20031027000713930 Pg 1/3 17.00
Shelby Cnty Judge of Probate,AL
10/27/2003 09:14:00 FILED/CERTIFIED

AFFIDAVIT

Before me, the undersigned, a Notary Public, in and for said County and State, personally appeared A. G. Westbrook and Amy Webb as Vice President of Robertson Banking Company, as co-Trustees of the Fred I. Palmer Revocable Trust dated March 6, 1997, who, afer being duly sworn by me, deposes and says:

Affiants do hereby certify that Fred I. Palmer and Mildred Mabel Sinclair Palmer were the trustees under that certain trust known as the Fred I. Palmer Revocable Trust dated March 6, 1997. Fred I. Palmer died on or about January 10, 2000 and Mildred Mabel Sinclair Palmer died on or about December 28, 2000 (see attached death certificates attached hereto and made a part hereof.)

Affiants are purchasing property located at 215 Ammersee Lakes Drive, Montevallo, Alabama 35115, being more particularly described as follows:

Lot 70, according to the Amended Map of Ammersee Lakes, First Sector, as recorded in Map Book 28, Pages 98 A & B, in the Probate Office of Shelby County, Alabama.

As of the date of closing, the above named trust has not been revoked and is in full force. Further, A. G. Westbrook and Robertson Banking Company are successor trustees under the above named trust.

Given under my hand and seal this 21st day of October, 2003.

A. G. Westbrook Co Trustee

A. G. Westbrook

Amy Webb - Co-Trustee

Robertson Banking Company
By: Amy Webb
Its: Vice President

STATE OF ALABAMA
COUNTY OF Marengo

I, the undersigned, a Notary Public in and for said county in said state, hereby certify that A. G. Westbrook , whose name is signed to the foregoing instrument, and who is known to me, acknowledged before me that, being informed of the contents of the instrument, he executed the same voluntarily on the day the same bears date.

Given under my hand and seal this 21st day of October, 2003.

Shirley H. Kelley

Notary Public
My Commission Expires: 10/4/06

STATE OF ALABAMA
COUNTY OF Marengo

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that Amy Webb, whose name as Vice President of Robertson Banking Company, a company is signed to the foregoing instrument, and who is known to me, acknowledged before me on this day that, being informed of the contents of this instrument, she, as such officer and with full authority executed the same voluntarily for and as act of said company.

Given under my hand and official seal, this 21st day of October, 2003.

Shirley H. Kelley

Notary Public
My Commission Expires: 10/4/06

Shirl Bostick

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

ALABAMA
CERTIFICATE OF DEATH

County File Number — 0030 State File Number 101

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1. DECEASED—NAME First / Middle / Last (Type last name in all capitals): Fred I Palmer	2. DATE OF DEATH (Month, Day, Year): January 10, 2000	3. COUNTY OF DEATH: Tuscaloosa
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE: Tuscaloosa 35401	5. INSIDE CITY LIMITS (Specify Yes or No): Yes	6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number): DCH Regional Medical Center
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA): Inpatient	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: 91 YRS. / 12. UNDER 1 YEAR MOS. DAYS / UNDER 1 DAY HOURS MINS	13. DATE OF BIRTH (Month, Day, Year): September 14, 1908	14. DECEASED'S SOCIAL SECURITY NUMBER: [redacted]
15. EDUCATION (Specify ONLY highest grade completed before) Elementary or High School (0-12) / College (1-4 or 5+): 1	16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced): Married	17. SURVIVING SPOUSE (If wife, give maiden name): Mildred M. Sinclair / 18. Was Decedent Ever in Armed Forces (Specify Yes or No): No
19. STATE OF BIRTH (If not in USA, name country): Kansas	20. RESIDENCE—STATE: Alabama / 21. COUNTY: Marengo	22. CITY, TOWN, OR LOCATION AND ZIP CODE: Demopolis 36732
23. INSIDE CITY LIMITS (Specify Yes or No): Yes / 24. STREET AND NUMBER: 601 South Commissioner St.	25. INFORMANT—Name and Address: James L. Stanford III, 1302 Phillips Drive, Demopolis AL 36732	
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Owner	27. KIND OF BUSINESS OR INDUSTRY: Butane Gas Company	
28. FATHER—NAME First Middle Last: Fred Palmer	29. MAIDEN NAME OF MOTHER— First Middle Last: Mattie Ball	
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other): Burial / 31. DATE OF DISPOSITION (Month, Day, Year): Jan. 12, 2000	32. CEMETERY OR CREMATORY—Name: Riverside Cemetery	33. LOCATION—(City or Town—State): Demopolis, AL
34. FUNERAL HOME—Name and Address: Kidd-Robbins F.D. P.O. Box 1198, Demopolis, AL 36732	35. FUNERAL DIRECTOR—Signature: Danny R. Easterwood	36. DATE SIGNED BY FUNERAL DIRECTOR: Jan. 21, 2000
37. 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." Signature: [signature]		38. DATE SIGNED (Month, Day, Year): 1/10/00
39. TIME AND DATE OF DEATH: 1/10/00 0350	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): Raymond Powe [signature]
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46): 347 Wellington Lane Tuscaloosa Alabama 35406		43. CERTIFIER LICENSE NUMBER: AL 20891
44. REGISTRAR—Signature: [signature]	For State or County use only	45. DATE FILED (Month, Day, Year): January 24, 2000

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.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death) → Renal failure	
DUE TO (OR AS A CONSEQUENCE OF): Bladder Cancer	
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 Unk.): No
49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Causes): Natural causes / 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): N/A / 53. DATE OF INJURY (Month, Day, Year): N/A / 54. HOUR OF INJURY: N/A M.	
55. INJURY AT WORK (Specify Yes or No): N/A / 56. PLACE OF INJURY—Specify at home, farm, street, factory, office building, etc.: N/A / 57. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State): N/A	

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This is a legal record and must be filed within five (5) days after death.

ADPH-HS 2/Rev. 11-93

Certified January 24 20 00 [signature] COUNTY REGISTRAR/DUTY REGISTRAR

I HEREBY CERTIFY THAT THE ABOVE IS A TRUE OFFICIAL COPY OF THE ORIGINAL CERTIFICATE SUBMITTED TO THE TUSCALOOSA COUNTY HEALTH DEPARTMENT, TUSCALOOSA, ALABAMA.

TUSCALOOSA COUNTY HEALTH DEPARTMENT WAS DESIGNATED A COPY ISSUING CENTER BY THE ALABAMA STATE COMMITTEE OF PUBLIC HEALTH JANUARY 1, 1982.

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

Signature of local registra

January 5, 2001
Date of issue

20031027000713930 Pg 3/3 17.00
Shelby Cnty Judge of Probate,AL
10/27/2003 09:14:00 FILED/CERTIFIED

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

ALABAMA
CERTIFICATE OF DEATH

County File Number

State File Number 101

1. DECEASED—NAME: First Mildred Middle Sinclair Last (Type last name all capitals) PALMER

2. DATE OF DEATH (Month, Day, Year): December 28, 2000

3. COUNTY OF DEATH: Marengo

4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE: Demopolis 36732

5. INSIDE CITY LIMITS (Specify Yes or No): Yes

6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in hospital, give street and number): Bryan W. Whitfield Memorial Hospital

7. IF HOSPITAL (Specify Inpatient, ER or Outpatient) DOA: Inpatient

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: 93 yrs.

12. UNDER 1 YEAR: MOS. DAYS

13. UNDER 1 DAY: HOURS MINS.

14. DECEASED'S SOCIAL SECURITY NUMBER: [redacted]

15. EDUCATION (Specify ONLY the highest grade completed) Elementary or High School (0 - 12) College (1 - 4 or 5+)

16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced): Widowed

17. SURVIVING SPOUSE (If wife, give maiden name)

18. Was Decedent Ever in U.S. Armed Forces (Specify Yes or No): No

19. DATE OF BIRTH (Month, Day, Year): March 13, 1907

20. STATE OF BIRTH (If not in U.S., name country): Kansas

21. RESIDENCE—STATE: Alabama

21. COUNTY: Marengo

22. CITY, TOWN, OR LOCATION AND ZIP CODE: Demopolis 36732

23. INSIDE CITY LIMITS (Specify Yes or No): Yes

24. STREET AND NUMBER: 601 South

25. INFORMANT—Name and Address: Jimmy Stanford
1302 Phillips Drive, Demopolis, Ala. 36732

26. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

27. KIND OF BUSINESS OR INDUSTRY: Domestic

28. FATHER—NAME First George Middle Last Sinclair

29. MAIDEN NAME OF MOTHER First Mabel Middle Last Bedford

30. DISPOSITION OF BODY (Specify Burial, Cremation, Donation, Hospital, Disposal, Other): Burial

31. DATE OF DISPOSITION (Month, Day, Year): Dec. 20, 2000

32. CEMETERY OR CREMATORY—Name: Riverside Cemetery

33. LOCATION—(City or Town, State): Demopolis, Alabama

34. FUNERAL HOME—Name and Address: Kid-Robbins
P.O. Box 1198 Demopolis, AL 36732

35. FUNERAL DIRECTOR—Signature: Danny K Eastmond

DATE ACCEPTED BY FUNERAL DIRECTOR: Jan 5 2001

37. Certifying Physician (Specify Medical Examiner, Coroner): Medical Examiner

To the best of my knowledge death occurred at the time and date, and due to the cause(s) and manner stated.

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: Paul F Ketcham MD

38. TIME AND DATE OF DEATH: 7:5 DAM December 28, 20 10

39. DATE SIGNED (Month, Day, Year): 1/3/01

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): Paul F. Ketcham, MD

42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46): 202 Highway 80 East Demopolis, Alabama 36732

43. CERTIFIER LICENSE NUMBER: 2802

44. REGISTRAR—Signature:

For State or County use only

45. DATE FILED (Month, Day, Year): January 5 2001

MEDICAL CERTIFICATION

46. PART I. Enter the disease, 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): Congestive Heart Failure 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):

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 Yrs 2 Mos

47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

48. WAS THERE AN AUTOPSY IN LAST 42 DAYS? (Specify Yes, No, or Unk.)

49. MANNER OF DEATH (Specify—Accident, Suicide, Homicide, Undetermined, Pending Investigation, Natural Cause): Natural Cause

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. TIME 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)

NAME OF DECEASED — PALMER

This is a legal record and must be filed within five (5) days after death.

ADPH-HB 2/Rev. 11-