

STATE OF ALABAMA)
COUNTY OF SHELBY)

AFFIDAVIT REGARDING MORTGAGE
SATISFACTION AND RELEASE OF MORTGAGE

COMES NOW the Affiant, NANCY DEVINE BOROUGHHS, 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



20070110000014440 2/3 \$17.00
Shelby Cnty Judge of Probate, AL
01/10/2007 09:18:48AM FILED/CERT

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, 2006.

Mitchell A. Spears
Mitchell A. Spears
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

11/21/06

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

3. DECEASED—NAME	First	Middle	Last	(Type last name all capitals)	2. DATE OF DEATH (Month, Day, Year)	3. COUNTY OF DEATH
Elizabeth Modena DEVINE					Nov. 7, 2006	Chilton
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE				5. INSIDE CITY LIMITS (Specify Yes or No)	6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number)	
Jemison 35085					Yes	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.	9. RACE—(Specify American Indian, Black, White, etc.)	10. SEX
No					White	Female
11. AGE	12. UNDER 1 YEAR	UNDER 1 DAY			13. DATE OF BIRTH (Month, Day, Year)	
81 YRS.	MOS.	DAYS	HOURS	MINS.	June 28, 1925	
15. EDUCATION (Specify ONLY highest grade completed below)	16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced)			17. SURVIVING SPOUSE (If wife, give name and address)		
Elementary or High School (0-12)	College (1-4 or 5+)			Widowed		
12						
19. STATE OF BIRTH (If not in USA, name country)	20. RESIDENCE—STATE	21. COUNTY			22. CITY, TOWN, OR LOCATION AND ZIP CODE	
Pennsylvania	Alabama	Chilton			Jemison 35085	
23. INSIDE CITY LIMITS (Specify Yes or No)	24. STREET AND NUMBER	25. INFORMANT—Name and Address			Nancy Boroughs 3000 Co.	
Yes	149 1st Ave.	Rd. 54 Montevallo, Al 35115				
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)				27. KIND OF BUSINESS OR INDUSTRY		
Legal Assistant				Attorneys Office		
28. FATHER—NAME	First	Middle	Last	29. MAIDEN NAME OF MOTHER—	First	Middle
Grant			Knauer	Mary	Modena	Scoffield
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other)	31. DATE OF DISPOSITION (Month, Day, Year)	32. CEMETERY OR CREMATORIAL—Name			33. LOCATION—(City or Town—State)	
Medical Donation	11-07-2006	UAB Crematory			Birmingham, Al	
34. FUNERAL HOME—Name and Address	35. FUNERAL DIRECTOR—Signature			36. DATE SIGNED BY FUNERAL DIRECTOR		
UAB 1670 University Blvd., Birmingham, Al 35294	11-16-2006			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: <i>[Signature]</i>				38. DATE SIGNED (Month, Day, Year) 11-9-06		
39. TIME AND DATE OF DEATH	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)			43. CERTIFIER LICENSE NUMBER	
4:10am 11/07/2006		Keith Funderburk MD			8358	
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)	43. CERTIFIER LICENSE NUMBER			45. DATE FILED (Month, Day, Year)		
108 Medical Center Dr. Clanton AL 35045				November 21, 2006		
44. REGISTRAR—Signature	For State or County use only					
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. <u>LIST ONLY ONE CAUSE ON EACH LINE.</u>						
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <u>Breast Cancer</u>						
b. DUE TO (OR AS A CONSEQUENCE OF):						
c. DUE TO (OR AS A CONSEQUENCE OF):						
d. 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 Unk.) <u>No</u>						
46. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause)	50. AUTOPSY (Specify Yes or No)	51. If yes, were findings considered in determining cause of death? <u>No</u>				
Natural Cause						
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		
N/A			N/A		N/A	
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)				
N/A	N/A	N/A				

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