

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 L. 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

Tina Brand

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.

Gottie S. Woodward
Signature of Local Registrar

May 21, 1999
Date of Issue

ALABAMA

CERTIFICATE OF DEATH

20021206000610660 Pg 2/2 14.00
Shelby Cnty Judge of Probate, AL
12/06/2002 14:48:00 FILED/CERTIFIED

County
File
Number —

State File Number **101**

1. DECEASED—NAME First Middle Last (Type last name all capitals) Sandra L. GLOVER			2. DATE OF DEATH (Month, Day, Year) May 4, 1999		3. COUNTY OF DEATH Shelby		
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Columbiana 35051			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) 5632 Hwy. 26		
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 Female	
11. AGE 59 YRS		12. UNDER 1 YEAR MOS. DAYS HOURS MINS.		13. DATE OF BIRTH (Month, Day, Year) November 18, 1939		14. DECEASED'S SOCIAL SECURITY NUMBER [REDACTED]	
15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) College (1-4 or 5+) 2		16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married		17. SURVIVING SPOUSE (If wife, give maiden name) Sidney T. Glover		18. Was Decedent ever in Armed Forces (Specify Yes or No) No	
19. STATE OF BIRTH (If not in USA, name country) Alabama		20. RESIDENCE—STATE Alabama		21. COUNTY Shelby		22. CITY, TOWN, OR LOCATION AND ZIP CODE Columbiana 35051	
23. INSIDE CITY LIMITS (Specify Yes or No) No		24. STREET AND NUMBER 5632 Hwy. 26		25. INFORMANT—Name and Address Sidney T. Glover 5632 Hwy. 26, Columbiana, AL 35051			
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Book Keeper				27. KIND OF BUSINESS OR INDUSTRY School Systems			
28. FATHER—NAME First Middle Last Herbert Fulton		29. MAIDEN NAME OF MOTHER— First Middle Last Laura Payne					
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial		31. DATE OF DISPOSITION (Month, Day, Year) May 6, 1999		32. CEMETERY OR CREMATORY—Name Nabors Cemetery		33. LOCATION—(City or Town—State) Calera, Alabama	
34. FUNERAL HOME—Name and Address Bolton Brown Service PO Box 1066, Columbiana, AL 35051				35. FUNERAL DIRECTOR—Signature <i>Connie S. Bolton</i>		36. DATE SIGNED BY FUNERAL DIRECTOR 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." <input type="checkbox"/> 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." Signature: <i>Dilip V. Shah</i>						38. DATE SIGNED (Month, Day, Year) 5/6/99	
39. TIME AND DATE OF DEATH 12:30AM 5/4/99		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) DILIP V. SHAH MD			
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) P.O. BOX 949, ALABASTER, AL 35007						43. CERTIFIER LICENSE NUMBER 13145	
44. REGISTRAR—Signature <i>Gottie S. Woodward</i> For State or County use only						45. DATE FILED (Month, Day, Year) 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. LIST ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (Final disease or condition resulting in death) → LIVER CIRRHOSIS		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
a. DUE TO (OR AS A CONSEQUENCE OF):			
b. DUE TO (OR AS A CONSEQUENCE OF):			
c. 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. CONGESTIVE HEART FAILURE, HYPERTENSION		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, Natural Cause) NATURAL		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			
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)			