



Send tax notice to:
JOHN PATRICK MALONEY
MARY EVERETT MALONEY
3405 AUTUMN HAZE LANE
BIRMINGHAM, AL 35242
06-1210

This instrument prepared by:
Joseph C. Kreps
Attorney at Law
1932 Laurel Road, Suite 1-E
Birmingham, AL 35216

STATE OF ALABAMA
JEFFERSON COUNTY

WARRANTY DEED

KNOW ALL MEN BY THESE PRESENTS:

That in consideration of Three Hundred Twenty Five Thousand Nine Hundred and No/100 Dollars (\$325,900.00), in hand paid to the undersigned, MARY S. LOVELESS, AN UNMARRIED WOMAN, (hereinafter referred to as the "Grantor") by JOHN P. MALONEY AND MARY MALONEY, (hereinafter referred to as the "Grantee"), the receipt and sufficiency of which is hereby acknowledged, the Grantor does, by these presents, grant, bargain, sell, and convey unto the Grantee as joint tenants with right of survivorship, the following described real estate situated in **SHELBY** County, Alabama, to-wit:

LOT 2, IN BLOCK 1, ACCORDING TO THE PLAT OF APPLECROSS, A SUBDIVISION OF INVERNESS, AS RECORDED IN MAP BOOK 6, PAGE 42 A & B, IN THE PROBATE OFFICE OF SHELBY COUNTY, ALABAMA.

MARY S. LOVELESS IS THE SURVIVING GRANTEE OF DEED RECORDED IN DEED BOOK 308, PAGE 363, IN THE PROBATE OFFICE OF SHELBY COUNTY, ALABAMA; THE OTHER GRANTEE, DAVID E. LOVELESS, HAVING DIED ON OR ABOUT THE

1st DAY OF October, 1997

SUBJECT TO:

1. Ad valorem taxes due and payable October 1, 2006.
2. All restrictions, easements, Rights of parties in possession, encroachments, liens for services, labor, or materials, taxes or special assessments, building lines.
3. Easements, Encroachments, rights of ways, building set back lines, as shown on recorded plat

(\$260,720.00 of the purchase price was paid from a mortgage loan closed simultaneously with delivery of this deed.)

TO HAVE AND TO HOLD unto the said Grantees, as joint tenants, with right of survivorship, their heirs and assigns, forever; it being the intention of the parties to this conveyance, that (unless the joint tenancy hereby created is severed or terminated during the joint lives of the grantees herein) in the event one grantee herein survives the other, the entire interest in fee simple shall pass to the surviving grantee, and if one does not survive the other, then the heirs and assigns of the grantees herein shall take as tenants in common.

And I (we) do for myself (ourselves), and for my (our) heirs, executors, and administrators covenant with the Grantees, their heirs, executors, administrators and assigns, that I am (we are) lawfully seized in fee simple of said premises, that they are free from all encumbrances except as aforesaid, that I (we) have good right to sell and convey the same as aforesaid, and that I (we) will, and my (our) successors and assigns shall warrant and defend the same to the Grantees, their heirs, executors, administrators and assigns, forever, against the lawful claims of all persons.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this the 22ND day of
February, 2006.



MARY S. LOVELESS

STATE OF ALABAMA)

JEFFERSON COUNTY)

I, the undersigned, a Notary Public in and for said County in said State, hereby certify
that MARY S. LOVELESS, whose name is signed to the foregoing instrument and who is known
to me, acknowledged before me on this day that, being informed of the contents of the instrument,
she executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this the 22ND day of February, 2006.



Notary Public

[NOTARIAL SEAL]

My Commission expires: 3.6.07

ALABAMA

Center for Health Statist

20060224000089910 3/3 \$82.50
Shelby Cnty Judge of Probate, AL
02/24/2006 11:16:28AM FILED/CERT

ALABAMA CERTIFICATE OF DEATH

97-030578

State File Number 101

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

County
File
Number -

3. 059878
6. 000
19. 40
20. 059878
26. 274
27. 641
34. 99400

1. DECEASED—NAME First Middle Last (Type last name all surnames) David Everton LOVELESS			2. DATE OF DEATH (Month, Day, Year) October 1, 1997		3. COUNTY OF DEATH Shelby		
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Birmingham 35242			5. INSIDE CITY LIMITS (Specify Yes or No) No		6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number) 3405 Autumn Haze Ln.		
7. IF HOSPITAL (Specify Department, 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 57 YRS.		12. UNDER 1 YEAR MO. DAYS HOURS MINS.		
13. DATE OF BIRTH (Month, Day, Year) March 8, 1940			14. DECEASED'S SOCIAL SECURITY NUMBER [REDACTED]				
15. EDUCATION (Specify highest grade completed below) Elementary or High School (9-12) College (1-4 or 5+)		16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married		17. SURVIVING SPOUSE (If wife, give maiden name) Mary Susan Hull		18. Was Decedent ever in Armed Forces (Specify Yes or No) Yes	
19. STATE OF BIRTH (If not in USA, name country) Rhode Island		20. RESIDENCE—STATE Alabama		21. COUNTY Shelby		22. CITY, TOWN, OR LOCATION AND ZIP CODE Birmingham 35242	
23. INSIDE CITY LIMITS (Specify Yes or No) No		24. STREET AND NUMBER 3405 Autumn Haze Ln.		25. INFORMANT—Name and Address Susan Loveless 3405 Autumn Haze Ln, Birmingham, AL 35242			
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Sales Representative			27. KIND OF BUSINESS OR INDUSTRY Food Service Resources				
28. FATHER—NAME First Middle Last Everton Hanscom Loveless			29. MOTHER—NAME First Middle Last Cora Allard				
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Cremation		31. DATE OF DISPOSITION (Month, Day, Year) Oct 3, 1997		32. CEMETERY OR CREMATORY—Name Johns-Ridout's		33. LOCATION—(City or Town—State) Birmingham, AL	
34. FUNERAL HOME—Name and Address Southern Heritage 475 Cahaba Valley Rd. Pelham, AL 35124			35. FUNERAL DIRECTOR—Signature <i>Bob Brewer</i>		36. DATE SIGNED BY FUNERAL DIRECTOR Oct 6, 1997		
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.) Signature: <i>Jack A. Jones</i>					38. DATE SIGNED (Month, Day, Year) Oct. 6, 1997		
39. TIME AND DATE OF DEATH Oct 1, 1997		40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only) Oct 1, 1997		41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) Jack A. Jones Coroner			
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) 2521 Hwy 31 Calera, AL 35040					43. CERTIFICATION NUMBER		
44. REGISTRAR—Signature <i>Gottie S. Harwood</i>					45. DATE FILED (Month, Day, Year) October 6, 1997		

MEDICAL CERTIFICATION

46. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter the words 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) → Asphyxia due to Hanging			
DUE TO (OR AS A CONSEQUENCE OF):			
Subsequently 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):			
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 Unknown)
49. MANNER OF DEATH (Specify—Assault, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) Suicide			50. AUTOPSY (Specify Yes or No) NO
51. HOW INJURY OCCURRED (Enter nature of injury in Item 46, Part I or Item 47, Part II)			52. DATE OF INJURY (Month, Day, Year)
53. PLACE OF INJURY (Specify at home, farm, street, factory, office building, etc.)			54. HOUR OF INJURY
55. INJURY AT WORK (Specify Yes or No)			56. 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.

REC'D OCT 08 1997

ADPH-HS 2/Rev. 11-99

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. 1999-188-598-7

Dorothy S. Harshbarger
Dorothy S. Harshbarger, State Registrar

April 5, 1999

NAME OF DECEASED David Everton LOVELESS
10-14-97 #15 should be 4yrs of college per F.H.D. sdh

YP