

THIS INSTRUMENT PREPARED BY:
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P. O. Box 609, Moundville, AL 35474-0609

SOURCE OF TITLE: Deed
BOOK 242, PAGE 320
QQ-SW; Q-NW; S-13; T-22S; R-4W

STATE OF ALABAMA §
 §
COUNTY OF SHELBY §

WARRANTY DEED - JOINTLY FOR LIFE
WITH REMAINDER TO SURVIVOR

KNOW ALL MEN BY THESE PRESENTS, that in consideration of Ten and No/100 (\$10.00) Dollars, and other good and valuable considerations to the undersigned Grantor in hand paid by the GRANTEES herein, the receipt and sufficiency whereof is acknowledged, I, GENA M. BARROW, a widow, also sometimes known as and being one and the same person as Gena E. Barrow (herein referred to as GRANTOR), do grant, bargain, sell and convey unto **LINDA S. FANT, CRAIG FANT, and KELLEY FANT** (herein referred to as GRANTEES), as Tenants in Common with cross-contingent rights of reversion operating in favor of each and every surviving co-tenant, so that the interest of any deceased co-tenant shall revert to the surviving co-tenant or co-tenants, together with every contingent remainder and right of reversion, the following-described real estate situated in Shelby County, Alabama, to-wit:

A parcel of land in the Northwest Quarter of the Southwest Quarter of Section 13, Township 22 South, Range 4 West, Shelby County, Alabama, more particularly described as follows: Commence at the southeast corner of said Quarter-Quarter and run North along the East boundary 231.0 feet to the intersection of the south right-of-way of Shelby County Highway No. 10; thence turn 76°48'32" left and run northwesterly along a chord of a curve to the left a distance of 415.46 feet to the intersection of the south right-of-way of said Highway and the southeast right-of-way of Mary Elizabeth Mine Road; thence turn 62°18'05" left and run Southwesterly along the right-of-way of said Road 473.88 feet to the intersection of the south boundary of said Quarter-Quarter; thence turn 133°24'26" left and run East along said boundary 715.43 feet to the point of beginning. Lying and being situated in the NW1/4 of the SW1/4 of Sec. 13, T22S, R4W, Shelby County, Alabama, and containing 4.02 acres, more or less.

John R. Barrow, one of the Grantees in the deed of record in Book 242, page 320, Probate Office for Shelby County, Alabama, died on or about August 25, 1998, in Jefferson County, Alabama. A copy of his death certificate is attached hereto as Exhibit "A" and incorporated herein by reference as though set forth verbatim herein.

It is the intention of Grantees herein that title be taken in their joint names as tenants in common for life with cross-contingent remainders to the survivor in fee, and that this estate be destructible only with the consent of all Grantees.

TOGETHER with any mineral rights owned by Grantor herein. SUBJECT to any and all zoning ordinances, easements, reservations, restrictions, and/or rights-of-way applicable to this property, whether of record or in use. THIS INSTRUMENT PREPARED WITHOUT BENEFIT OF A TITLE SEARCH OR SURVEY.

TOGETHER with all and singular the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining in fee simple.

TO HAVE AND TO HOLD to the said GRANTEES, subject to the aforesaid cross-contingent rights of reversion, and to the heirs and assigns of all such surviving co-tenant or co-tenants.

AND I DO, for myself and for my heirs, executors, and administrators, covenant with the said GRANTEES, their heirs and assigns, that I am lawfully seized in fee simple of said premises; that they are free from all encumbrances, unless otherwise noted above; that I am entitled to the immediate possession thereof; that I have a good right to sell and convey the same as aforesaid; that I will and my heirs, executors and administrators shall warrant and defend the same to the said GRANTEES, their heirs and assigns forever against the lawful claims of all persons.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 20th day of October, 2000.

Gena M. Barrow (SEAL)
GENA M. BARROW

~~~~~  
STATE OF ALABAMA                   \*  
SHELBY COUNTY                    \*

I, the undersigned, a Notary Public in and for said ~~County in said~~ State at Large, hereby certify that Gena M. Barrow, whose name is signed to the foregoing conveyance and who is known to me, acknowledged before me on this day that, being informed of the contents of this conveyance, she executed the same voluntarily on the day the same bears date.

GIVEN under my hand and official seal this 20<sup>th</sup> day of October, 2000.

My Commission Expires: \_\_\_\_\_

Robert L. Payne  
Notary Public

~~~~~  
Send tax bills to: Linda S. Fant, _____

10/23/2000-36789
02:00 PM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE

Inst # 2000-36789

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

Deborah M. Vintype
Signature of Local or Deputy Registrar

Sept. 14, 1998

Date of Issue

EXHIBIT "A"

ALABAMA

CERTIFICATE OF DEATH

State File Number 101

2000-36789

10/23/2000-36789
02:00 PM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
ONE HNB

TYPE IN PERMANENT
BLACK INK. DO NOT
USE GREEN, RED, OR
BLUE INK.

County
File
Number --

1. DECEASED--NAME First Middle Last (Type last name all capitals) John Robert BARROW			2. DATE OF DEATH (Month, Day, Year) August 25, 1998		3. COUNTY OF DEATH Jefferson	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Birmingham 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 Hospital	
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DCA) 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 72 YRS.		12. UNDER 1 YEAR MOS. DAYS HOURS MINS.	
13. DATE OF BIRTH (Month, Day, Year) March 26, 1926			14. DECEASED'S SOCIAL SECURITY NUMBER [REDACTED]		15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) 12 College (1-4 or 5+) [REDACTED]	
16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married			17. SURVIVING SPOUSE (If wife, give maiden name) Gena Meacham		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 Montevallo 35115			23. INSIDE CITY LIMITS (Specify Yes or No) No		24. STREET AND NUMBER 5185 Hwy 10	
25. INFORMANT--Name and Address Gena Barrow			26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Electrician		27. KIND OF BUSINESS OR INDUSTRY Mining	
28. FATHER--NAME First Middle Last John Bryant Barrow			29. MAIDEN NAME OF MOTHER-- First Middle Last Lelia Belle Gray		30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial	
31. DATE OF DISPOSITION (Month, Day, Year) 8-27-98			32. CEMETERY OR CREMATORY--Name Antioch Cemetery		33. LOCATION--(City or Town--State) Montevallo, AL 35115	
34. FUNERAL HOME--Name and Address Rockco Funeral Home			35. FUNERAL DIRECTOR--Signature <i>[Signature]</i>		36. DATE SIGNED BY FUNERAL DIRECTOR 9-4-98	
37. <input checked="" type="checkbox"/> 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." <input type="checkbox"/> Medical Examiner <input type="checkbox"/> Coroner Signature: <i>[Signature]</i>			38. DATE SIGNED (Month, Day, Year) 8/31/98		39. TIME AND DATE OF DEATH 8/25/98 0400	
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) John McBrayer MD		42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) 301 Brookwood Med Ct Birmingham AL 35209	
43. REGISTRAR--Signature <i>[Signature]</i>			44. DATE FILED (Month, Day, Year) September 11, 1998		45. DATE SIGNED BY REGISTRAR 9-11-98	

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. Anterior Wall myocardial infarction			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH hours	
b. CORONARY Artery Disease			years	
c. Hypertension			years	
d. Diabetes			years	
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.) NO	
49. MANNER OF DEATH (Specify--Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) Natural Cause			50. AUTOPSY (Specify Yes or No) NO	
51. HOW INJURY OCCURRED (Enter nature of injury in Item 46, Part I or Item 47, Part II)			52. DATE OF INJURY (Month, Day, Year)	
53. INJURY AT WORK (Specify Yes or No)			54. HOUR OF INJURY M.	
55. PLACE OF INJURY--(Specify at home, farm, street, factory, office building, etc.)			56. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State)	

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