20041221000694200 Pg 1/5 23.00
Shelby Cnty Judge of Probate,AL
12/21/2004 08:04:00 FILED/CERTIFIED

STATE OF ALABAMA)
SHELBY COUNTY)

AFFIDAVIT OF TOMMY LEE LEWIS, JR.

COMES NOW the affiant, Tommy Lee Lewis, Jr., and having been sworn says as follows:

1. My name is Tommy Lee Lewis, Jr. and I live in Oklahoma City, Oklahoma.

2. This affidavit is made based upon my personal knowledge and I am completely competent to testify.

3. I am over the age of twenty one (21) years and have never suffered from any infirmity of mind.

4. My father, Tommy Lee Lewis (Social Security Number: [redacted], was murdered at 817 N.E. 2nd Street, Oklahoma City, Oklahoma 73104 on June 2, 1981. (See Death Certificate attached as Exhibit "A.")

5. My mother, Robbie Louise Lewis (maiden name "Stewart"), predeceased my father.

6. My father had no brothers and only one (1) sister, Mary Sue Lewis, last known to have lived in Detroit Michigan.

7. The only direct heirs of my father are my brother, Charles Edward Lewis, my sister, Maunwella Lewis, and me.

8. My brother, sister and I all live in Oklahoma City, Oklahoma..

9. My father's father, or my grandfather on my father's side, was Robert Lewis.

10. My grandfather, Robert Lewis, had only one (1) brother, Charles Edward Lewis, and two (2) sisters, Ethel Smoot and Lola W. Calhoun.

11. My grandfather's mother, Robert Lewis's mother, is Clara Brown Lewis (my great

grandmother) and she had six (6) brothers and sisters.

12. My great grandmother, Clara Brown Lewis's, brothers were Anderson Brown, Jr., Robert Brown, Willie Brown, and Solomon Brown.

13. My great grandmother, Clara Brown Lewis, had two (2) sisters, Yola Brown and Mary Brown Robinson.

14. My great grandmother's, Clara Brown Lewis's, father or my great-great grandfather was Anderson Brown and my great-great grandmother was Lola Brown.

15. I am executing a quitclaim deed of even date of whatever interest I hold, if any, in the real property located in Shelby County, Alabama, to John Albert Daugherty and his wife Cheryl Ann Daugherty.

16. I am not warrantying that I hold any interest in any property located in Shelby County, Alabama, but if I do then it is conveyed to the Daughertys.

17. I further agree to execute any additional documents which are required for a full and complete conveyance of whatever interest I may hold in Shelby County, Alabama, to the Daughertys.

18. Attached as Exhibit "B" is a copy of my identification.

Tommy Lewis

TOMMY LEE LEWIS, JR. (Affiant)

State of Oklahoma)
County of Oklahoma)

I, the undersigned authority, a Notary Public in and for said County in said State, hereby certify that Tommy Lee Lewis, Jr., whose name is signed to the foregoing Affidavit of Tommy Lee Lewis, Jr., and who is known to me, acknowledged before me on this day that, being informed of the contents of this Affidavit of Tommy Lee Lewis, Jr., he executed the same voluntarily on the day the same bears date.

Given under my hand this the 15th day of December, 2004.

Gina Soriano
(Notary Public)

GINA SORIANO NOTARY PUBLIC # 99014304 EXP. 8/26/07 IN AND FOR STATE OF OKLAHOMA OKLAHOMA COUNTY

MY COMMISSION EXPIRES: 8/26/07

CERTIFICATE OF DEATH

STATE OF OKLAHOMA - DEPARTMENT OF HEALTH

EXHIBIT 4

12795 STATE FILE NO.

1. DECEDENT - NAME: TOMMY (First) LEE (Middle) LEWIS (Last)				2. DATE OF DEATH (Month, Day, Year): 02JUN81	3. SEX: MALE
4. RACE: NEGRO	5a. AGE: 46	5b. UNDER 1 YEAR: Months / Days	5c. UNDER 1 DAY: Hours / Min.	6. DATE OF BIRTH (Month, Day, Year): 06JAN 35	7. COUNTY OF DEATH: OKLAHOMA
8a. CITY, TOWN, OR LOCATION OF DEATH: OKLAHOMA CITY	8b. INSIDE CITY LIMITS: Yes X No			9. HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give Street and Number): OKLAHOMA MEMORIAL HOSPITAL	
10. STATE OF BIRTH (If not in U.S.A., Name Country): ALABAMA	11. CITIZEN OF WHAT COUNTRY: USA	12a. Married / Never Married / Widowed X / Divorced	12b.	13. SURVIVING SPOUSE (If Wife, Give Maiden Name):	
14. SOCIAL SECURITY NUMBER: [redacted]	15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER			16. KIND OF BUSINESS OR INDUSTRY: Commercial	
17. RESIDENCE - STATE: OKLAHOMA	17a. COUNTY: OKLA.	17b. CITY, TOWN, OR LOCATION: OKLAHOMA CITY	17c. INSIDE CITY LIMITS: Yes X No	17d. STREET AND NUMBER: 817 NE 2nd	17e. ZIP CODE: 73104

18. FATHER - NAME (First, Middle, Last): UNKNOWN		19. MOTHER - MAIDEN NAME (First, Middle, Last): UNKNOWN	
20. INFORMANT - NAME OR SOURCE OF INFORMATION: MARCHITA LEWIS		20a. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): 2800 SW 29TH OKLA. CITY, OK 73108	

PART I. DEATH WAS CAUSED BY: (Enter only one cause per line for (a), (b), and (c).) — Approximate Interval Between Onset and Death

21. CAUSE OF DEATH — IMMEDIATE CAUSE: (a) STAB WOUND TO CHEST.

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF: (b)

DUE TO, OR AS A CONSEQUENCE OF: (c)

PART II. OTHER SIGNIFICANT CONDITIONS: (Conditions contributing to death but not related to cause given in Part I.)

22. AUTOPSY: Yes / No X	23. AUTOPSY AUTHORIZED BY:

MEDICAL CERTIFICATION

24a. MANNER OF DEATH: Natural / Accident / Suicide / Pending / Homicide / Undetermined	24b. DATE OF INJURY: 02JUN81	24c. HOUR OF INJURY: 0058	24d. HOW INJURY OCCURRED: STABBED BY ASSAILANT.

25a. INJURY AT WORK: Yes / No X	25b. PLACE OF INJURY (At Home, Farm, Street, Factory, Office Bldg., Etc.): HOME, 817 N.E. 2nd, OKLAHOMA CITY, OKLAHOMA.	25c. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State):

26. CERTIFICATION - MEDICAL EXAMINER: On the basis of examination of the body, and/or investigation of the facts known to me, I certify that death occurred at the time, date and place, and due to the cause(s) and manner stated.

26a. I did/did not view the body. 26b. DEATH OCCURRED AT 0230 (Hour) at the place, on the date, and of the cause and manner stated to the best of my knowledge and belief.

26c. CERTIFIER - NAME (Type or Print): A. JAY CHAPMAN M.D.	26d. SIGNATURE OF MEDICAL EXAMINER: A. Jay Chapman M.D.	26e. DATE SIGNED (Month, Day, Year): 02JUN81

26f. MAILING ADDRESS - CERTIFIER (Number and Street or R.F.D. No., City or Town, State, Zip): 901 N. STONEWALL OKLAHOMA CITY OKLAHOMA 73117

27. BURIAL, CREMATION, REMOVAL: Burial	27a. DATE: 6 - 5 - 81	27b. CEMETERY OR CREMATORY - NAME: FT. GIBSON NATIONAL	
27c. LOCATION - City or Town, State: FT. GIBSON OKLA.	27d. FUNERAL HOME - NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip): Chapel of the Flowers Funeral Home	27e. FUNERAL DIRECTOR: George R. Hommel	
27f. LOCAL REGISTRAR (Signature):	27g. DATE RECD. BY LOCAL REG.: JUN 4 - 1981	27h. DATE RECEIVED BY STATE REGISTRAR: JUN 4 - 1981	

405-235-5451
CHAPEL OF THE FLOWERS FUNERAL HOME

Closed 1985

Chapel

918-479-23[illegible]

1423 [illegible] Cemetery
FT. GIBSON [illegible]

November 8, 2004

J MAC INVESTIGATIONS 4057999774 08/1996 03:01 PAGE 02

20041221000694200 Pg 5/5 23.00
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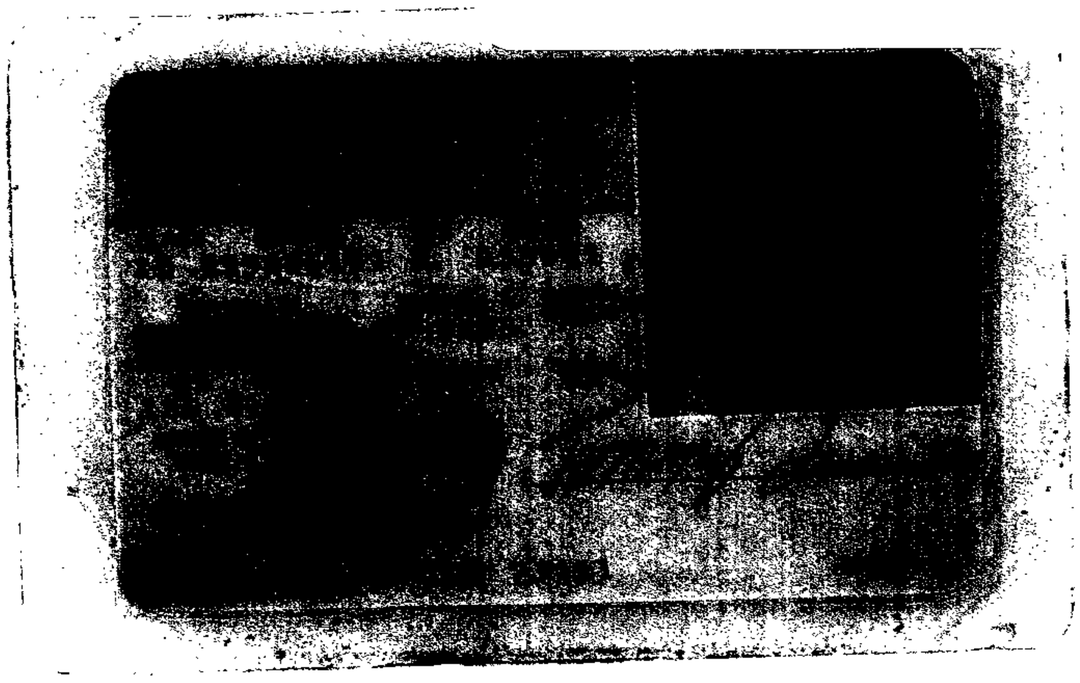
EXHIBIT



RECORDER'S MEMORANDUM
At the time of recordation, this
instrument was found to be
inadequate for the best photo-
graphic reproduction.