

STATE OF ALABAMA )  
COUNTY OF SHELBY )

**AFFIDAVIT REGARDING MORTGAGE**  
**SATISFACTION AND RELEASE OF MORTGAGE**

COMES NOW the Affiant, NANCY DEVINE BOROUGHS, and after first having being dully sworn, said Affiant does hereby depose and say, as follows:

1. Affiant has personal knowledge of the facts stated herein, is over the age of nineteen (19) years, and competent to execute this affidavit.

2. On December 17, 2004, ELIZABETH M. DEVINE (hereinafter referenced as "decedent"), owned certain real property situated in Shelby County, Alabama, more particularly described as follows:

Lot 7, according to Fairview, as recorded in the Office of the Judge of Probate, Shelby County, Alabama at Map Book 22, Page 135.

3. On December 17, 2004, said decedent, by and through her attorney-in-fact, conveyed the above described real property to Roy A. Boroughs and wife, Nancy Devine Boroughs. Said Deed of conveyance was recorded in the Office of the Probate Judge, Shelby County, Alabama, at Instrument Number 20041228000701980.

4. Upon even date with the aforementioned conveyance of real property, Roy A. Boroughs and wife, Nancy Devine Boroughs executed a mortgage in favor of the decedent, same of which was recorded in the Office of the Probate Judge, Shelby County, Alabama at Instrument Number 20041228000701990.

5. Within the aforementioned mortgage, there existed a provision for forgiveness and satisfaction of said mortgage, upon decedent's death, same of which more particularly stated, as follows:

MORTGAGORS AND MORTGAGEE SPECIFICALLY STIPULATE AND AGREE THAT, IN THE EVENT THAT MORTGAGEE SHOULD DECEASE, PRIOR TO MORTGAGORS' FULL SATISFACTION OF THIS MORTGAGE, PURSUANT TO THE PAYMENT TERMS OF THE MORTGAGE NOTE EXECUTED ON EVEN DATE HEREWITH, THE BALANCE OF SAID INDEBTEDNESS SHALL BE FORGIVEN, AND DEEMED AS FULLY SATISFIED.

6. Elizabeth M. Devine (also known as Elizabeth Modena Devine) died on November 7, 2006, as is evidenced by the death certificate of the decedent, hereto attached as Exhibit "A".

7. Elizabeth M. Devine was one and the same person as Elizabeth Modena Devine.

*Return to: M. A. Spears*

8. Affiant is personally aware of the family history and all personal, business and financial matters relating to the decedent, during the lifetime of decedent, as the Affiant is the natural daughter of the decedent, and served as decedent's attorney-in-fact, during decedent's lifetime.

9. In view of the above and forgoing facts and circumstances, the indebtedness evidenced by the above referenced mortgage has been forgiven, and said mortgage is deemed to be fully satisfied and same is hereby released.

Nancy Devine Boroughs  
Nancy Devine Boroughs

STATE OF ALABAMA     )  
COUNTY OF SHELBY    )

Sworn to and subscribed before me this 8th day of January, 2008.

William J. Spear  
Notary Public  
My Commission Expires: \_\_\_\_\_

**Instrument Prepared By:**  
**Mitchell A. Spears**  
**Attorney at Law**  
**P. O. Box 119**  
**Montevallo, AL 35115**  
**(205) 665-5076**




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

Sylvia Ware  
Deputy Registrar

Date

EXHIBIT "A"

  
20070110000014440 3/3 \$17.00  
Shelby Cnty Judge of Probate, AL  
01/10/2007 09:18:48AM FILED/CERTALABAMA  
CERTIFICATE OF DEATH

State File Number 101

TYPE IN PERMANENT  
BLACK INK. DO NOT  
USE GREEN, RED, OR  
BLUE INK.County  
File  
Number —

1. DECEASED—NAME First Middle Last (Type last name all capitals) Elizabeth Modena DEVINE			2. DATE OF DEATH (Month, Day, Year) Nov. 7, 2006		3. COUNTY OF DEATH Chilton		
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Jemison 35085			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) 149 1st Ave.		
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 Female							
11. AGE 81 YRS.		12. UNDER 1 YEAR MOS. DAYS HOURS MINS.		13. DATE OF BIRTH (Month, Day, Year) June 28, 1925			
15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) 12			16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Widowed		17. SURVIVING SPOUSE (If wife, give full name) No		
19. STATE OF BIRTH (If not in USA, name country) Pennsylvania		20. RESIDENCE—STATE Alabama		21. COUNTY Chilton		22. CITY, TOWN, OR LOCATION AND ZIP CODE Jemison 35085	
23. INSIDE CITY LIMITS (Specify Yes or No) Yes		24. STREET AND NUMBER 149 1st Ave.		25. INFORMANT—Name and Address Nancy Boroughs 3000 Co. Rd. 54 Montevallo, AL 35115			
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Legal Assistant				27. KIND OF BUSINESS OR INDUSTRY Attorneys Office			
28. FATHER—NAME First Middle Last Grant Knauer			29. MAIDEN NAME OF MOTHER—First Middle Last Mary Modena Scoffield				
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Medical Donation		31. DATE OF DISPOSITION (Month, Day, Year) 11-07-2006		32. CEMETERY OR CREMATORY—Name UAB Crematory		33. LOCATION—(City or Town—State) Birmingham, AL	
34. FUNERAL HOME—Name and Address UAB 1670 University Blvd., Birmingham, AL 35294			35. FUNERAL DIRECTOR—Signature [Signature]		36. DATE SIGNED BY FUNERAL DIRECTOR 11-16-2006		
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) 11-9-06		
39. TIME AND DATE OF DEATH 4:10am 11/07/2006		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) Keith Funderburk MD			
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) 108 Medical Center Dr. Clanton AL 35045					43. CERTIFIER LICENSE NUMBER 8358		
44. REGISTRAR—Signature Sylvia Ware					45. DATE FILED (Month, Day, Year) November 21, 2006		

## 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. Breast Cancer 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.) No	
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	
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				

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

196-16-3222

SSN:

Elizabeth M Devine

NAME OF DECEASED