~~Recording requested by,~~
~~Richmon Title Services~~
~~2901 N. Dallas Pkwy, Ste 100~~
~~Plano, TX 75093~~
~~Phone 214-291-8808~~

~~When recorded return to~~:
Don Glavan
5040 Stone Bridge Lane
Birmingham, AL 35242

Recordings Requested by &
When Recorded Return To:
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Shelby Cnty Judge of Probate,AL
06/06/2005 08:23:15AM FILED/CERT

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GF# 1005437

AFFIDAVIT OF DEATH - JOINT TENANT

STATE OF ALABAMA

COUNTY OF SHELBY

DON GLAVAN of legal age, being first duly sworn, deposes and says:

1. That Anne M. Glavan, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Anne M. Glavan named as one of the parties in that certain Warranty Deed Jointly For Life With Remainder To Survivor dated 1015/93, executed by Norman D. Speakman and Rofbyn B. Speakman, husband and wife, to Don Galvan and Anne M. Galvan, as joint tenants, recorded as Instrument No. 1993-33164 on 10/25/93 in the Office of the Shelby County Judge of Probate, covering the following described property situated in the said County, State of Alabama: Lot 14, according to the Map and Survey of Southern Pines, 6th Sector, as recorded in Map Book 9 Page 107 in the Office of the Judge of Probate of Shelby County, Alabama.

FURTHER AFFIANT SAYETH NOT.

Affiant knows that RICHMOND TITLE SERVICES, its affiliates and their respective underwriter(s) are relying on the statements contained herein to be true and correct and without the true facts contained herein said RICHMOND TITLE SERVICES its affiliates and their respective underwriter(s) would not issue its policy.

DON GLAVAN, AFFIANT

Subscribed and Sworn to before me this 17th day of May , 2005 By Don Glavan

Notary Public Commissioned for said County and State

NOTARY PUBLIC STATE OF ALABAMA AT LARGE
MY COMMISSION EXPIRES: Aug 15, 2007
BONDED THRU NOTARY PUBLIC UNDERWRITERS

THE FRONT OF THIS DOCUMENT IS PINK - THE BACK OF THIS DOCUMENT IS BLUE AND HAS AN ARTIFICIAL WATERMARK -

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

ALABAMA

CERTIFICATE OF DEATH

County File Number — 0382

State File Number 101

1. DECEASED—NAME (First, Middle, Last) (Type last name all capitals)		2. DATE OF DEATH (Month, Day, Year)	3. COUNTY OF DEATH
ANNE MARIE GLAVAN		MARCH 10, 2000	TUSCALOOSA
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE	5. INSIDE CITY LIMITS (Specify Yes or No)	6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number)	
TUSCALOOSA 35401	YES	D.C.H. REGIONAL HOSPITAL	
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.	9. RACE—(Specify American Indian, Black, White, etc.)	10. SEX
E.R.	NO	WHITE	FEMALE
11. AGE: 52 YRS.	12. UNDER 1 YEAR: MOS. / DAYS; UNDER 1 DAY: HOURS / MINS.	13. DATE OF BIRTH (Month, Day, Year)	14. DECEASED'S SOCIAL SECURITY NUMBER
		JANUARY 19, 1948	[redacted]
15. EDUCATION (Specify ONLY highest grade completed below): Elementary or High School (0-12)	College (1-4 or 5+)	16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced)	17. SURVIVING SPOUSE (If wife, give maiden name)	18. Was Decedent ever in Armed Forces (Specify Yes or No)
	5	MARRIED	DONALD C. GLAVAN	NO
19. STATE OF BIRTH (If not in USA, name country)	20. RESIDENCE—STATE	21. COUNTY	22. CITY, TOWN, OR LOCATION AND ZIP CODE	
OHIO	ALABAMA	SHELBY	BIRMINGHAM 35242	
23. INSIDE CITY LIMITS (Specify Yes or No)	24. STREET AND NUMBER	25. INFORMANT—Name and Address		
NO	5040 STONE BRIDGE LANE	DONALD GLAVAN	5040 STONE BRIDGE LANE BIRMINGHAM, ALABAMA 35242	
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)		27. KIND OF BUSINESS OR INDUSTRY		
FOOD SERVICE DIRECTOR		HOSPITAL		
28. FATHER—NAME (First, Middle, Last)		29. MAIDEN NAME OF MOTHER— (First, Middle, Last)		
WILLIAM TAYLOR		TUSCOLA PARYSCH		
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other)	31. DATE OF DISPOSITION (Month, Day, Year)	32. CEMETERY OR CREMATORY—Name	33. LOCATION—(City or Town—State)	
BURIAL	MAR.14, 2000	SOUTHERN HERITAGE	PELHAM, ALABAMA	
34. FUNERAL HOME—Name and Address		35. FUNERAL DIRECTOR—Signature	36. DATE SIGNED BY FUNERAL DIRECTOR	
475 CAHABA VALLEY RD. SOUTHERN HERITAGE PELHAM, ALABAMA 35124		Shirley Chappell	MAR.16,2000	

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."
X 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: Stephen M. Pustilnik

38. DATE SIGNED (Month, Day, Year): March 24, 2000

39. TIME AND DATE OF DEATH	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)
2114 hrs March 10,2000	March 10,2000 2114 hrs	Stephen M. Pustilnik, M.D., S.M.E.
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)		43. CERTIFIER LICENSE NUMBER
1001 13th Street South Birmingham, AL 35205		21219
44. REGISTRAR— Signature: Dwenn T. McKinzey	For State or County use only	45. DATE FILED (Month, Day, Year): March 29 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) →	a. Blunt force trauma	minutes
	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.

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)	50. AUTOPSY (Specify Yes or No)	51. If yes, were findings considered in determining cause of death? (Specify Yes or No)	
Accident	No		
52. HOW INJURY OCCURRED (Enter nature of injury in Item 46, Part 1 or Item 47, Part II)	53. DATE OF INJURY (Month, Day, Year)	54. HOUR OF INJURY	
Deceased struck by flying debris in storm	March 10,2000	2055 hrs 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)	
No	Street	Tuscaloosa, AL	

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

ADPH-HS 2/Rev. 11-93

Certified March 29 2000

Dwenn T. McKinzey
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

3. _____
6. _____
19. _____
20. _____
26. _____
27. _____
34. _____
SSN: _____
NAME OF DECEASED
46. _____
49. _____
55. _____

BURIAL CERTIFICATE