THE PREPARER OF THIS DEED MAKES NO REPRESENTATION AS TO THE STATUS OF THE TITLE OF THE PROPERTY DESCRIBED HEREIN, OR AS TO THE ACCURACY OF THE DESCRIPTION CONTAINED IN PREVIOUSLY FILED DEEDS

This instrument was prepared by: Kendall W. Maddox Kendall Maddox & Associates, LLC 2550 Acton Road, Ste 210 Birmingham, AL 35243

Send Tax Notice To: Margaret Abston 2209 Amberley Woods Terrace Helena, AL 35080

WARRANTY DEED

STATE OF ALABAMA SHELBY COUNTY

KNOW ALL MEN BY THESE PRESENTS:

That in consideration of TEN DOLLARS AND OTHER GOOD AND VALUABLE CONSIDERATION to the undersigned grantor (whether one or more), in hand paid by the grantee herein, the receipt whereof is acknowledged, I or we,

MARGARET ABSTON AND MERRY A. SEARS, TRUSTEES OF THE ABSTON LIVING TRUST DATED MAY 15, 2003

(herein referred to as Grantor, whether one or more), grant, bargain, sell, and convey unto

MARGARET ABSTON, MERRY A. SEARS AND SAMUEL B ABSTON, II, TRUSTEES, OR THEIR SUCCESSORS IN TRUST, UNDER THE ABSTON LIVING TRUST, DATED MAY 15, 2003 AND ANY AMENDMENTS THERETO

(herein referred to as Grantee, whether one or more), the following described real estate, situated in Shelby County, Alabama, to-wit:

Lot 99, according to the Survey of Amberly Woods, 2nd Sector, as recorded in Map Book 20, Page 10, in the Probate Office of Shelby County, Alabama. Subject to taxes, restrictions, rights-of-way, exceptions, conditions, covenants and easements of record.

Margaret Abston and Merry A. Sears are the surviving Trustees in that certain warranty deed recorded at Instrument Number 20030516000307240 dated May 15, 2003. The other Trustee, Samuel B. Abston, died on or about January 14, 2005. A copy of his death certificate is attached.

The purpose of this deed is to show that Samuel B. Abston is being removed as current Trustee and is being replaced by Samuel B Abston, II.

TO HAVE AND TO HOLD to the said grantee, his, her or their successors and assigns forever.

THE GRANTOR herein grants full power and authority by this deed to the Trustee(s), and either of them, and all successor trustee(s) to protect, conserve, sell, lease, pledge, mortgage, borrow against, encumber, convey, transfer or otherwise manage and dispose of all or any portion of the property herein described, or any interest therein, without the consent or approval of any other party and without further proof of such authority; no person or entity paying money to or delivering property to any Trustee or successor trustee shall be required to see to its application; and all persons or entities relying in good faith on this deed and the powers contained herein regarding the Trustee(s) (or successor trustee(s)) and their powers over the property herein conveyed shall be held harmless from any resulting loss or liability from such good faith reliance.

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 27 day of 9

STATE OF ALABAMA)

JEFFERSON COUNTY)

GENERAL ACKNOWLEDGEMENT:

I, Jenniter Q. Griffon, a Notary Public in and for said County, in said State, hereby certify that Margaret Abston and Merry A. Sears, whose name(s) is/are signed to the foregoing conveyance, and who is/are known to me, acknowledged before me on this date, that, being informed of the contents of the conveyance has/have executed the same voluntarily on the day the same bears date.

Given my hand and official seal this 37

Shelby County, AL 01/08/2007

State of Alabama

Deed Tax: \$10.00

My Commission Expres:

1014/2010

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

Signature of Local Registrar

TYPE IN PERMANENT BLACK INK. DO NOT USE GREEN, RED, OR BLUE INK. Dan 24, 2005

Date of Issue



20070108000010440 2/2 \$27.00 Shelby Cnty Judge of Probate,AL 01/08/2007 03:22:28PM FILED/CERT

ALABAMA

CERTIFICATE OF DEATH

File						101			
Number — 1. DECEASED—NAME	Circe	Middle	Last Type last nam	ng'all canitals)	State File Number 2. DATE OF DEATH (Month, Day, Year)	3. COUNTY OF	DEΔTH		
I. DECEASED—NAME	First	D	ABSTON	ie ali cahiraisi	January 14, 2005		하다. 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10		
A COTY TOWN OR LOCATIO	Samue I	D.		5 INSIDE CITY LIMITS	6. PLACE OF DEATH—HOSPITAL OR OTH		· · · · · · · · · · · · · · · · · · ·		
4. CITY, TOWN, OR LOCATIO			••	(Specify Yes or No)	į.	al Center Shelby	· · · · · · · · · · · · · · · · · · ·		
Alabaster		·	O OF HICHARIC ODICINIC		<u> </u>				
7. IF HOSPITAL (Specify Inpa	•	it, DOA)	8. OF HISPANIC ORIGIN (Specif Mexican, Puerto Rican, etc.	NI.	ban, 9. KALE—(Specify Ameri White	ican Indian, Black, White, etc.)	10. SEX Male		
Inpati			UDED 1 DAV	IVO		A A DECEMPEDIO CONTRA DECIMA			
11. AGE	MOS.		NDER 1 DAY OURS MINS.		H (Month, Day, Year)	14. DECEASED'S SOCIAL SECU	RITY NUMBER		
83 YRS.		,		Decemb					
15. EDUCATION (Specify ON) Elementary or High School		College (1-4 or 5+)	16. MARITAL STATUS (Specify Ma Widowed, Divorced)	arried, Never Married,	17. SURVIVING SPOUSE (If wife, give		18. Was Decedent ever in Armed Forces (Specify Yes or No)		
Erometrally or rings oome		3		rried	Margaret But	ler	Yes (Specify Yes or No) Yes		
19. STATE OF BIRTH (If not in	n USA, name country)	20. RESIDENCE	E—STATE	21. COUNTY	22. CITY, 1	TOWN, OR LOCATION AND ZIP CODE			
A1 abama		AT.	abama	Shelby	He	lena, Al 35080			
23. INSIDE CITY LIMITS	24. STREET AND N	UMBER		7 . 15 . 1	T-Name and Address Margare	et Abston			
(Specify Yes or No)	2209	Amberly Wo	ods Terrace	2209	Amberly Woods Ter	rrace Helen	a, Al 35080		
<u> </u>	26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 27. KIND OF BUSINESS OR INDUSTRY								
Manager Information Systems US Steel									
28. FATHER—NAME	First	Middle	Last	29. MAI	DEN NAME OF MOTHER— Firs		Last		
(aus.		Abston		Ha:	zel	Smith		
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) ROCCOMONO AT									
Donation, Hospital Dispos	sal, Other) Bur		nth, Day, Year) 2005	Highland N	Memorial Gardens	Bessemer	, A1		
DOUTE LY SECURITION OF CHARLES OF									
P.O. Box 609 Bessemer, AT 35021 135. FUNERAL DIRECTOR—Signature St. FUNERAL DIRECTOR—Signature St. FUNERAL DIRECTOR—Signature St. FUNERAL DIRECTOR—Signature St. FUNERAL DIRECTOR—Signature National Residue St. FUNERAL DIRECTOR—Signature St. FUNERAL DIRECTOR—Signature Funeral Home St. Funeral Home St. FUNERAL DIRECTOR—Signature Funeral Home St. Funeral Home St. Funeral Direction Funeral Direction Funeral Home St. Funeral Direction Funeral Home St. Funeral Direction Funeral Home Funeral Home Funeral Direction									
	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." 38. DATE SIGNED (Month, Day, Year)								
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									
Signature: \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\									
39. TIME AND DATE OF DEA	TH	40. D	ATE AND TIME PRONOUNCED DEAD	7 (For Coroner/M.E. use only)	41. NAME AND TITLE OF PERSO	ON WHO COMPLETED CAUSE OF DEA	TH (Item-46)		
13:40	1/14/0	· • • • • • • • • • • • • • • • • • • •	NA		MCC	11ins MAD			
42. ADDRESS OF PERSON V		<u></u>		<u>. </u>		43. CERTIFIER LIC	ENSE NUMBER		
P.O.	Bur	870	llaberton	AL 35	ひひ ス	770	3 §		
44. REGISTRAR—	Signature		For State	or County use o	nlx	AS. DATE FILED (A	Nonth, Day, Year)		
	* · · · · · · · · · · · · · · · · · · ·		Med	a 1101	Vil	Han	24,2005		
·	MEDICAL CERTIFICATION								

• • • • • • • • • • • • • • • • • • • •			
46. PART I. Enter the diseases, injuries, or complicat	ions that caused the death. Do not enter the mode of dying, such as cardiac or respire	atory arrest, shock, or heart failure. LIST ONLY ONE CAUSE ON EACH LINE.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final	Con Story CHAR		
disease or condition resulting in death)	DUE TO (OR AS A CONSEQUENCE OF): Description Description		
Sequentially list conditions, if any, leading to	DUE TO (OR AS A CONSEQUENCE OF):		
immediate cause. Enter UNDERLYING CAUSE			
(Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):		
47. PART II. Other significant conditions contributing Service / Section	to death but not resulting in the underlying cause given in Part I. Decuta, Tun. Clean		48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unk.)
	de, Suicide, Undetermined Circumstances, Pending Investigation Natural Causes		gs considered in determining cause of death?
52. HOW INJURY OCCURRED (Enter nature of injur	in Item 46, Part 1 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. PLAC	E OF INJURY—(Specify at home, farm, street, factory, office building, etc.)	57. LOCATION OF INJURY (Street or R.E.D. No., City or Town, State)	