



20060308000109280 1/3 \$17.00
Shelby Cnty Judge of Probate, AL
03/08/2006 01:50:11PM FILED/CERT

RECORDING REQUESTED BY:

Lenders First Choice
2321 W. March Lane, Suite 210
Stockton, CA 95207
Phone: (209) 475-6200

AND WHEN RECORDED MAIL TO:

JAMES BROOKS
1904 SAINT IVES DR
BIRMINGHAM, AL 35242-6415

Lenders First Choice
3850 Royal Ave
Simi Valley, Ca 93063

Deal No.: 7316444

1905002

APN:

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF ALABAMA)

) SS.

COUNTY OF ^{D.H.} SHELBY)

Jefferson

JAMES BROOKS of legal age, being first duly sworn, deposes and says:

SHIRLEY M. BROOKS is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person as **SHIRLEY ANN BROOKS AKA SHIRLEY M. BROOKS**, named as one of the parties in that certain deed dated **October 4, 1999**, executed by **MARK L. ADAMS AND WIFE, ELISA ADAMS** to **JAMES F. BROOKS, SR. AND SHIRLEY M. BROOKS AS JOINT TENANTS, WITH RIGHT OF SURVIVORSHIP**, recorded on **October 15, 1999**, as Instrument No. **1999-42862**, Official Records of SHELBY County, ALABAMA describing the following real property:

Legal Description Attached Hereto as Exhibit "A"

Most Commonly Known As: 1904 SAINT IVES DR, BIRMINGHAM, AL 35242-6415

Dated: 2-10-06

James Brooks
JAMES BROOKS

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said State,

this 10 day of February, 2006

Signature Debra E. Holdston

My Commission Expires
4-30-2008

(This area for notary stamp)

ATTACH CERTIFIED COPY OF DEATH CERTIFICATE

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

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Wiane Jones

March 25, 2003

Signature of Local or Deputy Registrar

Date of Issue

CERTIFICATE OF DEATH


State File Number 101

1 DECEASED NAME First Middle Last (Type last name all capitals) Shirley Ann BROOKS			2 DATE OF DEATH (Month, Day, Year) March 17, 2003		3 COUNTY OF DEATH Jefferson		
4 CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Birmingham, 35233			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) UAB Medical Center		
7 IF HOSPITAL (Specify Inpatient, ER or Outpatient, DON) 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) Black		10 SEX Female	
11 AGE 56 YRS		12 UNDER 1 YEAR MONS DAYS HOURS MINS		13 DATE OF BIRTH (Month, Day, Year) May 25, 1946		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 5-11) 4+		16 MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married		17 SURVIVING SPOUSE (If wife, give maiden name) James Francis Brooks, Sr.		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 Birmingham, 35242	
23 INSIDE CITY LIMITS (Specify Yes or No) Yes		24 STREET AND NUMBER 1904 Saint Ives Dr.		25 INFORMANT Name and Address James F. Brooks, Sr. 1904 Saint Ives Dr. - B'ham, AL 35242			
26 USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Employment Counselor				27 KIND OF BUSINESS OR INDUSTRY State of Alabama			
28 FATHER NAME First Middle Last Elmer James Moore, Sr.				29 MAIDEN NAME OF MOTHER First Middle Last Adele Mauldin			
30 DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial		31 DATE OF DISPOSITION (Month, Day, Year) 3/22/03		32 CEMETERY OR CREMATORY Name Elmwood		33 LOCATION (City or Town - State) Birmingham, Ala.	
34 FUNERAL HOME Name and Address Arrington Fun Home 520 Cotton Ave, SW-B'ham, AL 35211				35 FUNERAL DIRECTOR Signature <i>Rachel R. Arrington</i>		36 DATE SIGNED BY FUNERAL DIRECTOR 3/21/03	
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 Signature: <i>R. Reddy</i>				38 DATE SIGNED (Month, Day, Year) 3/17/03			
39 TIME AND DATE OF DEATH 3/17/03 13:00		40 DATE AND TIME PRONOUNCED DEAD (If Coroner, M.F. use only) 3/17/03 13:00		41 NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) MEELIMA REDDY, MD RESIDENT			
42 ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) UAB 619 19th St South Birmingham, AL 35233						43 CERTIFIER LICENSE NUMBER RESIDENT	
44 REGISTRAR Signature <i>Wiane Jones</i> For State or County use only						45 DATE FILED (Month, Day, Year) March 25, 2003	

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 ARDS DUE TO (OR AS A CONSEQUENCE OF) b Pneumonia DUE TO (OR AS A CONSEQUENCE OF) c Bleomycin toxicity DUE TO (OR AS A CONSEQUENCE OF) d Hodgkin's disease			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)	

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


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SCHEDULE "A"

THE FOLLOWING DESCRIBED REAL ESTATE, SITUATED IN SHELBY COUNTY.
ALABAMA:

LOT 33, ACCORDING TO THE SURVEY OF ST. IVES AT GREYSTONE, AS
RECORDED IN MAP BOOK 15 PAGE 70 A & B IN THE PROBATE OFFICE OF
SHELBY COUNTY, ALABAMA; BEING SITUATED IN SHELBY COUNTY, ALABAMA.
MINERAL AND MINING RIGHTS EXCEPTED.

FOR INFORMATIONAL PURPOSES ONLY: THE APN IS SHOWN BY THE COUNTY
ASSESSOR AS 03-8-33-0-003-033; SOURCE OF TITLE IS BOOK 1999, PAGE
42862 (RECORDED 10/15/99)