Send Tax Notice To:
JAMES SWANEY AND JUDY SWANEY
1099 HAPPY HOLLOW ROAD
MONTEVALLO, AL 35115
PID# 31-4-18-0-001-038.000

WARRANTY DEED JOINTLY FOR LIFE

WITH REMAINDER TO SURVIVOR

STATE OF ALABAMA
SHELBY COUNTY

KNOW ALL MEN BY THESE PRESENTS, That for and in consideration of $115,000.00 to the undersigned Grantor(s), in hand paid by the Grantee(s) herein, the receipt whereof is acknowledged, I or we,

DORIS C. ADWELL, UNMARRIED

(hereinafter referred to as Grantor, (whether one or more), does/do hereby grant, bargain, sell and convey unto

JAMES TROY SWANEY AND WIFE, JUDY COLLEEN GALYEAN SWANEY

(herein referred to as Grantees), for and during their joint lives and upon the death of any or either of them, then to the survivor of them in fee simple, together with every contingent remainder and right of reversion, the following described real estate, situated in SHELBY County, Alabama, to-wit;

LOT 19, ACCORDING TO THE MAP OF THE 1971 ADDITION TO SHELBY SHORES, RECORDED IN THE PROBATE OFFICE OF SHELBY COUNTY, ALABAMA, IN MAP BOOK 5, PAGE 96.

$80,000.00 of the purchase price recited above was paid from a mortgage loan closed simultaneously herewith.

The Grantee herein, Doris C. Adwell, is the surviving Grantee in that certain Deed recorded in Deed Book 341, page 909, in the Probate Office of Shelby County, Alabama, the other Grantee, Edgar e. Adwell, having died on January 17, 1985.

Subject to covenants, restrictions and conditions of record.

Subject to Ad Valorem taxes for the year 2001 and subsequent years not yet due and payable.

TOGETHER WITH all and singular, the rights and privileges, hereditaments, and appurtenances thereto belonging or in anywise appertaining.

TO HAVE AND TO HOLD, To the said Grantees, for and during their joint lives and upon death of any or either of them, then to the survivor of them in fee simple, and to the heirs and assigns of such survivor forever; it being the intention of the parties to this conveyance, that, unless the joint tenancy hereby created is severed or terminated during the joint lives of the **GRANTEES** herein, in the event one **GRANTEE** herein survives the other, the entire interest in fee simple in and to the property described hereinabove shall pass to the surviving **GRANTEE,** and if one does not survive the other, then the heirs and assigns of the **GRANTEES** herein shall take as tenants in common.

And said Grantor does for himself/herself, his/her heirs, executors and assigns, covenant with

said Grantee, his, her or their heirs and assigns, that he/she/they is/are lawfully seized in fee simple of said premises, that he/she/they is/are free from all encrumbrances , that he/she/they has/have a good right to sell and convey the same as foresaid, and that he/she/they will, and his/her/their heirs, executors and assigns forever, against the lawful claims of all persons.

IN WITNESS WHEREOF, I/We have hereunto set my/our hand(s) and seal(s) this 17th day

of October, 2000.

DORIS C. ADWELL

STATE OF ALABAMA

COUNTY OF SHELBY

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that **DORIS C. ADWELL** whose name(s) is/are signed to the foregoing conveyance, and who is/are known to me, acknowledged before me on this day that, being informed of the contents of the conveyance, he/she/they executed the same voluntarily on the day the same bears date.

Given under my hand and official seal, this 17th day of October, 2000.

(AFFIX SEAL)

NOTARY PUBLIC

MY COMMISSION EXPIRES:

Notary Public, Shelby County, Alabama
My Commission Expires November 11, 2003

This instrument prepared by:
MICHAEL J. HARBIN
Attorney at Law
P. O. BOX 851372
MOBILE, AL 36685
PHONE 334-639-1591

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

August 1, 1994

Signature of Local or Deputy Registrar — Date of Issue

UUU246

STATE OF ALABAMA
CERTIFICATE OF DEATH

STATE FILE NUMBER 101- '85-001679

1. DECEASED—NAME	FIRST: Edgar	MIDDLE: Emmett	LAST: ADWELL	2. DATE OF DEATH (MONTH, DAY, YEAR): January 17, 1985				
3. RACE or COLOR: White	4. SEX: Male	5a. AGE—LAST BIRTHDAY (YEARS): 49	5b. UNDER 1 YEAR: MOS. / DAYS	5c. UNDER 1 DAY: HOURS / MIN.	6. DATE OF BIRTH (MONTH, DAY, YEAR): July 30, 1935	7a. COUNTY OF DEATH: Jefferson		
7b. CITY, TOWN, OR LOCATION OF DEATH: Homewood 037074	7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes	7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Brookwood Medical Center 28						
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Alabama 01	9. CITIZEN OF WHAT COUNTRY: U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married	11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Doris Curtis Adwell					
12. SOCIAL SECURITY NUMBER: [redacted]	13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Sales Representive 274	13b. KIND OF BUSINESS OR INDUSTRY: W.W. Granger, Inc. 790						
14a. RESIDENCE—STATE: Alabama 037324	14b. COUNTY: Jefferson	14c. CITY, TOWN, or LOCATION: Hoover	14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes	14e. STREET AND NUMBER: 561 Turtle Creek Circle				
15. FATHER—NAME: FIRST Roy	MIDDLE Hilton	LAST Adwell	16. MOTHER—MAIDEN NAME: FIRST Martha	MIDDLE	LAST Jones			
17a. PHYSICIAN'S NAME (IF ANY): Dr. David Jackson	17a. ADDRESS: 2022 Brookwd Med Ctr Dr., B'ham., Al	17b. INFORMANT—NAME: Doris Adwell	17b. ADDRESS: 561 Turtle Creek Circle B'ham., Al					

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c).)

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE (a)	Acute myocardial infarction	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST — DUE TO, OR AS A CONSEQUENCE OF: (b)	ASHD	
DUE TO, OR AS A CONSEQUENCE OF: (c)	410X	

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

19a. AUTOPSY (YES OR NO): No	19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	19c. WAS THERE A PREGNANCY IN LAST SIX MONTHS (YES, NO, UNK.)

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	20b. DATE OF INJURY (MONTH, DAY, YEAR)	20c. HOUR	20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20e. INJURY AT WORK (SPECIFY YES OR NO)	20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	

21a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM: MONTH 3 DAY 17 YEAR 77 TO 21b. MONTH 1 DAY 17 YEAR 85 — 21c. AND LAST SAW HIM/HER ALIVE ON: MONTH 1 DAY 17 YEAR 85 — 21d. I DID/DID NOT VIEW THE BODY AFTER DEATH. — 21e. DEATH OCCURRED (HOUR): 6:49 A M. — At the place, on the date, and to the best of my knowledge, due to the cause(s) stated.

22a. CERTIFICATION-CORONER OR HEALTH OFFICER: On the basis of the examination of the body and/or the investigation, in my opinion death occurred on the date and due to the cause(s) stated. — 22b. THE DECEDENT WAS PRONOUNCED DEAD: MONTH / DAY / YEAR / HOUR M.

23a. CERTIFIER-PHY., CORONER OR HEALTH OFFICER (TYPE OR PRINT)	23b. SIGNATURE	DEGREE OR TITLE	23c. DATE SIGNED (MONTH, DAY, YEAR)
David Jackson, M.D.		M.D.	1-25-85
23d. MAILING ADDRESS—CERTIFIER: STREET OR R.F.D. NO. 2022 Brookwood Med Ctr. Dr. ACC 514	CITY OR TOWN B'ham.	STATE Al.	ZIP 35209

24a. BURIAL, CREMATION, REMOVAL (SPECIFY)	24b. CEMETERY OR CREMATORY—NAME	24c. LOCATION: CITY OR TOWN	STATE
Burial	Elmwood	Birmingham	Alabama
24d. DATE (MONTH, DAY, YEAR): January 18, 1985	24e. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Elmwood Chapel 800 Dennison Ave.S.W. Birmingham, Alabama 35211		
25b. FUNERAL DIRECTOR—SIGNATURE: David Bass	26a. REGISTRAR—SIGNATURE: Howard Barnett	26b. DATE RECEIVED BY LOCAL REGISTRAR: January 28, 1985	

ADPH-F-VS-2/Rev. 4-83

EXHIBIT "A" - LEGAL DESCRIPTION

LOT 19, ACCORDING TO THE MAP OF THE 1971 ADDITION TO SHELBY SHORES, RECORDED IN THE PROBATE OFFICE OF SHELBY COUNTY, ALABAMA, IN MAP BOOK 5, PAGE 96.

Inst # 2001-01368

01/12/2001-01368
10:27 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
004 CJ1 55.00