

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 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.

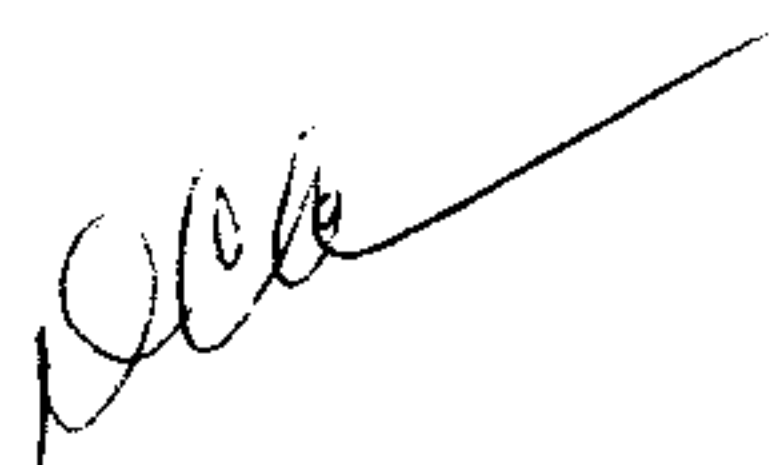
Subject to Ad Valorem taxes for the year 2001 and subsequent years not yet due and payable.

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.

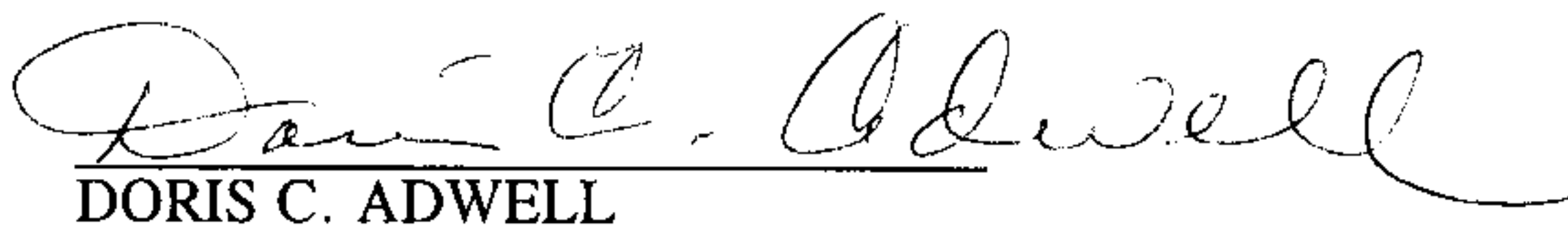
And said Grantor does for himself/herself, his/her heirs, executors and assigns, covenant with

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



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 encumbrances, 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.

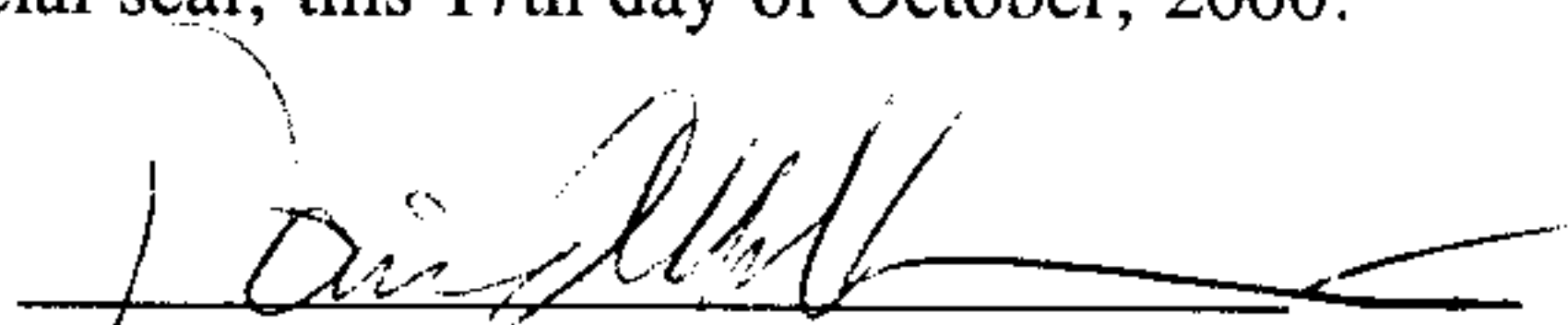

DORIS C. ADWELL

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.

B. J. J. J.
Signature of Local or Deputy Registrar

August 1, 1994

Date of Issue

000246

STATE OF ALABAMA
CERTIFICATE OF DEATH

STATE FILE
NUMBER 101-

85-001679

DECEASED—NAME		FIRST		MIDDLE		LAST		DATE OF DEATH (MONTH, DAY, YEAR)		
Edgar		Emmett		ADWELL		January 17, 1985				
1. RACE or COLOR	2. SEX	3. AGE—LAST BIRTHDAY (YEARS)	4. UNDER 1 YEAR	5. UNDER 1 DAY	6. DATE OF BIRTH (MONTH, DAY, YEAR)	7. COUNTY OF DEATH				
White	Male	49	MOS.	DAYS	HOURS	MIN.	July 30, 1935			
8. CITY, TOWN, OR LOCATION OF DEATH			9. INSIDE CITY LIMITS (SPECIFY YES OR NO)		10. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)					
Homewood			Yes		Brookwood Medical Center					
11. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)			12. CITIZEN OF WHAT COUNTRY		13. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		14. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)			
Alabama			U.S.A.		Married		Doris Curtis Adwell			
15. SOCIAL SECURITY NUMBER			16. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)			17. KIND OF BUSINESS OR INDUSTRY				
			Sales Representative			W.W. Granger, Inc.				
18. RESIDENCE—STATE		19. COUNTY		20. CITY, TOWN, OR LOCATION		21. INSIDE CITY LIMITS (SPECIFY YES OR NO)		22. STREET AND NUMBER		
Alabama		Jefferson		Hoover		Yes		561 Turtle Creek Circle		
FATHER—NAME		FIRST		MIDDLE		LAST		MOTHER—MAIDEN NAME		
Roy		Hilton		Adwell		Martha		Jones		
13. PHYSICIAN'S NAME (IF ANY)					14. INFORMANT—NAME					
Dr. David Jackson					Doris Adwell					
15. ADDRESS					16. ADDRESS					
2022 Brookwd Med Ctr Dr., B'ham.,					561 Turtle Creek Circle B'ham., AL					
PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)										
1. IMMEDIATE CAUSE										
Acute myocardial infarction										
2. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST										
ASHT										
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)										
410X										
17. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)										
18. DATE OF INJURY (MONTH, DAY, YEAR)										
19. HOUR										
20. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)										
21. INJURY AT WORK (SPECIFY YES OR NO)										
22. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)										
23. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)										
24. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM										
25. MONTH DAY YEAR										
3 17 77 TO 1 17 85										
26. AND LAST SAW HIM/HER ALIVE ON										
27. MONTH DAY YEAR										
17 85										
28. DID/DID NOT VIEW BODY AFTER DEATH										
29. HOUR										
30. DEATH OCCURRED AT the place, on the date, and to the best of my knowledge, due to the cause(s) stated.										
31. 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.										
32. CERTIFIER—PHY., CORONER OR HEALTH OFFICER (TYPE OR PRINT)										
33. SIGNATURE										
34. DEGREE OR TITLE										
35. DATE SIGNED (MONTH, DAY, YEAR)										
36. David Jackson, M.D.										
37. MAILING ADDRESS—CERTIFIER										
38. STREET OR R.F.D. NO.										
39. CITY OR TOWN										
40. STATE										
41. ZIP										
42. BURIAL, CREMATION, REMOVAL (SPECIFY)										
43. CEMETERY OR CREMATORY—NAME										
44. LOCATION										
45. CITY OR TOWN										
46. STATE										
47. ZIP										
48. DATE (MONTH, DAY, YEAR)										
49. FUNERAL HOME—NAME AND ADDRESS										
50. STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP										
51. DATE RECEIVED BY LOCAL REGISTRAR										
52. REGISTRAR—SIGNATURE										
53. DATE										
54. January 28, 1985										

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

004 031 55.00