20050927000503230 1/3 $17.00
Shelby Cnty Judge of Probate,AL
09/27/2005 02:16:59PM FILED/CERT

STATE OF ALABAMA)
COUNTY OF SHELBY)

AFFIDAVIT

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared Matthew H. Cumuze, who, after first being duly sworn, deposed and stated as follows:

My name is Matthew H. Cumuze. I am making this affidavit for the purpose of clearing the title to the property located at 4435 Highway 20, Calera, Alabama 35040 (the "Property") (Cahaba Title File No. 152775). I am now and have always been a resident of Shelby County, Alabama. I am familiar with the family of Vann Dawson and Bonnie Dawson and the property where they lived. The basis of my knowledge of the family is that I have been a friend of Bonnie's mother and father for more than 30 years. I have known Bonnie Dawson since she was a child.

Vann and Bonnie Dawson were married at the time that they purchased the Property as tenants-in-common (Deed recorded in Deed Book 319, at Page 842, in the Probate Office of Shelby County, Alabama). They adopted one daughter, and no children were born of their marriage and neither had any children outside this marriage, or any other. The daughter is Stephanie Nicole Dawson. Vann Dawson died October 30, 1996 (a copy of his death certificate is attached as Exhibit "A"). Bonnie Dawson died May 17, 2005 (a copy of her death certificate is attached as Exhibit "B"). Bonnie Dawson did not remarry and remained a widow at the time of her death.

Further, deponent saith not.

Matthew H. Cumuze

Sworn to and subscribed before me on this 15th day of September, 2005.

Notary Public
My Commission Expires: 7-14-2007

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

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

Felicia C Hartley — Nov. 19, 1996

Signature of Local or Deputy Registrar — Date of Issue

20050927000503230 2/3 $17.00
Shelby Cnty Judge of Probate, AL
09/27/2005 02:16:59PM FILED/CERT

ALABAMA

CERTIFICATE OF DEATH

County File Number — 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
Vann		DAWSON	October 30, 1996	Jefferson

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)
Birmingham, 35211	Yes	Princeton 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
Inpatient	No	White	Male

11. AGE	12. UNDER 1 YEAR MOS.	DAYS	UNDER 1 DAY HOURS	MINS.	13. DATE OF BIRTH (Month, Day, Year)	14. DECEASED'S SOCIAL SECURITY NUMBER
47 YRS.					July 7, 1949	[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)
12		Married	Bonnie Smith	Yes

19. STATE OF BIRTH (If not in USA, name country)	20. RESIDENCE—STATE	21. COUNTY	22. CITY, TOWN, OR LOCATION AND ZIP CODE
Alabama	Alabama	Shelby	Calera, 35040

23. INSIDE CITY LIMITS (Specify Yes or No)	24. STREET AND NUMBER	25. INFORMANT—Name and Address
No	4435 Highway 20	4435 Highway 20 Bonnie Dawson Calera, AL 35040

26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	27. KIND OF BUSINESS OR INDUSTRY
Millwright	Cement

28. FATHER—NAME First	Middle	Last	29. MAIDEN NAME OF MOTHER— First	Middle	Last
Robert Lee		Dawson, Sr.	Evelyn	Mildred	Finley

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)
Cremation	Oct 31, 1996	Johns-Ridout's	Birmingham, Alabama

34. FUNERAL HOME—Name and Address	35. FUNERAL DIRECTOR—Signature	36. DATE SIGNED BY FUNERAL DIRECTOR
2116 University Blvd Johns-Ridout's Birmingham, AL 35233	Wesley Anderson	Nov 15, 1996

37. X 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: Jerry W Jackson

38. DATE SIGNED (Month, Day, Year): Nov. 12, 1996

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)
9:00 p.m. 10/30/96		Jerry W. Jackson, M.D.

42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)	43. CERTIFIER LICENSE NUMBER
817 Princeton Avenue S.W. Birmingham, Alabama 35211	6279

44. REGISTRAR— Signature For State or County use only	45. DATE FILED (Month, Day, Year)
Deborah McIntyre	November 19, 1996

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. Cerebrovascular accident	2 days
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): Cardiopulmonary arrest	2 days
	c. DUE TO (OR AS A CONSEQUENCE OF): Vaso vagal reaction	2 days
	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)	50. AUTOPSY (Specify Yes or No)	51. If yes, were findings considered in determining cause of death? (Specify Yes or No)
	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

55. INJURY AT WORK (Specify Yes or No)	56. PLACE OF INJURY—(Specify home, farm, street, factory, office building, etc.)	57. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State)

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

20050927000503230 3/3 $17.00
Shelby Cnty Judge of Probate, AL
09/27/2005 02:16:59PM FILED/CERT

ALABAMA
CERTIFICATE OF DEATH

05-17758

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

County File Number — State File Number 101

1. DECEASED—NAME (First, Middle, Last (Type last name all capitals))	Bonnie Smith DAWSON
2. DATE OF DEATH (Month, Day, Year)	May 17, 2005
3. COUNTY OF DEATH	Shelby
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE	Alabaster 35007
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)	Shelby Baptist 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	Female
11. AGE 51 YRS.	
12. UNDER 1 YEAR: MOS. / DAYS	
UNDER 1 DAY: HOURS / MINS.	
13. DATE OF BIRTH (Month, Day, Year)	September 11, 1953
14. DECEASED'S SOCIAL SECURITY NUMBER	[redacted]
15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12)	12
College (1-4 or 5+)	
16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced)	Widowed
17. SURVIVING SPOUSE (If wife, give maiden name)	
18. Was Decedent ever in Armed Forces (Specify Yes or No)	No
19. STATE OF BIRTH (If not in USA, name country)	Florida
20. RESIDENCE—STATE	Alabama
21. COUNTY	Shelby
22. CITY, TOWN, OR LOCATION AND ZIP CODE	Calera 35040
23. INSIDE CITY LIMITS (Specify Yes or No)	No
24. STREET AND NUMBER	4435 Highway 20
25. INFORMANT—Name and Address	Foster Smith 301 Foster Road Leeds, AL 35094
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	Housewife
27. KIND OF BUSINESS OR INDUSTRY	Own Home
28. FATHER—NAME (First, Middle, Last)	Homer Eugene Smith
29. MAIDEN NAME OF MOTHER— (First, Middle, Last)	Martha Louise Whiddon
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other)	Cremation
31. DATE OF DISPOSITION (Month, Day, Year)	May 18, 2005
32. CEMETERY OR CREMATORY—Name	Johns Ridout's
33. LOCATION—(City or Town—State)	Birmingham, AL
34. FUNERAL HOME—Name and Address	Ridout's Valley Chapel 1800 Oxmoor Road Homewood, AL 35209
35. FUNERAL DIRECTOR—Signature	Pamela Spradlin
36. DATE SIGNED BY FUNERAL DIRECTOR	May 27, 2005
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." / 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:	[signature]
38. DATE SIGNED (Month, Day, Year)	May 20, 2005
39. TIME AND DATE OF DEATH	1355 May 17, 2005
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)	Michael A. Remillard, M.D.
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)	270 Village Parkway, Helena AL 35080
43. CERTIFIER LICENSE NUMBER	21972
44. REGISTRAR— Signature	[signature]
For State or County use only	
45. DATE FILED (Month, Day, Year)	May 31, 2005

DECEASED | BURIAL | CERTIFIER

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. Sepsis	1 week
DUE TO (OR AS A CONSEQUENCE OF): b.	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST — 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.)
49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause): Natural Cause	50. AUTOPSY (Specify Yes or No): 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): N/A	53. DATE OF INJURY (Month, Day, Year): N/A; 54. HOUR OF INJURY: N/A M.
55. INJURY AT WORK (Specify Yes or No): N/A	56. PLACE OF INJURY—(Specify at home, farm, street, factory, office building, etc.): N/A
57. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State): N/A	

CAUSE

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

JUN 0 2 2005

ADPH-HS 2/Rev. 11-93

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. 2005-274-819-3

June 9, 2005

Dorothy S. Harshbarger

Dorothy S. Harshbarger, State Registrar

3. 059094
6. 100
19. 10
20. 059888
26.
27.
34. 37425

NAME OF DECEASED Bonnie Dawson SSN 424-78-1072

MO

46.
49.
55.

CT