

THIS INSTRUMENT PREPARED BY:  
Courtney Mason & Associates, P.C.  
1904 Indian Lake Drive, Suite 100  
Birmingham, Alabama 35244  
STATE OF ALABAMA )

GRANTEE'S ADD  
Farmer Development, LLC  
120 Yeager Parkway  
Pelham, Alabama 35124

20050118000026720 Pg 1/3 \$3.00  
Shelby Cnty Judge of Probate, AL  
01/18/2005 13:34:00 FILED/CERTIFIED

GENERAL WARRANTY DEED

COUNTY OF SHELBY )

KNOW ALL MEN BY THESE PRESENTS: That, for and in consideration of Three Hundred Thirty Thousand and 00/100 (\$330,000.00) DOLLARS, and other good and valuable consideration, this day in hand paid to the undersigned GRANTOR, **Marguerette S. Willingham, a single individual** (hereinafter referred to as GRANTOR), the receipt whereof is hereby acknowledged, the GRANTOR does hereby give, grant, bargain, sell and convey unto the GRANTEE, **Farmer Development, LLC, a limited liability company**, (hereinafter referred to as GRANTEE), its successors and assigns, the following described Real Estate, lying and being in the County of SHELBY, State of Alabama, to-wit:

Lot four (4) in Block Six (6) in Indian Springs Ranch, being a subdivision of a part of the North half of the Southeast quarter and the Southeast quarter of the Southeast quarter of Section Twenty - Nine; a part of the Southwest quarter of the Southwest quarter of Section twenty eight; a part of the East half of the Northeast quarter of Section Thirty - Two; and a part of the West half of the Northwest quarter of Section Thirty -Three; all in Township Nineteen South of Range Two West, situated in Shelby County, Alabama, according to the plat thereof, prepared by A. A. Winters, Registered Surveyor, and recorded in the Office of the Judge of Probate of Shelby County, Alabama, on September 26, 1958, in Map Record 4, Page 29. Subject to Easements, Exceptions, Reservations Encumbrances, Liens, Right of Ways and Restrictions of Record or visible on said Property.

Subject to existing easements, current taxes, restrictions and covenants, set-back lines and rights of way, if any, of record.

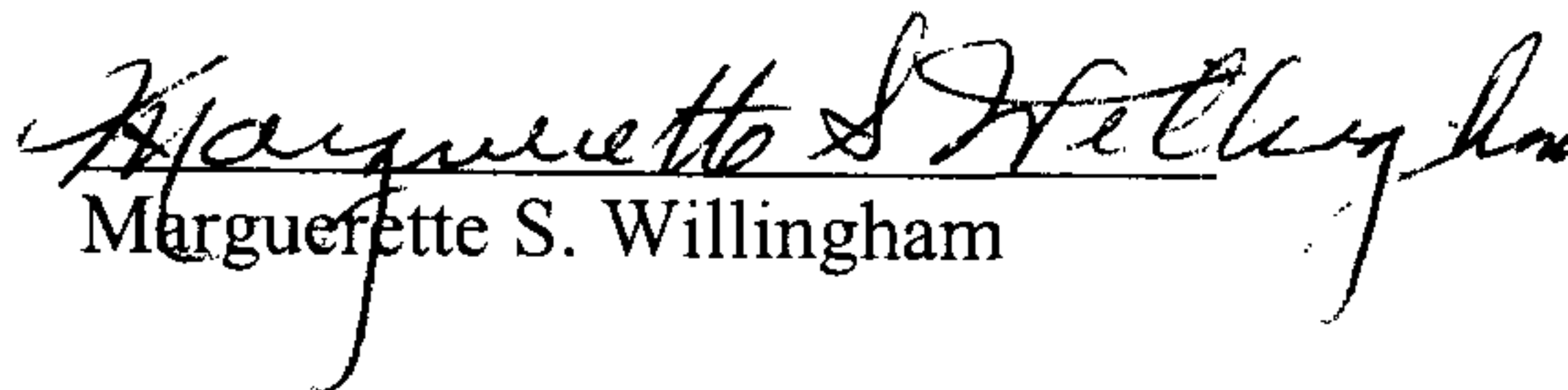
\$264,000.00 of the above-recited purchase price was paid from a mortgage loan closed simultaneously herewith.

Marguerette S. Willingham is the surviving grantee of that certain deed as recorded in Book 308, Page 919 dated September 5, 1990 in the Probate Office of Shelby County, Alabama, the other grantee, John Randall Willingham having died on or about the 16 day of May, 2000, and Willie Mack Stephenson having died on or about the 15 day of December, 1998, as affirmed by said death certificates attached hereto.

TO HAVE AND TO HOLD, the tract or parcel of land above described together with all and singular the rights, privileges, tenements, appurtenances, and improvements unto the said GRANTEE, its successors and assigns forever.

AND SAID GRANTOR, for said GRANTOR, GRANTOR'S heirs, successors, executors and administrators, covenants with GRANTEE, and with GRANTEE'S successors and assigns, that GRANTOR are lawfully seized in fee simple of the said Real Estate; that said Real Estate is free and clear from all Liens and Encumbrances, except as hereinabove set forth, and except for taxes due for the current and subsequent years, and except for any Restrictions pertaining to the Real Estate of record in the Probate Office of said County; and that GRANTOR will, and GRANTOR'S heirs, executors and administrators shall, warrant and defend the same to said GRANTEE, and GRANTEE'S heirs and assigns, forever against the lawful claims of all persons.

IN WITNESS WHEREOF, said GRANTOR has hereunto set her hand and seal this the 14th day of January, 2005.

  
Marguerette S. Willingham

STATE OF ALABAMA )

COUNTY OF SHELBY )

I, the undersigned, a Notary Public, in and for said County and State, hereby certify that Marguerette S. Willingham, a single individual whose name is signed to the foregoing conveyance and who is known to me, acknowledged before me on this day that, being informed of the contents of the Instrument signed by her, she executed the same voluntarily on the day the same bears date.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this the 14th day of January, 2005.

NOTARY PUBLIC

My Commission Expires: 3/17/07





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

Deborah M. Vintype  
Signature of Local or Deputy Registrar

Jan. 8, 1999  
Date of Issue

# ALABAMA CERTIFICATE OF DEATH

County File Number --

State File Number 101

1. DECEASED--NAME First Middle Last (Type last name all capitals) <b>Willie Mack Willingham STEPHENSON</b>			2. DATE OF DEATH (Month, Day, Year) <b>December 15, 1998</b>		3. COUNTY OF DEATH <b>Jefferson</b>		
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE <b>Fairfield 35064</b>			5. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		6. PLACE OF DEATH--HOSPITAL OR OTHER INSTITUTION--(If not in either, give street and number) <b>Lloyd Noland Hospital</b>		
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA) <b>Inpatient</b>			8. OF HISPANIC ORIGIN (Specify Yes or No) If Yes, Specify Cuban, Mexican, Puerto Rican, etc. <b>No</b>			9. RACE--(Specify American Indian, Black, White, etc.) <b>White</b>	
11. AGE <b>91</b> YRS.		12. UNDER 1 YEAR MOS. DAYS HOURS MINS		13. DATE OF BIRTH (Month, Day, Year) <b>October 29, 1907</b>		14. DECEASED'S SOCIAL SECURITY NUMBER <b>[REDACTED]</b>	
15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) <b>3</b> College (1-4 or 5+) <b>[REDACTED]</b>		16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) <b>Never Married</b>		17. SURVIVING SPOUSE (If wife, give maiden name) <b>[REDACTED]</b>		18. Was Deceased ever in Armed Forces (Specify Yes or No) <b>No</b>	
19. STATE OF BIRTH (If not in USA, name country) <b>Alabama</b>		20. RESIDENCE--STATE <b>Alabama</b>		21. COUNTY <b>Shelby</b>		22. CITY, TOWN, OR LOCATION AND ZIP CODE <b>Pelham 35124</b>	
23. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		24. STREET AND NUMBER <b>267 Brook Green Lane</b>		25. INFORMANT--Name and Address <b>Marguerette S. Willingham 267 Brook Green Lane, Pelham, Al. 35124</b>			
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>Never Worked</b>				27. KIND OF BUSINESS OR INDUSTRY <b>Never Worked</b>			
28. FATHER--NAME First Middle Last <b>Willie Mack Willingham</b>				29. MAIDEN NAME OF MOTHER-- First Middle Last <b>Mary Elizabeth Rowland</b>			
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) <b>Burial</b>		31. DATE OF DISPOSITION (Month, Day, Year) <b>Dec. 18, 1998</b>		32. CEMETERY OR CREMATORY--Name <b>Elmwood Cemetery</b>		33. LOCATION--(City or Town--State) <b>Birmingham, Al.</b>	
34. FUNERAL HOME--Name and Address <b>Ridout's Elmwood Chapel 800 Dennison Ave. SW, B'ham, Al. 35211</b>				35. FUNERAL DIRECTOR--Signature <b>[Signature]</b>		36. DATE SIGNED BY FUNERAL DIRECTOR <b>Jan. 5, 1999</b>	
37. <input checked="" type="checkbox"/> 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. <input type="checkbox"/> Medical Examiner <input type="checkbox"/> 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: <b>[Signature]</b>				38. DATE SIGNED (Month, Day, Year) <b>1/13/98</b>			
39. TIME AND DATE OF DEATH <b>12:45 a.m. 12-15-98</b>		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) <b>James Langan, M.D.</b>			
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) <b>701 Lloyd Noland Parkway, Fairfield, Al. 35064</b>				43. CERTIFIER LICENSE NUMBER <b>9232</b>		45. DATE FILED (Month, Day, Year) <b>January 7, 1999</b>	
44. REGISTRAR--Signature <b>[Signature]</b>				For State or County use only			

## 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>pneumonia</b> DUE TO (OR AS A CONSEQUENCE OF)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
b. DUE TO (OR AS A CONSEQUENCE OF)				
c. DUE TO (OR AS A CONSEQUENCE OF)				
d. 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.)				
49. MANNER OF DEATH (Specify--Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) <b>natural</b>			50. AUTOPSY (Specify Yes or No) <b>No</b>	
52. HOW INJURY OCCURRED (Enter nature of injury in Item 46, Part I or Item 47, Part II)			51. If yes, were findings considered in determining cause of death? (Specify Yes or No)	
53. DATE OF INJURY (Month, Day, Year)			54. HOUR 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)				

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



20050118000026720 Pg 3/3 83.00  
Shelby Cnty Judge of Probate, AL  
01/18/2005 13:34:00 FILED/CERTIFIEDThis is a true and exact copy of the record on file  
the Jefferson County Health Department.Deborah M. Intype May 23, 2000  
Signature of Local or Deputy Registrar Date of IssueALABAMA  
CERTIFICATE OF DEATHCounty  
File  
Number —

State File Number 101

1. DECEASED—NAME First Middle Last (Type last name all capitals) JOHN RANDALL WILLINGHAM, JR.			2. DATE OF DEATH (Month, Day, Year) MAY 16, 2000		3. COUNTY OF DEATH JEFFERSON	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE BIRMINGHAM 35233			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) UAB 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 78 YRS.		12. UNDER 1 YEAR MOS. DAYS HOURS MINS.	
13. DATE OF BIRTH (Month, Day, Year) MAY 10, 1922			14. DECEASED'S SOCIAL SECURITY NUMBER		15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) College (1-4 or 5+) 5+ MARRIED	
16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) MARRIED			17. SURVIVING SPOUSE (If wife, give maiden name) MARGUERETTE STEPHENSON		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 PELHAM 35124			23. INSIDE CITY LIMITS (Specify Yes or No) YES		24. STREET AND NUMBER 267 BROOK GREEN LANE	
25. INFORMANT—Name and Address MARGUERETTE WILLINGHAM PELHAM, AL 35124			26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) PILOT		27. KIND OF BUSINESS OR INDUSTRY U.S. AIR FORCE	
28. FATHER—NAME First Middle Last JOHN RANDALL WILLINGHAM, SR.			29. MAIDEN NAME OF MOTHER—First Middle Last IRENE PUCKETT		30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) BURIAL	
31. DATE OF DISPOSITION (Month, Day, Year) MAY 18, 2000			32. CEMETERY OR CREMATORY—Name TUSCALOOSA MEM. PARK		33. LOCATION—(City or Town—State) TUSCALOOSA, AL	
34. FUNERAL HOME—Name and Address SOUTHERN HERITAGE 475 CAHABA VALLEY RD PELHAM, AL 35124			35. FUNERAL DIRECTOR—Signature <i>John P. McKinley</i>		36. DATE SIGNED BY FUNERAL DIRECTOR MAY 19, 2000	
37. <input checked="" type="checkbox"/> 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: <i>Victor Chen</i>			38. DATE SIGNED (Month, Day, Year) May 16 <sup>th</sup> , 2000		39. TIME AND DATE OF DEATH 3:20 AM May 16 <sup>th</sup> , 2000	
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) Victor Chen, MD		42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) UAB Hospital, Birmingham, ALABAMA 619 S. 19th St. 35233	
43. CERTIFIER LICENSE NUMBER Intern			44. REGISTRAR—Signature <i>Sherry L. Myers</i>		45. DATE FILED (Month, Day, Year) May 22, 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <u>Cardiopulmonary Failure</u> DUE TO (OR AS A CONSEQUENCE OF) b. <u>Cardiogenic Shock</u> DUE TO (OR AS A CONSEQUENCE OF) c. <u>Acute Myocardial Infarction</u> DUE TO (OR AS A CONSEQUENCE OF) d. <u>Mitral Regurgitation</u> Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH One hour	
47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. <u>Coronary Artery Disease, Hypertension, Atrial Fibrillation</u>			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 Cause) <u>Natural Cause</u>			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)			58. DATE OF DEATH (Month, Day, Year)	