE TO (OR AS A CONSEQUENCE OF): Inst # 1996-07802	
	d.	

47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unk.)

02/08/1996-07802
01:08 PM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
002 MCD

49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural)	50. AUTOPSY (Specify Yes or No)	51. If yes, were findings considered in determining cause of death? (Specify Yes or No)
Natural Causes		

52. HOW INJURY OCCURRED (Enter nature of injury in Item 46, Part I or Item 47, Part II)	53. DATE OF INJURY (Month, Day, Year)	54. HOUR OF INJURY
	11.00	M.

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)