

STATE OF ALABAMA
JEFFERSON COUNTY

BEFORE ME, THE UNDERSIGNED AUTHORITY IN AND FOR SAID COUNTY AND STATE PERSONALLY APPEARED MYRA LACEY, WHO IS KNOWN TO ME AND WHO BEING FIRST BY ME DULY SWORN, DEPOSES AND SAYS AS FOLLOWS:

MYRTLE N. NOE DIED ON SEPTEMBER 16, 1966 LEAVING FRED S. NOE AS SURVIVING GRANTEE OF THAT DEED RECORDED IN DEED BOOK 206 AT PAGE 455 AND THAT CARRIE NOE DIED ON AUGUST 13, 1989 LEAVING FRED S. NOE AS SURVIVING GRANTEE OF DEED RECORDED IN DEED BOOK 306 AT PAGE 274.

FRED S. NOE, MY FATHER, DIED ON JULY 12, 2003 AND WAS THE OWNER OF THE FOLLOWING DESCRIBED PROPERTY:

SEE ATTACHED EXHIBIT "A" FOR LEGAL DESCRIPTION.

DATED THIS 12TH DAY OF MAY, 2004.

Myra Lacey Esquire

MYRA LACEY

SWORN TO AND SUBSCRIBED BEFORE ME THIS 12TH DAY OF MAY, 2004.

MY COMMISSION EXP.:

Christopher P. Moseley

NOTARY PUBLIC

CHRISTOPHER P. MOSELEY
MY COMMISSION EXPIRES 10/27/05

THE FRONT OF THIS DOCUMENT IS PINK - THE BACK OF THIS DOCUMENT IS BLUE AND HAS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

ALABAMA

Center for Health Statistics

5009

CERTIFICATE OF DEATH

STATE OF ALABAMA

22435

THIS IS A LEGAL RECORD AND WILL BE PERMANENTLY FILED ON THE OTHER SIDE XXXX FILL IN WITH A TYPEWRITER OR WRITE PLAINLY WITH DARK INK. DO NOT USE GREEN NOR RED INK. LEGAL COPIES CANNOT BE MADE IF ENTRIES ARE DIM.

ALL ITEMS MUST BE COMPLETE AND ACCURATE. IF NO DOCTOR WAS IN ATTENDANCE MEDICAL CERTIFICATION SHOULD BE COMPLETED BY THE LOCAL HEALTH OFFICER OR CORONER IF HE IS A PHYSICIAN OR IF INQUEST WAS HELD.

1. PLACE OF DEATH COUNTY <u>Chickasaw</u>		MAX NO. <u>37020</u>	3. USUAL RESIDENCE (Where deceased lived. If furnished residence before admission to hospital or institution) STATE <u>Alabama</u> COUNTY <u>Chickasaw</u>	
2. CITY, TOWN, OR LOCATION <u>Prichard</u>		4. PLACE OF DEATH (Inside city limits?) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		5. CITY, TOWN, OR LOCATION <u>Prichard 59XX</u>
6. NAME OF HOSPITAL OR INSTITUTION <u>Prichard Hospital</u>		7. LENGTH OF STAY IN IS		8. STREET ADDRESS
9. NAME OF DECEASED (Type or print) First Middle Last <u>Muriel Marie Noe</u>		10. DATE OF BIRTH <u>8-24-1930</u>		11. DATE OF DEATH Month Day Year <u>9-16-66</u>
12. COLOR OF HAIR <u>Brown</u>		13. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		14. AGE (In years if under 1 year if under 24 hrs. less birthday) <u>36</u>
15. USUAL OCCUPATION (Type and list any seasons during most of working life) <u>Homemaker</u>		16. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>		17. PLACE OF BIRTH (State or foreign country) <u>Alabama</u>
18. CITIZEN OF WHAT COUNTRY? <u>USA</u>		19. FATHER'S NAME <u>Ruben Noe</u>		20. MOTHER'S MAIDEN NAME <u>Effie Outwater</u>
21. NAME OF SURVIVING SPOUSE <u>Hubert</u>		22. SOCIAL SECURITY NO.		23. INFORMANT'S NAME <u>Hubert</u>
24. ADDRESS		25. ADDRESS		26. ADDRESS
27. CRUSE OF DEATH (Enter only one cause per line for (a), (b), (c), (d), (e), (f), (g), (h), (i), (j), (k), (l), (m), (n), (o), (p), (q), (r), (s), (t), (u), (v), (w), (x), (y), (z).)		28. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Metastatic Adenocarcinoma - Brain</u>		29. INTERVAL BETWEEN ONSET AND DEATH <u>2 mo?</u>
30. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION (State in Part II) <u>Diabetes Mellitus</u>		31. DUE TO (b) <u>175.0</u>		32. DUE TO (c) <u>Adenocarcinoma left ovary</u>
33. ACCIDENT		34. SUICIDE		35. HOMICIDE
36. TIME OF HOUR INJURY M. A. P. M.		37. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office)		38. CITY, TOWN, OR LOCATION
39. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		40. DATE OF INJURY <u>9-16-66</u>		41. DATE OF DEATH <u>9-16-66</u>
42. I attended the deceased from <u>7-1-66</u> to <u>9-16-66</u> and last saw him alive on <u>9-16-66</u> on the date stated above) and to the best of my knowledge, from the causes stated.		43. SIGNATURE (Type or print) <u>[Signature]</u>		44. ADDRESS <u>Prichard, Ala</u>
45. TITLE (Type or print) <u>[Title]</u>		46. NAME OF CEMETERY OR SEMINARY <u>Elmwood</u>		47. LOCATION (City, town, or county) <u>Prichard, Ala</u>
48. DATE <u>9-19-66</u>		49. DATE REC'D BY LOCAL REG. <u>5-27-1966</u>		50. REGISTER'S SIGNATURE <u>Lorrie A. Hill</u>
51. GENERAL DIRECTOR <u>[Signature]</u>		52. ADDRESS <u>1512 - Monticello Rd S.W. - Prichard, Ala</u>		

I, Dorothy S. Hershberger, State Registrar of Health Statistics, certify this is a true and exact copy of the original certificate filed in the Center for Health Statistics, State of Alabama, Department of Public Health, Montgomery, Alabama, and have caused the official seal of the Center for Health Statistics to be affixed: 2004-224-5009

April 28, 2004

[Signature]
Dorothy S. Hershberger, State Registrar

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ALABAMA

Center for Health Statistics

STATE OF ALABAMA
CERTIFICATE OF DEATH No. 101 89-023120

1. DECEASED - NAME Carric P. NOE		2. DATE OF DEATH August 13, 1989		3. COUNTY OF DEATH Shelby	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Alabaster 35007		5. NAME CITY Shelby		6. PLACE OF DEATH Shelby Medical Center	
7. SEX Female		8. RACE White		9. DATE OF BIRTH September 23, 1913	
10. AGE 75		11. MARITAL STATUS Widow		12. DECEASED'S SOCIAL SECURITY NUMBER [REDACTED]	
13. DECEASED'S EDUCATION High School		14. SURVIVED SPOUSE OR WIFE Fred S. Noe		15. DECEASED'S OCCUPATION Homemaker	
16. STATE OF BIRTH Alabama		17. DIV. TOWN OR LOCATION AND ZIP Saginaw 35137		18. STREET AND NUMBER Highway 26 East	
19. FATHER - NAME Mary Ethel Hatcher		20. MOTHER - NAME Thomas Franklin Coghett		21. DECEASED'S ADDRESS PO Box 73, Saginaw, Alabama 35137	
22. PART I. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE PER CAUSE) 22.1. IMMEDIATE CAUSE Pneumonia 22.2. INTERMEDIATE CAUSE Coronary Artery Disease 22.3. UNDERLYING CAUSE Coronary Artery Disease					
23. PART II. OTHER IMPORTANT CONDITIONS Contributing to death <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> OTHER (Specify) <input checked="" type="checkbox"/> AUTOMATED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO					
24. PLACE OF BIRTH Alabama		25. PLACE OF DEATH Shelby		26. LOCATION Shelby Medical Center	
27. DEATH CERTIFICATE NUMBER 630574010		28. DATE OF DEATH 8-13-89		29. DATE OF BIRTH 9-23-13	
30. DECEASED'S SIGNATURE [Signature]		31. DECEASED'S ADDRESS P.O. Box 158 Calera, Al. 35040		32. DECEASED'S PHONE NUMBER [REDACTED]	
33. DECEASED'S SIGNATURE [Signature]		34. DECEASED'S ADDRESS Helena Cemetery		35. DECEASED'S PHONE NUMBER [REDACTED]	
36. DATE OF DEATH Aug 13 1989		37. DECEASED'S SIGNATURE [Signature]		38. DECEASED'S ADDRESS 75 Cahaba Valley Rd. Helena Al 35080	
39. DECEASED'S SIGNATURE [Signature]		40. DECEASED'S ADDRESS [REDACTED]		41. DECEASED'S PHONE NUMBER [REDACTED]	

I, Dorothy S. Harshbarger, State Registrar of Health Statistics, certify this is a true and exact copy of the original certificate filed in the Center for Health Statistics, State of Alabama, Department of Public Health, Montgomery, Alabama, and have caused the official seal of the Center for Health Statistics to be affixed.

2004-226-513

April 28, 2004

Dorothy S. Harshbarger, State Registrar

EXHIBIT "A"

Commencing at the Southeast corner of the Southwest 1/4 of the Northeast 1/4 of Section 15, Township 21 South, Range 2 West; thence North 89 degrees 58 minutes 28 seconds West, a distance of 730.32 feet to the Point of Beginning; thence North 11 degrees 27 minutes 09 seconds West, a distance of 484.64 feet to a point on the Southerly right of way of Shelby County Highway #26 and the point of cusp on a curve concave to the North having a radius of 2461.11 feet and a central angle of 6 degrees 53 minutes 01 second and being subtended by a chord which bears South 78 degrees 43 minutes 16 seconds West 295.51 feet; thence Westerly along said curve a distance of 295.68 feet; thence South 82 degrees 09 minutes 47 seconds West tangent to said curve, a distance of 168.13 feet; thence South 01 degrees 27 minutes 13 seconds East, a distance of 394.39 feet; thence North 89 degrees 59 minutes 56 seconds East, a distance of 542.65 feet to the Point of Beginning.

20040518000261840 Pg 4/4 20.00
Shelby Cnty Judge of Probate, AL
05/18/2004 10:30:00 FILED/CERTIFIED