

This Document Prepared By:
Jon R. Turner
Jon R. Turner & Associates, LLC
2700 E. Sunset Road
Las, Vegas, NV 89120

20050808000403220 1/4 \$32.00
Shelby Cnty Judge of Probate, AL
08/08/2005 10:29:01AM FILED/CERT

After Recording Send Tax Notice To:
Mary Jo Reynolds
902 Highway 71
Shelby, Alabama 35143

PLEASE RETURN TO REC. DEPT
Lender's First Choice
3850 Royal Avenue
Simi Valley, CA 93063
7024841

Assessor's Parcel Number: 33-6-14-0-000-026.000

QUITCLAIM DEED
TITLE OF DOCUMENT

STATE OF ALABAMA

KNOW ALL MEN BY THESE PRESENTS:

SHELBY COUNTY

THAT in consideration of ONE AND NO/100 DOLLAR (\$1.00), to the undersigned grantor (whether one or more), in hand paid by the grantee herein, the receipt whereof is acknowledged, I or we, **Mary Jo Reynolds, surviving spouse of James A. Reynolds as per attached certified copy of Certificate of Death**, (herein referred to as grantor, whether one or more), do hereby remise, release, quitclaim and convey to: **Dewey Reed and Benita Reed, husband and wife, as joint tenants**, (herein referred to as grantee, whether one or more), the following described real estate, situated in Shelby County, Alabama, to wit:

ALL THAT PARCEL OF LAND IN CITY OF SHELBY, SHELBY COUNTY, STATE OF ALABAMA, AS MORE FULLY DESCRIBED IN DEED BOOK 1994, PAGE 15800, ID 33-6-14-0-000-026.000, BEING KNOWN AND DESIGNATED AS CONTAINING 1.5 ACRES, MORE OR LESS, LOCATED IN THE S 1/4 OF THE NEW SW 1/4 OF SECTION 15, TOWNSHIP 24 NORTH, RANGE 15 EAST, METES AND BOUNDS PROPERTY.

COMMONLY known as: 902 Highway 71, Shelby, Alabama 35143

Source of Title Ref.: Deed: Recorded _____; BK _____, PG _____, Doc. No. _____

TO have and to hold to the said grantee, his, her or their heirs and assigns forever.

The land described herein (You must make a selection):

_____ is homestead property of the said Grantor

_____ is **NOT** homestead property of the said Grantor

IN WITNESS WHEREOF, **Mary Jo Reynolds** have hereunto set my (our) hand(s) and seal(s),
this 26 day of May, 2005

Mary Jo Reynolds
Mary Jo Reynolds

General Acknowledgement


STATE OF Alabama
Shelby COUNTY

I, Jennifer J Reed a Notary Public in and for said
County, in said State, hereby certify that **Mary Jo Reynolds**, whose name(s) is/are signed to
the foregoing conveyance and who is/are known to me, acknowledged before me on this day,
that, being informed of the contents of the above and foregoing conveyance, he/she/they
executed the same voluntarily on the day the same bears date.

NOTARY STAMP/SEAL

Given under my hand and official seal of office this
26 day of May, 2005.

Jennifer J Reed
NOTARY PUBLIC
My Commission Expires: 01-24-08


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SCHEDULE "A"

THE FOLLOWING DESCRIBED REAL ESTATE SITUATED IN A SHELBY COUNTY,
ALABAMA TO WIT:

A PARCEL OF LAND CONTAINING 1.5 ACRES, MORE OR LESS, LOCATED IN
THE S 1/2 OF THE SW 1/2 OF SECTION 14, TOWNSHIP 24 NORTH, RANGE
15 EAST, SHELBY COUNTY, ALABAMA, DESCRIBED AS FOLLOWS:

COMMENCE AT THE SOUTHWEST CORNER OF THE SE 1/2 OF SW 1/2 AND RUN
EAST WITH THE SOUTH FORTY LINE 373 FEET TO A PROPERTY LINE DITCH;
THENCE RUN NORTH 21 DEG. 30 MIN. EAST WITH SAID DITCH 444 FEET TO
THE SOUTH BOUNDARY OF COUNTY ROAD #71; THENCE RUN WEST WITH SAID
ROAD BOUNDARY 345 FEET TO THE POINT OF BEGINNING OF THIS
DESCRIPTION; THENCE CONTINUE WITH SAID ROAD BOUNDARY NORTH 84
DEG. WEST 225 FEET; THENCE RUN SOUTH 15 DEG. 30 MIN. WEST 295
FEET; THENCE RUN SOUTH 84 DEG. EAST 225 FEET, THENCE RUN NORTH 15
DEG. 30 MIN. EAST 295 FEET TO THE POINT OF BEGINNING.

FOR INFORMATIONAL PURPOSES ONLY: THE APN IS SHOWN BY COUNTY
ASSESSOR AS 33-6-14-0-000-026.000; SOURCE OF TITLE IS DOCUMENT
NO. 1994-15800 (RECORDED 05/16/94)



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

Felix E. Hartley
Signature of Local or Deputy Registrar Nov. 27, 1995
Date of Issue

007782 **ALABAMA** 95-034786
CERTIFICATE OF DEATH

1. DECEASED—NAME First: James, Middle: Arthur, Last: REYNOLDS		2. DATE OF DEATH (Month, Day, Year) November 19, 1995		3. COUNTY OF DEATH Jefferson	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Homewood 35209		5. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not at home, give street, city, state) Brookwood Medical Center		6. INSIDE CITY LIMITS Specify Yes or No Yes	
7. HOSPITAL (Specify hospital, ED or Outpatient, etc.) Inpatient		8. PLACE—Specify American Indian, Black, White, etc. White		9. SEX Male	
10. AGE 56 yrs		11. UNDER 1 YEAR No		12. DATE OF BIRTH (Month, Day, Year) December 1, 1938	
13. EDUCATION (Specify high school, college, etc.) High School (12)		14. DECEASED'S SOCIAL SECURITY NUMBER 417-48-4771		15. MARRITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married	
16. STATE OF BIRTH (If not in USA, give country) Alabama		17. RESIDENCE—STATE Alabama		18. COUNTY Shelby	
19. STREET AND NUMBER 896 Hwy. 71		20. CITY, TOWN, OR LOCATION AND ZIP CODE Shelby 35143		21. INFORMANT—Name and Address Mrs. Mary Jo Reynolds P.O. Box 119, Shelby, AL 35143	
22. LUSTIAL OCCUPATION (Give time of week work during most of working life birth to present) Laborer		23. KIND OF BUSINESS OR INDUSTRY Construction Company		24. MOTHER'S NAME OF MOTHER— Bertha Ellene Stalling	
25. DATE OF DEATH (Month, Day, Year) Nov. 21, 1995		26. CEMETERY OR CREMATORIUM—Name Bay Springs Cemetery		27. LOCATION—City or town—State Shelby, Alabama	
28. FUNERAL HOME—Name and Address Bolton-Brown Service P.O. Box 1066, Columbiana, AL 35051		29. GENERAL DIRECTOR—Signature Connie S. Smith		30. DATE SIGNED (Month, Day, Year) Nov. 20, 1995	
31. TIME AND DATE OF DEATH 11/19/95 12:18		32. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Form 40) Dr. Brian, AL 35209		33. DATE SIGNED (Month, Day, Year) 11/19/95	
34. REGISTRAR—Signature Deborah M. Meyer		35. DATE FILED (Month, Day, Year) November 22, 1995		36. CERTIFICATE LICENSE NUMBER 16393	

40. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter the cause of death, such as cancer, heart attack, or heart failure. LIST ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (Final disease or condition leading to death) → 1. <u>Stroke</u> DUE TO (OR AS A CONSEQUENCE OF): 2. <u>Coronary Artery Disease</u> DUE TO (OR AS A CONSEQUENCE OF): 3. <u>CAD</u> DUE TO (OR AS A CONSEQUENCE OF):		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH N/A	
41. PART II. Enter significant conditions contributing to death but not resulting in the underlying cause given in Part I. N/A			
42. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) Natural Cause		43. AUTOPSY (Specify Yes or No) No	
44. HOW INJURY OCCURRED (Enter nature of injury in item 46, Part I or item 47, Part II) N/A		45. DATE OF INJURY (Month, Day, Year) N/A	
46. PLACE OF INJURY (Specify if home, farm, street, factory, office building, etc.) N/A		47. LOCATION OF INJURY (Specify if home, farm, street, factory, office building, etc.) N/A	

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

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Shelby County, AL 08/08/2005
State of Alabama
Deed Tax: \$12.00