

joint lives and upon the death of either of them, then the survivor of them in fee simple, and to the heirs of such survivor forever, together with every contingent remainder and right of reversion.

And we do for ourselves and for our heirs, executors, and administrators covenant with the said GRANTEES, their heirs, and assigns, that we are lawfully seized in fee simple of said premises; that they are free from all encumbrances, unless otherwise noted above; that we have a good right to sell and convey the same as aforesaid; that we will and our heirs, executors and administrators shall warrant and defend the same to the said GRANTEES, their heirs and assigns forever, against the lawful claims of all person.

IN WITNESS WHEREOF, we have hereunto set our hands and seals, on this the 10 Day of OCT., 2003.

Ina S. Crowson
INA S. CROWSON
GRANTOR

STATE OF ALABAMA)
)
COUNTY OF SHELBY)

I, the undersigned, a Notary Public in and for said State, do hereby certify that *Ina S. Crowson, the widow of Dewey F. Crowson*, whose name is signed to the foregoing conveyance, and who is personally known to me, acknowledged before me and my official seal of office, that she did execute the same voluntarily on the day the same bears date.

Given under my hand and official seal of office on this the 10 Day of OCT., 2003.

Clint C. Thomas

NOTARY PUBLIC
My Commission Expires: 24 JAN, 2004

This Instrument Prepared By:

Clint C. Thomas, P.C.
Attorney at Law
P.O. Box 1422
Calera, AL 35040

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

Sheila Keller

Signature of Local Registrar

JUL 08 2003

Date of Issue

20031015000691100 Pg 3/3 22.00
Shelby Cnty Judge of Probate, AL
10/15/2003 11:48:00 FILED/CERTIFIED

ALABAMA CERTIFICATE OF DEATH

State File Number **101**

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

1. DECEASED - NAME First <i>Dewey</i> Middle <i>Ford</i> Last <i>CROUSON</i>		2. DATE OF DEATH (Month, Day, Year) <i>June 24, 2003</i>		3. COUNTY OF DEATH <i>Shelby</i>	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE <i>Calera 35040</i>			5. INSIDE CITY LIMITS (Specify Yes or No) <i>No</i>		6. PLACE OF DEATH - HOSPITAL OR OTHER INSTITUTION - If not in other, give street and number <i>677 Leach Cemetery Road</i>
7. IF HOSPITAL, Specify Department, ER or Outpatient, DON		8. OF HISPANIC ORIGIN (Specify Yes or No. If Yes, Specify Cuban, Mexican, Puerto Rican, etc.) <i>No</i>		9. RACE - Specify American Indian, Black, White, etc. <i>White</i>	
10. SEX <i>Male</i>	11. AGE <i>81</i>	12. UNDER 1 YEAR MONTHS <i>None</i>	13. UNDER 1 DAY DAYS <i>None</i>	14. DATE OF BIRTH (Month, Day, Year) <i>July 7, 1921</i>	15. DECEASED'S SOCIAL SECURITY NUMBER
16. EDUCATION (Month, Day, Year) Elementary or High School (K-12) <i>College (1-4 or 5+)</i>		17. MARRITAL STATUS (Specify Married, Never Married, Widowed, Divorced) <i>Married</i>		18. SURVIVING SPOUSE (If wife, give maiden name) <i>Ina Bella Scoggins</i>	
19. STATE OF BIRTH (If not in ALA, give country) <i>Alabama</i>		20. RESIDENCE - STATE <i>Alabama</i>		21. COUNTY <i>Shelby</i>	
22. INSIDE CITY LIMITS (Specify Yes or No) <i>No</i>		23. STREET AND NUMBER <i>677 Leach Cemetery Road</i>		24. INFORMANT - Name and Address <i>Ina S. Crouson 677 Leach Cemetery Rd., Calera, AL 35040</i>	
25. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <i>Aircraft Mechanic</i>			26. KIND OF BUSINESS OR INDUSTRY <i>Aerospace</i>		
27. FATHER - NAME First <i>Manuel</i> Last <i>Crouson</i>		28. MOTHER - NAME First <i>Alice</i> Last <i>Hadaway</i>		29. MARRIAGE DATE (Month, Day, Year) <i>None</i>	
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Anatomical, Organ, Other) <i>Burial</i>		31. DATE OF DISPOSITION (Month, Day, Year) <i>June 26, 2003</i>		32. CEMETERY OR CREMATORY - Name <i>Leach Cemetery</i>	
33. FUNERAL HOME - Name and Address <i>Bolton Brown Service F.H. 207 Hwy. 47 South, Columbiana, AL 35051</i>		34. FUNERAL DIRECTOR - Name <i>Michael Patton</i>		35. DATE SIGNED BY FUNERAL DIRECTOR <i>June 30, 2003</i>	
36. SIGNATURE OF PHYSICIAN (Physician certifying cause of death. To the best of my knowledge death occurred at the time and date, and due to the causes and conditions specified on this certificate.) <i>Larry S. Mikul</i>		37. SIGNATURE OF DECEASED (If deceased was capable of signing this certificate, give name and address.)		38. DATE SIGNED (Month, Day, Year) <i>7/3/03</i>	
39. TIME AND DATE OF DEATH <i>6:27 AM 6/24/03</i>		40. DATE AND TIME PRONOUNCED DEAD (For Coroners/ALC, use only)		41. NAME AND TITLE OF PHYSICIAN WHO COMPLETED CAUSE OF DEATH FROM 40 <i>LARRY MIKUL M.D.</i>	
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH FROM 40 <i>11206 Hwy 25 Calera, AL</i>		43. REGISTRAR - Name <i>Sheila Keller</i>		44. DATE SIGNED (Month, Day, Year) <i>July 8, 2003</i>	

MEDICAL CERTIFICATION

45. PART I - Give the disease, injury, or complication that caused the death. Do not enter the mode of death, such as cardiac or respiratory arrest, shock, or brain failure. LIST ONLY ONE CAUSE ON EACH LINE. (Cause of death must be listed in Part I.)		46. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
1. <i>Alzheimer's Dementia</i>		<i>5 years</i>	
2. <i>None</i>		<i>None</i>	
3. <i>None</i>		<i>None</i>	
4. <i>None</i>		<i>None</i>	
47. PART II - Give the underlying cause of death (not necessarily the underlying cause given in Part I).		48. DATE OF DEATH (Month, Day, Year)	
<i>Alzheimer's Dementia</i>		<i>June 24, 2003</i>	
49. MARRIAGE (Specify date, place, officiant, license, and other pertinent information.)		50. DATE OF BIRTH (Month, Day, Year)	
<i>None</i>		<i>July 7, 1921</i>	
51. MARRIAGE (Specify date, place, officiant, license, and other pertinent information.)		52. DATE OF BIRTH (Month, Day, Year)	
<i>None</i>		<i>June 30, 2003</i>	
53. MARRIAGE (Specify date, place, officiant, license, and other pertinent information.)		54. DATE OF BIRTH (Month, Day, Year)	
<i>None</i>		<i>July 8, 2003</i>	

ANY ALTERATIONS VOID THIS DOCUMENT

