

PREPARED BY:
DOUGLAS L. KEY, ATTORNEY
POST OFFICE BOX 380345
BIRMINGHAM, ALABAMA 35238
(205) 987-2211

SEND TAX NOTICE TO:
ALBERT LEE JONES, SR.
1111 Highway 17
Montevalle, AL 35115

WARRANTY DEED

**STATE OF ALABAMA)
SHELBY COUNTY)**

KNOW ALL MEN BY THESE PRESENTS, that in consideration of THIRTY SIX THOUSAND FIVE HUNDRED AND NO/100 DOLLARS (\$36,500.00) to the undersigned GRANTORS in hand paid by the GRANTEE herein, the receipt whereof is acknowledged we, TOMMY R. HARRISON a/k/a TOMMIE R. HARRISON and wife, MEREDITH L. HARRISON, (herein referred to as GRANTORS), do grant, bargain, sell and convey unto ALBERT LEE JONES, SR., (herein referred to as GRANTEE), the following described real estate situated in SHELBY COUNTY, ALABAMA, to-wit:

PARCEL I:

Beginning at the intersection of the NW boundary of the Southern Railway right of way and the North boundary line of the NE 1/4 of the SE 1/4 of Section 8, Township 24, Range 12 East; thence in a Southwesterly direction 302 feet to a point of beginning; thence to the Northwest 248.16 feet; thence Southwest 98.8 feet; thence Southeast 249 feet; thence Northeast 93.7 feet to point of beginning; being a lot 93.7 feet facing on the Southern railroad right of way and running back along the SW line of said Lot 249 feet to the extension of Church Street and fronting 98.8 feet on Church Street as extended; being all of Lot "A" according to G. A. Nabors Survey of the Town of Wilton, Alabama; said G. A. Nabors Survey being recorded in Map Book 3, Page 33 in the Probate Office of Shelby County, Alabama and being situated in the NE 1/4 of the SE 1/4 of Section 8, Township 24 North, Range 12 East, Shelby County, Alabama.

PARCEL II:

Commencing at a point where the Southern boundary of that certain street, in the Town of Wilton, Alabama, which extends from the State Highway in a Westerly direction by the Southern Depot and the City Hall intersects the Western boundary of the right of way of the Southern Railroad, run thence in a Southwesterly direction along said boundary of said railroad right of way 170 feet, run thence in a Northwesterly direction at right angles with said railroad 206 feet, more or less, to a street, run thence in a Northeasterly direction along said street 120 feet to point of tangent of a curve in said street, run thence with said curve to the right a distance of 95 feet to Southern boundary of street first above mentioned, run thence in an Easterly direction along said street 165 feet, more or less, to point of beginning. Said lot being situated in the NE 1/4 of the SE 1/4 of Section 8, Township 24 North, Range 12 East, Shelby County, Alabama.

SUBJECT TO:

1. Taxes for the year 2000, which are a lien but not yet due and payable until October 1, 2000.
2. Easements and rights of way affecting the land.

The life estate reserved by Paul and Thelma Mowery by Deed Book 275, Page 427 recorded in the Office of the Judge of Probate of Shelby County, Alabama, was terminated upon the death of Paul Mowery on June 15, 1976 and upon the death of Thelma Mowery on June 17, 1996. (See attached copies of Death Certificates.)

TO HAVE AND TO HOLD Unto the said GRANTEE, his heirs and assigns forever

03/09/2000-07554
10:57 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
004 001 52.50

03/09/2000 07:554

And we do, for ourselves and for our heirs, executors, and administrators covenant with the said GRANTEE, his heirs and assigns, that I am/we are lawfully seized in-fee simple of said premises; that they are free from all encumbrances unless otherwise noted above; that we have a good right to sell and convey the same as aforesaid; that we will and my/our heirs, executors and administrators shall warrant and defend the same to the said GRANTEE, his heirs and assigns forever, against the lawful claims of all persons.

IN WITNESS WHEREOF, we have hereunto set our hands and seals, this 28TH day of FEBRUARY, 2000.

Tommy R. Harrison (L.S.)
TOMMY R. HARRISON a/k/a TOMMIE R.
HARRISON

Meredith L. Harrison (L.S.)
MEREDITH L. HARRISON

STATE OF ALABAMA)

SHELBY COUNTY)

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that TOMMY R. HARRISON a/k/a TOMMIE R. HARRISON and wife, MEREDITH L. HARRISON, whose names are signed to the foregoing conveyance, and who are known to me, acknowledged before me on this day, that being informed of the contents of the conveyance they have executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this 28TH day of FEBRUARY, 2000.

[Signature]
Notary Public
My Commission Expires: _____
NOTARY PUBLIC STATE OF ALABAMA AT LARGE
MY COMMISSION EXPIRES: AUG. 13, 2001.
BONDED THRU NOTARY PUBLIC UNDERWRITERS

ALABAMA

Center for Health Statistics

003824

STATE OF ALABAMA
CERTIFICATE OF DEATH

STATE FILE NUMBER 15089

TYPE OR PRINT IN
PERMANENT INK

DECEASED—NAME		FIRST		MIDDLE		LAST		DATE OF DEATH (MONTH, DAY, YEAR)	
Paul		Reid		Mowery				June 15 1976	
RACE OR COLOR		SEX		AGE—LAST BIRTHDAY (YEAR, MONTH, DAY)		DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH	
white		Male		60		2-14-1896		Jefferson	
CITY, TOWN, OR LOCATION OF DEATH				HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)					
Birmingham 037022				Veterans Administration Hospital		05			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)			
Ala		USA		Married		Thelma Ines Harper Mowery			
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY					
		Miner		Mining					
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER	
Alabama		Shelby		Wilton		Yes		General Delivery	
FATHER—NAME		MOTHER—MAIDEN NAME		FIRST		MIDDLE		LAST	
John		Ida		Ida		Mae		Dixon	
PHYSICIAN'S NAME (IF ANY) V. J. Plumb, M.D.				INFORMANT—NAME Tommie Harrison					
171. ADDRESS 700 19th St. So., B'ham, Al.				172. ADDRESS Route 2 Box 192 Montevallo, Alabama					
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (1), (2), AND (3))									
1. IMMEDIATE CAUSE (1) Bilateral pneumonia									
(2) DUE TO, OR AS A CONSEQUENCE OF: Recent cerebral vascular accident									
(3) DUE TO, OR AS A CONSEQUENCE OF:									
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (1)									
4369									
ACIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)									
DATE OF INJURY (MONTH, DAY, YEAR) HOUR									
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)									
CERTIFICATION—									
MONTH DAY YEAR MONTH DAY YEAR									
6 14 76 6 15 76									
HOUR OF DEATH									
THE DECEASED WAS PRONOUNCED DEAD									
MONTH DAY YEAR HOUR									
6 15 76									
CERTIFIER—NAME, ADDRESS, CITY OR TOWN, STATE									
V. J. PLUMB, M. D.									
VA Hospital 700 S 19th Street Birmingham Ala 35235									
BURIAL, CREMATION, REMOVAL (SPECIFY)									
Burial									
CEMETERY OR CREMATORY—NAME									
Macedonia Cemetery									
LOCATION CITY OR TOWN STATE									
Montevallo, Alabama									
DATE (MONTH, DAY, YEAR)									
6-17-1976									
FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)									
Hoffman-Rockco P.O. Box 44 Montevallo Al. 35115									
SPECIAL INQUIRY—SIGNATURE									
William B. Barrett									
REGISTER—SIGNATURE									
William B. Barrett									
DATE RECEIVED BY LOCAL REGISTRAR									
JUN 29 1976									

I, Dorothy S. Harshbarger, State Registrar of Health Statistics, certify this is a true and exact copy of the original certificate filed in the Center for Health Statistics, State of Alabama, Department of Public Health, Montgomery, Alabama, and have caused the official seal of the Center for Health Statistics to be affixed. 1998-416-928-0

December 21, 1998

Dorothy S. Harshbarger, State Registrar

ANY ALTERATIONS VOID THIS DOCUMENT

ALABAMA

Center for Health Statistics

The front of this document is pink and the back contains a water mark

ALABAMA CERTIFICATE OF DEATH

96-019388

State File Number 101

1. DECEASED—NAME Theima Inez MONERY		2. DATE OF DEATH June-17-1996		3. COUNTY OF DEATH Shelby	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Alabaster, 35007		5. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in other, give street and number) Shelby Medical Center			
6. FORMALITY (Specify location, if in Hospital, HCA) Inpatient		7. OF DEATH—(Specify Yes or No, if Yes, Specify Cause, Manner, Place, etc.) No		8. RACE—(Specify American Indian, Black, White, etc.) White	
9. SEX Female		10. AGE 91		11. DATE OF BIRTH (Month, Day, Year) June-17-1905	
12. MARRITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Widowed		13. EDUCATION (Specify of high school, college, etc.) 6		14. Was Deceased ever in Armed Forces (Specify Yes or No) No	
15. STATE OF BIRTH (If not in USA, name country) Alabama		16. RESIDENCE—(Specify) Alabama		17. COUNTY Shelby	
18. CITY, TOWN, OR LOCATION AND ZIP CODE Alabaster, 35007		19. HOME CITY LIMITS Yes		20. STREET AND NUMBER 132 Tall Timber Rd.	
21. USUAL OCCUPATION (State kind of work done during most of working life even if retired) Home Maker/Domestic		22. KIND OF BUSINESS OR INDUSTRY Own Home		23. BORN NAME OF MOTHER— Allie Hodges	
24. FATHER—NAME Albert Harper		25. MOTHER—NAME Allie Hodges		26. DECEASED'S BIRTH—(Specify) June-17-1905	
27. DECEASED'S DEATH—(Specify) Burial		28. DATE OF DEATH 6-19-1996		29. CEMETERY OR CREMATORIUM—Name Macedonia Cemetery	
30. LOCATION—(City or Town—State) Montevallo, Al		31. FUNERAL HOME—Name and Address Rockco Funeral Home		32. P.O. BOX P.O. Box 44 Montevallo, Al 35115	
33. SIGNATURE OF PHYSICIAN Robert C. Snyder		34. DATE SIGNED (Month, Day, Year) 6-21-96		35. DATE SIGNED BY FUNERAL DIRECTOR 6-22-1996	
36. YEAR AND DATE OF DEATH 6-17-96 0415A		37. NAME AND TITLE OF PERSON WHO COMPLETED FORM Robert C. Snyder		38. COUNTY LICENSE NUMBER 12143	
39. ADDRESS OF PERSON WHO COMPLETED FORM 2508 US 31 So. Pelham, Al 35124		40. REGISTRAR—Name Kristie L. New		41. DATE SIGNED (Month, Day, Year) June 25, 1996	

MEDICAL CERTIFICATION

42. PART I. State the disease, injury, or complication that caused the death. Do not enter the mode of dying such as asphyxia or suffocation, arrest, shock, or heart failure. (List only one cause on each line.) Cerebrovascular Accident		43. APPROPRIATE INTERVAL BETWEEN ONSET AND DEATH	
44. PART II. State significant conditions contributing to death but not underlying it (as given in Part I). Pneumonia		45. Was there a PRECIPITANT (List)? NO	
46. MANNER OF DEATH (Specify—Accident, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) Natural Cause		47. I am, upon review, satisfied in determining cause of death? NO	
48. DATE OF DEATH (Month, Day, Year) June 17, 1996		49. HOUR OF DEATH N	
50. PLACE OF DEATH (Specify in home, hotel, school, factory, office building, etc.)		51. LOCATION OF DEATH (Street or R.F. No., City or Town, State)	

This is a legal record and must be filed within five (5) days after death.

APPENDIX 2/Rev. 11-95

I, Dorothy S. Harshbarger, State Registrar of Health Statistics, certify this is a true and exact copy of the original certificate filed in the Center for Health Statistics, State of Alabama, Department of Public Health, Montgomery, Alabama, and have caused the official seal of the Center for Health Statistics to be affixed. 1996-228-076-1

Dorothy S. Harshbarger
Dorothy S. Harshbarger, State Registrar

August 5, 1996

916-82-3219

ED

JD

03/09/2000
10:50 AM
FILED

004 031

52.50

PROBATE