



## RELEASE OF MORTGAGE

This certifies that a certain mortgage executed by Gregory L and Georgia E Ashworth (a married couple) of the city of Alabaster, county of Shelby, state of Alabama to Sidney Glover and Sandra L Glover

County Shelby, in December 29th, 1997, securing the principal sum of \$ 64,750.00 and duly recorded in Mortgage Book 1998 Page 1524 in the Office of the Shelby County, Alabama has been fully paid and satisfied and same is hereby released.

In witness whereof, the Undersigned has hereunto set its hand by its properly authorized offices this 22nd day of November 2002.

BY Sidney J. Glover

State of Alabama  
County of Shelby

The undersigned, a Notary Public, in and for said state and county aforesaid, does hereby certify that Sidney Glover and Sandra L Glover has come before me this 22nd day of November 2002 and released aforesaid mortgage.

In witness whereof I have hereunto set my hand and seal this 22nd day of November 2002.

My commission expires February 4th 2004

Tina Brand  
Notary Public Shelby County  
State of Alabama

This instrument was prepared by Tina Brand

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

Lottie S. Ybarra  
Signature of Local Registrar

May 21, 1999  
Date of Issue

# ALABAMA CERTIFICATE OF DEATH

State File Number 101

2002120600610660 Pg 2/2 14.00  
Shelby Cnty Judge of Probate, AL  
12/06/2002 14:48:00 FILED/CERTIFIED

County  
File  
Number —

1. DECEASED—NAME First Middle Last (Type last name all capitals)				2. DATE OF DEATH (Month, Day, Year)		3. COUNTY OF DEATH	
Sandra L. GLOVER				May 4, 1999		Shelby	
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)	
Columbiana 35051				No		5632 Hwy. 26	
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. SEX	
N/A		No		White		Female	
11. AGE	12. UNDER 1 YEAR	13. UNDER 1 DAY	14. 1 DAY	13. DATE OF BIRTH (Month, Day, Year)		14. DECEASED'S SOCIAL SECURITY NUMBER	
59	YRS.	MOS.	DAYS	HOURS	MINS.	November 18, 1939	[REDACTED]
15. EDUCATION (Specify ONLY highest grade completed below)		16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced)		17. SURVIVING SPOUSE (If wife, give maiden name)		18. Was Decedent ever in Armed Forces (Specify Yes or No)	
Elementary or High School (0-12)		College (1-4 or 5+)		Married		Sidney T. Glover	
NO		2				NO	
19. STATE OF BIRTH (If not in USA, name country)		20. RESIDENCE—STATE		21. COUNTY		22. CITY, TOWN, OR LOCATION AND ZIP CODE	
Alabama		Alabama		Shelby		Columbiana 35051	
23. INSIDE CITY LIMITS (Specify Yes or No)	24. STREET AND NUMBER			25. INFORMANT—Name and Address		26. Was Decedent ever in Armed Forces (Specify Yes or No)	
NO	5632 Hwy. 26			Sidney T. Glover		NO	
27. KIND OF BUSINESS OR INDUSTRY				5632 Hwy. 26, Columbiana, AL 35051			
Book Keeper				School Systems			
28. FATHER—NAME First Middle Last				29. MAIDEN NAME OF MOTHER—First Middle Last			
Herbert Fulton				Laura Payne			
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other)		31. DATE OF DISPOSITION (Month, Day, Year)		32. CEMETERY OR CREMATORIAL—Name		33. LOCATION—(City or Town—State)	
Burial		May 6, 1999		Nabors Cemetery		Calera, Alabama	
34. FUNERAL HOME—Name and Address				35. FUNERAL DIRECTOR—Signature		36. DATE SIGNED BY FUNERAL DIRECTOR	
Bolton Brown Service PO Box 1066, Columbiana, AL 35051				Connie S. Gibbons		May 5, 1999	
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." — Medical Examiner 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."				38. DATE SIGNED (Month, Day, Year)			
Signature: <u>Dilip V. Shah</u>				5/6/99			
39. TIME AND DATE OF DEATH		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)			
12:30AM 5/4/99				DILIP V. SHAH MD			
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)				43. CERTIFIER LICENSE NUMBER			
P.O. BOX 949, ALABASTER, AL 35007				13145			
44. REGISTRAR—Signature				45. DATE FILED (Month, Day, Year)			
<u>Lottie S. Ybarra</u>				May 11, 1999			

## 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) → <u>LIVER CIRRHOSIS</u>		
DUE TO (OR AS A CONSEQUENCE OF):		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		
DUE TO (OR AS A CONSEQUENCE OF):		
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 Und.)
<u>CONGESTIVE HEART FAILURE, HYPERTENSION</u>		
49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause)		50. AUTOPSY (Specify Yes or No)
<u>NATURAL</u>		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)		
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