

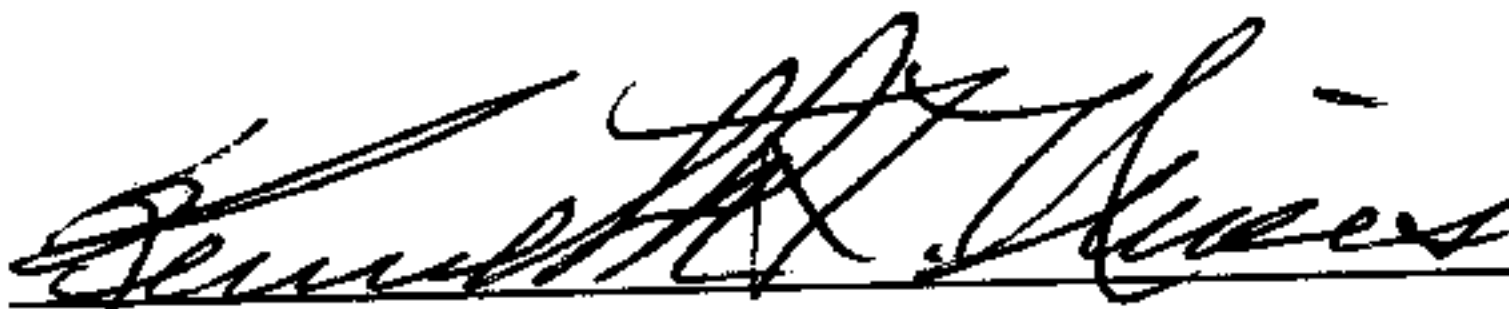
IN THE MATTER OF THE ESTATE OF  
VERNA K. STONE,  
Deceased.

)  
)  
)  
)  
)  
PROBATE COURT OF  
SHELBY COUNTY, ALABAMA  
Case No. 36-242

**AFFIDAVIT**

Before me, a Notary Public in and for said County, in said State, personally appeared  
Kenneth L. Nivens, who, being by me first duly sworn, deposes and says:

I am the joint tenant with right of survivorship in the Warranty Deed dated October 3,  
1984, with Verna K. Stone, who died on August 8, 1997. I am the owner of the property  
recorded in Deed Book 004, Page 244, in the Probate Office of Shelby County, Alabama, more  
fully described on Schedule A attached hereto. A copy of said deed and a copy of the death  
certificate of Verna K. Stone has been filed simultaneously with this Affidavit.

  
Kenneth L. Nivens

Sworn to and subscribed before me this 27  
day of October, 1998.

  
Notary Public

MELISSA L. SRYGLEY  
NOTARY PUBLIC  
STATE AT LARGE, ALABAMA  
MY COMMISSION EXP AUGUST 14, 1999

Inst # 1998-43087

11/02/1998-43087  
12:18 PM CERTIFIED  
SHELBY COUNTY JUDGE OF PROBATE  
003 CRH 13.50

## **SCHEDULE A**

**That part of the NE 1/4 of the NE 1/4, Section 8, Township 20, Range 1 West, which lies East of Shelby County Public Road No. 39, more particularly described as follows:**

**Beginning at the SE corner of NE 1/4 of NE 1/4, Section 8, Township 20, Range 1 West and run thence North along the East boundary of said section on to the NE corner of the same; run thence West along the North boundary of said Section to the East boundary of the right of way of Shelby County Road No. 39; thence Southerly along the East right of way of said public road to its intersection with the South boundary of said NE 1/4 of NE 1/4; thence Easterly along the South boundary of said NE 1/4 of NE 1/4 to the point of beginning.**

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

Gottie S. Maxwell  
Signature of Local Registrar

September 29, 1997  
Date of Issue

# ALABAMA

## CERTIFICATE OF DEATH

County  
File  
Number

State File Number 101

1. DECEASED—NAME First Middle Last (Type last name all capitals) Verna K. STONE			2. DATE OF DEATH (Month, Day, Year) August 8, 1997		3. COUNTY OF DEATH Shelby	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Chelsea 35043			5. INSIDE CITY LIMITS (Specify Yes or No) No		6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number) 1799 CO.RD. 39	
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA) n/a			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			11. AGE 82 yrs.		12. UNDER 1 YEAR MOS. DAYS HOURS MINS.	
13. DATE OF BIRTH (Month, Day, Year) April 26, 1915			14. DECEASED'S SOCIAL SECURITY NUMBER [REDACTED]			
15. EDUCATION (Specify Only if higher grade completed) Elementary or High School (9-12) 12			16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Widowed		17. SURVIVING SPOUSE (If wife, give maiden name) No	
18. Was Decedent ever in Armed Forces (Specify Yes or No) No			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 Chelsea 35043			
23. INSIDE CITY LIMITS (Specify Yes or No) No			24. STREET AND NUMBER 1799 Co.Rd. 39		25. INFORMANT—Name and Address Kenneth Nivens 1799 Co.Rd.39, Chelsea, AL 35043	
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Homemaker			27. KIND OF BUSINESS OR INDUSTRY Own Home			
28. FATHER—NAME First Middle Last Elra Kendrick			29. MOTHER—NAME First Middle Last Elizabeth Folsom			
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Donation, Other) Burial			31. DATE OF DISPOSITION (Month, Day, Year) Aug. 10, 1997		32. CEMETERY OR CREMATORY—Name K-Springs Cemetery	
33. LOCATION—(City or Town—State) Chelsea, Alabama			34. FUNERAL HOME—Name and Address Bolton Brown Service P.O. Box 1066, Columbiana, AL 35051		35. FUNERAL DIRECTOR—Signature [Signature]	
36. DATE SIGNED BY FUNERAL DIRECTOR Aug. 11, 1997			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 causes and manner stated." — Medical Examiner & Coroner "On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place, and due to the causes and manner stated." Signature: Jack A. Jones		38. DATE SIGNED (Month, Day, Year) Sept. 18, 1997	
39. TIME AND DATE OF DEATH Aug. 8, 1997			40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only) Aug. 8, 1997		41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Form 46) Jack A. Jones Coroner	
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Form 46) 2521 Hwy. 31, Calera, AL 35040			43. CERTIFIER LICENSE NUMBER			
44. REGISTRAR—Signature Gottie S. Maxwell			45. DATE FILED (Month, Day, Year) Sept. 29, 1997		46. For State or County use only	

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