

STATE OF ALABAMA
COUNTY OF SHELBY

AFFIDAVIT

This Affidavit is hereby made and sworn to in order to clear title to the below-described property and for the information of the Judge of Probate, Shelby County, Alabama:

Certain real property located in Shelby County, Alabama more particularly legally described as :

See Exhibit "A", attached hereto and made a part hereof.

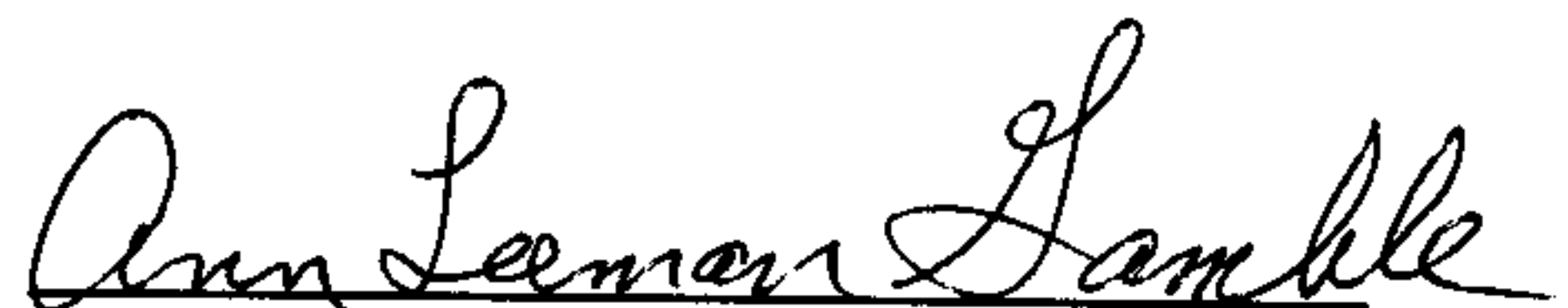
Comes now the Affiant, ANN LEEMAN GAMBLE, who first being duly sworn, upon her oath says:

1. That I, ANN LEEMAN GAMBLE, am the surviving spouse of PAUL JAMES GAMBLE, JR. deceased. Paul Gamble and Paul James Gamble, Jr. are one and the same person. Paul James Gamble, Jr. died on April 13th, 1993, in Alabaster, Alabama as evidenced by a copy of the Alabama Certificate of Death issued May 10th, 1993 (Exhibit "B").

2. They held the above-described property as joint tenants with full rights of survivorship, such title being recorded in the Office of the Judge of Probate of Shelby County, Alabama at Book 271, Page 224 on November 21, 1971.

Further affiant saith not.

I affirm under penalties of perjury that the foregoing is true and correct to the best of my knowledge and belief.


ANN LEEMAN GAMBLE, AFFIANT

12/05/2001--52786
01:51 PM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
004 MEL 20.00


Inst # 2001-52786

STATE OF ALABAMA
COUNTY OF SHELBY

Before me the undersigned authority, a Notary Public in and for said State and County, personally appeared Ann Leeman Gamble, who first being duly sworn, deposes and says on oath that the information contained in the foregoing Affidavit is true and correct to the best of his knowledge, information and belief.

Signed this 5th day of December, 2001.

NOTARY PUBLIC STATE OF ALABAMA AT LARGE
MY COMMISSION EXPIRES: Jan 31, 2005
BONDED THRU NOTARY PUBLIC UNDERWRITERS


Notary Public

My commission expires _____.

This instrument prepared by:

Gilbert M. Sullivan, Jr., Esq.
Gilbert M. Sullivan, Jr. PC
2100-C Rocky Ridge Road
Birmingham, Alabama 35216
(205) 978-0876



EXHIBIT "A"

Begin at the southwest corner of the North-East quarter of the Northeast quarter of Section 33, Township 20 South, Range 3 West; thence in a easterly direction along the south boundary of said quarter-quarter section 67.04 feet; thence turn an angle of 77 deg. and 23 min. to the left in a northeasterly direction 112.31 feet to the point of beginning; thence turn an angle of 71 degrees and 31 minutes to the right in a northeasterly direction 291.75 feet to intersection with the west right-of-way boundary of a public road; said intersection being in a curve turning to the left having a central angle of 5 degrees and 52 minutes, having a radius of 980.89 feet and having a chord 100.10 feet, said chord forming an angle of 81 degrees and 54 minutes to the left; thence in a northeasterly direction along the arc of said curve 100.16 feet; thence turn an angle of 97 degrees and 40 minutes to the left from said chord in a southwesterly direction 278 feet more or less to the east boundary of waters edge as it now exists; thence in a southwesterly direction along the east boundary of said waters edge 115 feet more or less; thence in a northeasterly direction along a straight line 9 feet more or less to the point of beginning, said straight line forming an angle of 75 degrees and 28 minutes to the left from the above mentioned course having a distance of 112.31 feet.

EXHIBIT "B"

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

Lu Petra Lewis
Signature of Local Registrar

May 10, 1993
Date of Issue

ALABAMA

CERTIFICATE OF DEATH

State File Number 101

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

County
File
Number --

3.	1. DECEASED—NAME First Middle Last (Type last name all capitals)	2. DATE OF DEATH (Month, Day, Year)	3. COUNTY OF DEATH
6.	Paul James GAMBLE JR.	April 13, 1993	Shelby
7.	4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE	5. INSIDE CITY LIMITS (Specify Yes or No)	6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number)
8.	Alabaster 35007	Yes	Shelby Medical Center
9.	7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA)	8. OF HISPANIC ORIGIN (Specify Yes or No) If Yes, Specify Cuban, Mexican, Puerto Rican, etc.	9. RACE—(Specify American Indian, Black, White, etc.)
10.	ER	No	White
11.	11. AGE YRS.	12. UNDER 1 YEAR MOS. DAYS	13. DATE OF BIRTH (Month, Day, Year)
12.	57		April 16, 1935
15.	15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) College (1-4 or 5+)	16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced)	17. SURVIVING SPOUSE (If wife, give maiden name)
16.	11th	Married	Gloria Ann Leeman
19.	19. STATE OF BIRTH (If not in USA, name country)	20. RESIDENCE—STATE	21. COUNTY
20.	Alabama	Alabama	Shelby
26.	23. INSIDE CITY LIMITS (Specify Yes or No)	24. STREET AND NUMBER	25. INFORMANT—Name and Address
27.	Yes	1843 Sunnybrook Lane	Gloria Ann Gamble (Wife) 1843 Sunnybrook Lane Helena, Al. 35080
	26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	27. KIND OF BUSINESS OR INDUSTRY	
	Transportation Manager	Brunos Inc.	
	28. FATHER—NAME First Middle Last	29. MOTHER—MAIDEN NAME First Middle Last	
	Paul James Gamble Sr.	Bobbie Olene Caddell	
	30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other)	31. DATE OF DISPOSITION (Month, Day, Year)	32. CEMETERY OR CREMATORY—Name
	Burial	April 15, 1993	Concord Baptist Cem.
	33. LOCATION—(City or Town—State)	34. FUNERAL HOME—Name and Address	35. FUNERAL DIRECTOR—Signature
	Concord, Alabama	Brown Service Bessemer 1300 4th Ave. N. Bessemer, Al. 35020	<i>Kenneth Milman</i>
	36. DATE SIGNED BY FUNERAL DIRECTOR	37. CERTIFYING PHYSICIAN (Physician certifying cause of death) "To the best of my knowledge death occurred at the time, date, place, and due to the cause(s) and manner stated."	38. DATE SIGNED (Month, Day, Year)
	May 10, 1993	Medical Examiner — Coroner — Health Officer "On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place, and due to the cause(s) and manner stated."	5/10/93
	39. TIME OF DEATH	40. DATE AND TIME PRONOUNCED DEAD	41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)
	2:05	4/13/93 21:00	Scott T. Kelley, MD
	42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)	43. CERTIFIER LICENSE NUMBER	44. REGISTRAR—Signature
	Shelby Medical Center	14805	<i>Lu Petra Lewis</i>
	45. DATE FILED (Month, Day, Year)		
	May 10, 1993		

MEDICAL CERTIFICATION

IF NO PHYSICIAN WAS IN
ATTENDANCE, MEDICAL
CERTIFICATION SHOULD
BE COMPLETED BY THE
LOCAL HEALTH OFFICER
OR CORONER.

CAUSE

46.

NAME OF PHYSICIAN

48.

49.

50.

51.

55.

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.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <i>Cardiopulmonary arrest</i>	
b. DUE TO (OR AS A CONSEQUENCE OF):	
c. DUE TO (OR AS A CONSEQUENCE OF):	
d. DUE TO (OR AS A CONSEQUENCE OF):	
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 Unknown)
	No
49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause)	50. AUTOPSY (Specify Yes or No)
Natural Causes	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. PLACE OF INJURY—(Specify at home, farm, street, factory, office building, etc.)
55. 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.

Inst # 2001-52786

12/05/2001-52786
01:51 PM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
004 MEL 20.00