

THE PREPARER OF THIS DEED MAKES NO REPRESENTATION AS TO THE STATUS OF THE TITLE OF THE PROPERTY DESCRIBED HEREIN, OR AS TO THE ACCURACY OF THE DESCRIPTION CONTAINED IN PREVIOUSLY FILED DEEDS

This instrument was prepared by:
Kendall W. Maddox
Law Offices of Kendall W. Maddox
300 Office Park Drive, Suite 160
Birmingham, Alabama 35223

Send Tax Notice To:
Barbara Spear
1134 Berwick Road
Birmingham, Alabama 35242

WARRANTY DEED

\$500

STATE OF ALABAMA)
SHELBY COUNTY)

KNOW ALL MEN BY THESE PRESENTS:

That in consideration of TEN DOLLARS AND OTHER GOOD AND VALUABLE CONSIDERATION to the undersigned grantor (whether one or more), in hand paid by the grantee herein, the receipt whereof is acknowledged, I or we,

BARBARA J. SPEAR, AN UNMARRIED WOMAN

(herein referred to as Grantor, whether one or more), grant, bargain, sell and convey unto

BARBARA J. SPEAR AND DEBORAH D. SPEAR, TRUSTEES, OR THEIR SUCCESSORS IN TRUST, UNDER THE SPEAR LIVING TRUST, DATED DECEMBER 28, 2001 AND ANY AMENDMENTS THERETO

(herein referred to as Grantee, whether one or more), the following described real estate, situated in Shelby County, Alabama, to-wit:

Lot 18, according to the Survey of Greystone Ridge Garden Homes, as recorded in Map Book 16 page 31 in the Probate Office of Shelby County, Alabama; being situated in Shelby County, Alabama. Subject to taxes, restrictions, rights-of-way, exceptions, conditions and easements of record.

Barbara J. Spear is the surviving Grantee of that certain warranty deed with rights-of-survivorship as recorded in Instrument 1994-18013 dated June 6, 1994. The other Grantee, Robert J. Spear having died on or about August 16, 1995. A copy of the death certificate is attached.

TO HAVE AND TO HOLD to the said grantee, his, her or their successors and assigns forever.

THE GRANTOR herein grants full power and authority by this deed to the Trustee(s), and either of them, and all successor trustee(s) to protect, conserve, sell, lease, pledge, mortgage, borrow against, encumber, convey, transfer or otherwise manage and dispose of all or any portion of the property herein described, or any interest therein, without the consent or approval of any other party and without further proof of such authority; no person or entity paying money to or delivering property to any Trustee or successor trustee shall be required to see to its application; and all persons or entities relying in good faith on this deed and the powers contained herein regarding the Trustee(s) (or successor trustee(s)) and their powers over the property herein conveyed shall be held harmless from any resulting loss or liability from such good faith reliance.

And I (we) do for myself (ourselves) and for my (our) heirs, executors, and administrators covenant with the said GRANTEE, his, her or their successors 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 I (we) have a good right to sell and convey the same as aforesaid; that I (we) will and my (our) heirs, executors and administrators shall warrant and defend the same to the said GRANTEE, his, her or their successors and assigns forever, against the lawful claims of all persons.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 28th day of December, 2001.

Barbara J. Spear

STATE OF ALABAMA)
JEFFERSON COUNTY)

GENERAL ACKNOWLEDGEMENT:

I, Jennifer Q. Griffin, a Notary Public in and for said County, in said State, hereby certify that Barbara J. Spear, whose name(s) is/are signed to the foregoing conveyance, and who is/are known to me, acknowledged before me on this date, that, being informed of the contents of the conveyance has/have executed the same voluntarily on the day the same bears date.

Given my hand and official seal this 28 day of December, 2001.

Jennifer Q. Griffin
Notary Public
My Commission Expires: 10/8/2002

01/02/2002--00225
01:40 PM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
002 MEL 14.50

52200-2002 4 1501

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

Lottie S. Maxwell
Signature of Local Registrar

August 30, 1995
Date of Issue

ALABAMA CERTIFICATE OF DEATH

State File Number **101**

1. DECEASED—NAME First: Robert Middle: J. Last: SPEAR			2. DATE OF DEATH (Month, Day, Year) August 16, 1995		3. COUNTY OF DEATH Shelby	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Birmingham 35242			5. INSIDE CITY LIMITS (Specify Yes or No) No	6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number) 1134 Berwick Road		
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA) N/A		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 73	12. UNDER 1 YEAR MOS. _____ DAYS _____ HOURS _____		13. DATE OF BIRTH (Month, Day, Year) August 8, 1922		14. DECEASED'S SOCIAL SECURITY NUMBER [REDACTED]	
15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (K-12): 2 College (1-4 or 5+): _____		16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married		17. SURVIVING SPOUSE (If wife, give maiden name) Barbara McGee		18. Was Decedent ever in Armed Forces (Specify Yes or No) Yes
19. STATE OF BIRTH (If not in USA, name country) Indiana		20. RESIDENCE—STATE Alabama		21. COUNTY Shelby	22. CITY, TOWN, OR LOCATION AND ZIP CODE Birmingham 35242	
23. INSIDE CITY LIMITS (Specify Yes or No) No	24. STREET AND NUMBER 1134 Berwick Road		25. INFORMANT—Name and Address Barbara Spear Birmingham, Alabama 35242			
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Vice-President			27. KIND OF BUSINESS OR INDUSTRY Cummins Diesel Eng.			
28. FATHER—NAME First: Paul Middle: _____ Last: Spear			29. MAIDEN NAME OF MOTHER— First: Audrey Middle: _____ Last: Stotts			
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial		31. DATE OF DISPOSITION (Month, Day, Year) Aug. 19, 1995	32. CEMETERY OR CREMATORY—Name Southern Heritage		33. LOCATION—(City or Town—State) Pelham, Alabama	
34. FUNERAL HOME—Name and Address Ridout's Southern Heritage 475 Cahaba Valley Rd. Pelham, AL 35124			35. FUNERAL DIRECTOR—Signature <i>Bob Beaver</i>		36. DATE SIGNED BY FUNERAL DIRECTOR Aug. 18, 1995	
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 "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." Signature: <i>Nolan L. Hudson MD</i>					38. DATE SIGNED (Month, Day, Year) 8/28/95	
39. TIME AND DATE OF DEATH 12:00 PM 8/16/95		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) NOLAN L. HUDSON MD		
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) Norwood Clinic, 1527 N. 9th Cassaway Blvd., Birmingham, AL 35229					43. CERTIFIER LICENSE NUMBER 6626	
44. REGISTRAR—Signature <i>Lottie S. Maxwell</i>					45. DATE FILED (Month, Day, Year) August 30, 1995	

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. <u>LIST ONLY ONE CAUSE ON EACH LINE.</u>			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death) → Stroke			
a. DUE TO (OR AS A CONSEQUENCE OF)			
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 Unk.)
49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, <u>Natural Cause</u>)		50. AUTOPSY (Specify Yes or No) NO	51. If yes, were findings considered in determining cause of death? (Specify Yes or No)
52. HOW INJURY OCCURRED (Enter nature of injury in Item 46, Part I or Item 47, Part II)		53. DATE OF INJURY (Month, Day, Year)	54. HOUR OF INJURY M.
55. INJURY AT WORK (Specify Yes or No)	56. PLACE OF INJURY—(Specify at home, farm, street, factory, office building, etc.)	57. 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.

01:40 PM CERTIFIED
COUNTY JUDGE OF PROBATE

ADPH-MS 2/Rev. 11-93

2002-00225