

AFFIDAVIT OF HEIRSHIP

Before me, the undersigned authority, on this day personally appeared Elna B. Shugerman, ("the Affiant") who, being first duly sworn, upon her oath states:

1. My name is Elna B. Shugerman, and I live at 2916 Mountain Brook Parkway, Birmingham, Alabama 35223. My current telephone number is 205-879-8893. I am personally familiar with the family and marital history of Alwyn A. Shugerman ("Decedent"), and I have personal knowledge of the facts stated in this affidavit.

2. Decedent's place of death was Jefferson County, Alabama. At the time of Decedent's death, Decedent's residence was 2916 Mountain Brook Parkway, Birmingham, Alabama 35223. A copy of the death certificate of the Decedent is attached hereto as Exhibit A.

3. At the time of his death, I was married to the Decedent. The Decedent and I had three children together all of whom were living at the time of the Decedent's death. The names of the Decedent's children are as follows: Anne Bolding Shugerman Thompson, Harry Alwyn Shugerman and Nancy Elna Shugerman Marriott. The Decedent did not have any other children.

4. Decedent's mother and father were deceased at the time of Decedent's death.

5. Decedent left no unpaid debts or taxes.

6. At the time of his death, the Decedent owned an undivided one-half (1/2) interest in the following real property situated in Shelby County, Alabama:

Lot 8 in Block 6, according to the survey and plat of Wilmont Gardens, as recorded in Plat Book 4 at Page 6 in the office of the Judge of Probate of said county, being situated in the Southwest Quarter (SW ¼) of the Northeast Quarter (NE ¼) of Section 9, Township 24 North, Range 12 East, Shelby County, Alabama.

7. The Decedent's heirs at law are myself, Anne Bolding Shugerman Thompson, Harry Alwyn Shugerman and Nancy Elna Shugerman Marriott.

IN WITNESS WHEREOF, the undersigned has executed this Affidavit in the respective capacity as described below as of the 28th day of November, 2005.

Elna B. Shugerman
ELNA B. SHUGERMAN

Sworn to and subscribed before me this the
28th day of November, 2005

Joy M. Howard
Notary Public

My Commission Expires: 9-26-09

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

EXHIBIT "A"

Peggy J. J. J.
Signature of Local or Deputy Registrar

November 19, 2004

Date of Issue

20051202000625470 2/2 \$14.00
Shelby Cnty Judge of Probate, AL
12/02/2005 01:10:13PM FILED/CERT

ALABAMA

CERTIFICATE OF DEATH

State File Number 101

County
File
Number —

1. DECEASED—NAME First Middle Last (Type last name all capitals) Alwyn Abba SHUGERMAN			2. DATE OF DEATH (Month, Day, Year) November 7, 2004		3. COUNTY OF DEATH Jefferson	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Mountain Brook 35223			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) 2916 Mountain Brook Parkway	
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. no		9. RACE—(Specify American Indian, Black, White, etc.) white	
10. SEX male			11. AGE 82 YRS.		12. UNDER 1 YEAR MOS. DAYS HOURS MINS.	
13. DATE OF BIRTH (Month, Day, Year) August 15, 1922			14. DECEASED'S SOCIAL SECURITY NUMBER [REDACTED]		15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) College (1-4 or 5+) 5+	
16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) married			17. SURVIVING SPOUSE (If wife, give maiden name) Elna Bolding		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 Jefferson	
22. CITY, TOWN, OR LOCATION AND ZIP CODE Mountain Brook 35223			23. INSIDE CITY LIMITS (Specify Yes or No) yes		24. STREET AND NUMBER 2916 Mountain Brook Parkway	
25. INFORMANT—Name and Address Elna Shugerman 2916 Mountain Brook Pkwy Mountain Brook, AL 35223			26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Doctor		27. KIND OF BUSINESS OR INDUSTRY Medical	
28. FATHER—NAME First Middle Last Harry Phillip Shugerman			29. MAIDEN NAME OF MOTHER— First Middle Last Pearl Svaigher		30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) burial	
31. DATE OF DISPOSITION (Month, Day, Year) Nov. 9, 2004			32. CEMETERY OR CREMATORY—Name Elmwood Cemetery		33. LOCATION—(City or Town—State) Birmingham, AL	
34. FUNERAL HOME—Name and Address Johns-Ridout's 2116 Univ. Blvd B'ham, AL 35233			35. FUNERAL DIRECTOR—Signature <i>Jim Skipper</i>		36. DATE SIGNED BY FUNERAL DIRECTOR Nov. 17, 2004	
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: <i>C. Baker</i>			38. DATE SIGNED (Month, Day, Year) 11-16-04		39. TIME AND DATE OF DEATH 2:40 PM 11/07/04	
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) Cynthia Baker MD		42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) 2084 Valleydale Rd. Hoover, AL 35244	
43. CERTIFIER LICENSE NUMBER 21095			44. REGISTRAR—Signature <i>Sherry L Myers</i>		45. DATE FILED (Month, Day, Year) November 18, 2004	

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. Vascular Dementia DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. 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			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
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)		
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)		

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