JUDGMENT AND TAX LIEN AFFIDAVIT

20040310000123870 Pg 1/2 14.00
Shelby Cnty Judge of Probate,AL
03/10/2004 14:18:00 FILED/CERTIFIED

STATE OF ALABAMA
COUNTY OF JEFFERSON

Before me, a Notary Public, in and for said County, in said State, personally appeared before me: MARY PHILLIPS ROBERSON, who, first being duly sworn, swears that for the past 30 years, he/she has resided at: 2150 BUSH AVE SE LEEDS, AL; and that the only business address or other address(es) he/she has had in the past ____ years is/are: _____

Affiant further swears that there is no action pending in any state or federal court in the United States to which the affiant is a party, nor is there any state or federal court judgments, state or federal tax liens or state or federal lien of any kind against the affiant which would constitute a lien or charge upon real estate owned by affiant.

Affiant further swears that he/she is not the same party as the party who appears in Judgment Index as follows:

Judgement: Case No.: DV-1998-003540.00, against AMANDA M. ROBERSON AND CHARLES ROBERSON from ALABAMA AUTO CREDIT, INC, filed on and recorded in Book 1999, at Page 01252, in the Office of the Judge of Probate of SHELBY County, Alabama, in the amount of $ 7,266.85.

Judgement: Case No.: _____, against _____ from _____, filed on and recorded in Book _____, at Page _____, in the Office of the Judge of Probate of _____ County, Alabama, in the amount of $ _____.

ATTACH CONTINUATION SHEET IF NECESSARY.

That the purpose of this affidavit is to induce National Real Estate Information Services, Inc., to issue their Title Commitment and/or Title Report without taking exception to said judgments and liens in order that Affiant may Mortgage the real estate as described on said Title Report, free and celar of said encumbrance(s);

Affiant further avers that he will hold harmless and indemnify said Mortgage Company, Citfinancial Corp.; National Real Estate Information Services, Inc., and Fidelity National Title Insurance Company from any loss occasioned thereby.

FURTHER AFFIANT SAITH NOT.

x Mary Phillips Roberson
AFFIANT

Sworn to and subscribed before me on this the 24th day of FEB.

Tiffany Hawkins
Notary Public

May 8, 2007
My Commission Expires

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

Sheila Keller

Signature of Local Registrar

NOV 0 1 2001

Date of Issue

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: Charles Middle: Clayton Last (Type last name all capitals): ROBERSON		2. DATE OF DEATH (Month, Day, Year): October 6, 2001	3. COUNTY OF DEATH: Shelby
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE: Leeds 35094	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): 2150 Bush Avenue S.E.	
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.: No	9. RACE—(Specify American Indian, Black, White, etc.): White	10. SEX: Male
11. AGE: 65 YRS.	12. UNDER 1 YEAR: MOS. / DAYS	UNDER 1 DAY: HOURS / MINS.	13. DATE OF BIRTH (Month, Day, Year): November 19, 1935
14. DECEASED'S SOCIAL SECURITY NUMBER: [redacted]			
15. EDUCATION (Specify ONLY highest grade completed below): Elementary or High School (0-12): 10 / College (1-4 or 5+)	16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced): Married	17. SURVIVING SPOUSE (If wife, give maiden name): Mary Phillips	18. Was Decedent ever in Armed Forces (Specify Yes or No): Yes
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: Leeds 35094
23. INSIDE CITY LIMITS (Specify Yes or No): No	24. STREET AND NUMBER: 2150 Bush Avenue S.E.	25. INFORMANT—Name and Address: Mary P. Roberson 2150 Bush Avenue S.E. Leeds, AL. 35094	
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Self Employed		27. KIND OF BUSINESS OR INDUSTRY: Restaurant	
28. FATHER—NAME First: Amos Middle: C. Last: Roberson		29. MAIDEN NAME OF MOTHER— First: Abby Middle: Viola Last: Osbourn	
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other): Burial	31. DATE OF DISPOSITION (Month, Day, Year): Oct. 9, 2001	32. CEMETERY OR CREMATORY—Name: Cedar Grove	33. LOCATION—(City or Town—State): Leeds, Alabama
34. FUNERAL HOME—Name and Address: Kilgroe Funeral Home 1651 Ashville Road NE Leeds, AL. 35094		35. FUNERAL DIRECTOR—Signature: Mitch Barton	36. DATE SIGNED BY FUNERAL DIRECTOR: Oct. 9, 2001
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): 10/17/01
39. TIME AND DATE OF DEATH: 11 PM : 10/16/01	40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only):	41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 48): Michael Gees	
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 48): 860 Montclair Rd. B'Ham, AL 35213			43. CERTIFIER LICENSE NUMBER: AL 18022
44. REGISTRAR—Signature: Sheila Keller	For State or County use only		45. DATE FILED (Month, Day, Year): November 01, 2001

SSN:

NAME OF DECEASED

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) → a. Coronary Artery Disease	
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 — b. DUE TO (OR AS A CONSEQUENCE OF):	
c. DUE TO (OR AS A CONSEQUENCE OF):	
d.	
47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Diabetes, Peripheral Vascular disease	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)	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)

46. 49. 55.

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

ADPH-HS 2/Rev. 11-93