

FURNISHED BY: CAMBRIDGE TITLE AGENCY, INC.

PREPARED BY: Stewart and Associates, PC
2700 Highway 200 South, 2nd Floor
Birmingham, Alabama 35223

AFFIDAVIT AS TO HEIRS

STATE OF ALABAMA
COUNTY OF SHELBY

Inst # 1997-02643

01/27/1997-02643
10:33 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
003 REL 13.50

On this 10TH day of JANUARY 19 97, before
me personally appeared to me ALVIN M. STINSON, JR,
personally known, who being by me duly sworn, on oath did say
that Affiant is familiar with the family history of
ALVIN M. STINSON
deceased, who was the owner of the following property:

SEE ATTACHED EXHIBIT "A"

And that said decedent died on the 19TH day of
AUGUST, 1993, and that the place of
residence and homestead at the time of death was as follows:

119 STINSON POINT, HIGHWAY 402
SHELBY, ALABAMA 35143

And Affiant further states that deceased left surviving the
following persons, as heirs or otherwise interested in the
estate and that the following is a true and correct account
of all marriages, children and divorces of the deceased:

Widow or Widower: NONE

Divorced wife or husband: NONE

Children: 1(ONE)

Adopted Children: NONE

Descendants of deceased children: NONE

The affiant affirms that the fair market value of the
decedent's estate was not greater than
\$ 95,000.00 which includes the following real and
personal property:

Real estate appraised value: \$ 95,000.00
Mortgages due at date of death: \$ NONE
Stocks, Bonds, Mortgage or Notes Payable, and Negotiable
Instruments: \$ NONE
List in detail:

Furnishings: \$ NO VALUE
Antiques or Collectable Items: \$ NONE
Motor Vehicles, Aircraft, or Boats: \$ NONE

Page 2 of 2

Insurance Cash Value: \$ _____
Cash in Banks or other Institutions: \$ NONE
Cash values of retirement plans, IRA, S, Keough, or 401K
plans: \$ NONE
Other assets: \$ NONE

Affiant states that the above recited assets are the entire estate possessed by the decedent at the time of death and that the purpose of this affidavit is to determine the heirs of the deceased as is set out in the Code of Ala. 43 8 40 to 43 8 42 and 43 8 44.

And Affiant further states that decedent left no other children or adopted children or descendants of deceased children or adopted children.

And that all of the above parties are over the age of nineteen and competent except the following:

Name and age of minors: N/A

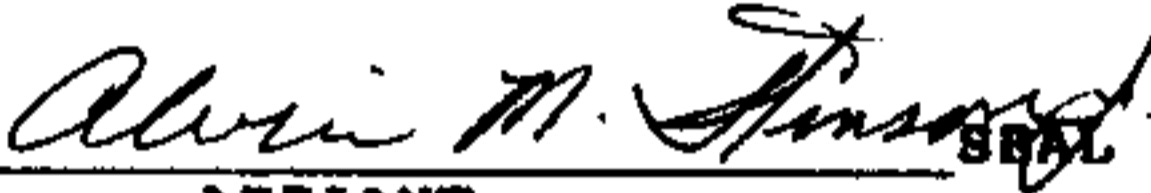
Name and age of non-competents: N/A

And said deceased left a will, ~~XX~~ did not leave a will.

And that all funeral, hospital, and other debts against estate have, ~~XXXXXXXXXX~~ been paid.

The purpose of this Affidavit is to induce ~~XXXXXXXXXX~~ CANABA TITLE Agency, Inc. and FIRST AMERICAN Title Insurance Company to issue a Mortgagee's/Owner's Title policy stating that

is/are the true and lawful owners of the property described above.


AFFIANT
ALVIN M. STINSON, JR.,
ADDRESS OF AFFIANT
6151 CHELSEA ROAD
COLUMBIANA, AL. 35051

THE STATE OF ALABAMA

JEFFERSON COUNTY

I, THE UNDERSIGNED, a Notary Public in and for said County and State, hereby certify that
ALVIN M. STINSON, JR.

whose name(s) is/are signed to the foregoing affidavit and who is/are known to me, acknowledged before me on this day that, being informed of the contents of the affidavit, he/she/they executed the same voluntarily on the day the same bears date.

Given under my hand this the 10TH day of JANUARY 19 97

My commission expires:
1-2-00


NOTARY PUBLIC

Seal

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

Signature of Local or Deputy Registrar

09-15-93
Date of Issue

005955

ALABAMA CERTIFICATE OF DEATH

93-026372

County
File
Number

State File Number 101

1. DECEASED—NAME First Middle Last (Type last name all capitals) Alvin M. STINSON			2. DATE OF DEATH (Month, Day, Year) August 19, 1993		3. COUNTY OF DEATH Jefferson			
4. 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			
7. 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 Male			11. AGE 84 YRS			12. UNDER 1 YEAR MOS. DAYS HOURS MINS.		
13. DATE OF BIRTH (Month, Day, Year) April 9, 1909			14. DECEASED'S SOCIAL SECURITY NUMBER [REDACTED]			15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) 12		
16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Widowed			17. SURVIVING SPOUSE (If wife, give maiden name) [REDACTED]			18. Was Decedent ever in Armed Forces (Specify Yes or No) Yes		
19. 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			23. INSIDE CITY LIMITS (Specify Yes or No) Yes			24. STREET AND NUMBER Box 1081, Hwy. 47 South		
25. INFORMANT—Name and Address Mr. Mac Stinson 2201 9th Ave. North, Haleyville, AL 35565			26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Oil Distributer			27. KIND OF BUSINESS OR INDUSTRY Oil Company		
28. FATHER—NAME First Middle Last Sam Stinson			29. MOTHER—MAIDEN NAME First Middle Last Elizabeth McGiboney			30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial		
31. DATE OF DISPOSITION (Month, Day, Year) Aug. 21, 1993			32. CEMETERY OR CREMATORY—Name Pinelawn Gardens			33. LOCATION—(City or Town—State) Columbiana, Alabama		
34. FUNERAL HOME—Name and Address Bolton-Brown Service P.O. Box 1066, Columbiana, AL 35051			35. FUNERAL DIRECTOR—Signature Connie S. Smith			36. DATE SIGNED BY FUNERAL DIRECTOR Aug. 21, 1993		
37. 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: [Signature] 38. DATE SIGNED (Month, Day, Year) 9/3/93			39. TIME OF DEATH 1815			40. DATE AND TIME PRONOUNCED DEAD Aug. 19, 1993 1815		
41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 40) Robert L. Black MD			42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 40) 2018 Brookwood Medical Center Drive Birmingham, AL 35209			43. CERTIFIER LICENSE NUMBER 7090		
44. REGISTRAR—Signature Laurie M. Brown			45. DATE FILED (Month, Day, Year) Sept. 13, 1993			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. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. malignant arrhythmia b. Acute myocardial infarction c. Sequestered conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST 47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Arteriosclerosis heart disease		
48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unknown) NO			49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) Natural			50. AUTOPSY (Specify Yes or No) No		
51. If yes, were findings considered in determining cause of death? (Specify Yes or No)			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) 01/27/1997		
54. HOUR OF INJURY M			55. INJURY AT WORK (Specify Yes or No)			56. PLACE OF INJURY—(Specify at home, farm, street, factory, office building, etc.) 10:33 AM		
57. LOCATION OF INJURY (Specify City or Town, State) SHELBY COUNTY JUDGE OF PROBATE 13.50			58. COUNTY JUDGE OF PROBATE 003 MEL			59. This is a legal record and must be filed within five (5) days after death.		

MEDICAL CERTIFICATION

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. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. malignant arrhythmia b. Acute myocardial infarction c. Sequestered conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST 47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Arteriosclerosis heart disease		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 minutes	
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