20070402000147470 1/4 $221.50
Shelby Cnty Judge of Probate, AL
04/02/2007 01:08:14PM FILED/CERT

Shelby County, AL 04/02/2007
State of Alabama

Deed Tax:$201.50

1 of 2 11414874

This Document Prepared By:
Sidney T. Glover
5632 Highway 26
Alabaster, Alabama 35007

FAIR MARKET VALUE
$201,300.00

~~**After Recording Send Tax Notice To:**~~
Sidney T. Glover
5632 Highway 26
Alabaster, Alabama 35007
MER: 4016374ND

When recorded mail to:
First American Title Insurance
Lenders Advantage
1100 Superior Avenue, Suite 200
Cleveland, Ohio 44114
Attn: NSS-MI Team

Assessor's Parcel Number: 22 6 13 0 000 018 005

QUITCLAIM DEED

TITLE OF DOCUMENT

STATE OF ALABAMA

KNOW ALL MEN BY THESE PRESENTS:

Shelby COUNTY

THAT in consideration of ONE AND NO/100 DOLLAR ($1.00), to the undersigned grantor (whether one or more), in hand paid by the grantee herein, the receipt whereof is acknowledged, I or we, **Sidney T. Glover, also known as Sidney Turner Glover, surviving former spouse of Sandra L. Glover, as per attached certified copy of Certificate of Death, a married man and joined by his spouse Gertrude Glover**, (herein referred to as grantor, whether one or more), do hereby remise, release, quitclaim and convey to: **Sidney T. Glover and Gertrude Glover, husband and wife, as joint tenants with right of survivorship,** (herein referred to as grantee, whether one or more), the following described real estate, situated in Shelby County, Alabama, to wit:

SITUATED IN THE COUNTY OF SHELBY STATE OF ALABAMA: THE NORTHEAST 1/4 OF NORTHEAST OF SECTION 24, TOWNSHIP 21, RANGE 2 WEST, AND ALL THAT PART OF THE SOUTHEAST 1/4 OF SOUTHEAST 1/4 OF SECTION 13, TOWNSHIP 21, RANGE 2 WEST, LYING SOUTH OF SHELBY COUNTY HIGHWAY NO. 26. LESS AND EXCEPT THE WEST 730 FEET OF THE ABOVE DESCRIBED PROPERTY.

COMMONLY known as: 5632 Highway 26, Alabaster, Alabama 35007

Source of Title Ref.: Deed: Recorded 6/3/81, BK 383, PG 170, Doc. No. _____

TO have and to hold to the said grantee, his, her or their heirs and assigns forever.

The land described herein (You must make a selection):

✓ is homestead property of the said Grantor

_____ is ***NOT*** homestead property of the said Grantor

20070402000147470 2/4 $221.50
Shelby Cnty Judge of Probate, AL
04/02/2007 01:08:14PM FILED/CERT

IN WITNESS WHEREOF, **Sidney T. Glover, a/k/a Sidney Turner Glover** have hereunto set my (our) hand(s) and seal(s), this 25 day of May, 2006

Sidney T. Glover AKA
Sidney Turner Glover
Sidney T. Glover, a/k/a
Sidney Turner Glover

Gertrude Glover
Gertrude Glover

General Acknowledgement

STATE OF Alabama
Shelby **COUNTY**

I, Bona Brown a Notary Public in and for said County, in said State, hereby certify that **Sidney T. Glover, a/k/a Sidney Turner Glover and Gertrude Glover,** whose name(s) is/are signed to the foregoing conveyance and who is/are known to me, acknowledged before me on this day, that, being informed of the contents of the above and foregoing conveyance, he/she/they executed the same voluntarily on the day the same bears date.

NOTARY STAMP/SEAL

NOTARY STAMP/SEAL

BONA BROWN
NOTARY PUBLIC
STATE OF ALABAMA AT LARGE

Given under my hand and official seal of office this 25 day of May, 2006

Bona Brown
NOTARY PUBLIC
My Commission Expires: 05/06/10

20070402000147470 3/4 $221.50
Shelby Cnty Judge of Probate,AL
04/02/2007 01:08:14PM FILED/CERT

Exhibit "A"

SITUATED IN THE COUNTY OF SHELBY STATE OF ALABAMA: THE NORTHEAST 1/4 OF NORTHEAST OF SECTION 24, TOWNSHIP 21, RANGE 2 WEST, AND ALL THAT PART OF THE SOUTHEAST 1/4 OF SOUTHEAST 1/4 OF SECTION 13, TOWNSHIP 21, RANGE 2 WEST, LYING SOUTH OF SHELBY COUNTY HIGHWAY NO. 26. LESS AND EXCEPT THE WEST 730 FEET OF THE ABOVE DESCRIBED PROPERTY.

APN# 22 6 13 0 000 018 005

When recorded mail to:
First American Title Insurance
Lenders Advantage
1100 Superior Avenue, Suite 200
Cleveland, Ohio 44114
Attn: NSS-MI Team

GLOVER
11414874 AL
FIRST AMERICAN LENDERS ADVANTAGE
QUIT CLAIM DEED

THE FRONT OF THIS DOCUMENT IS PINK - THE BACK OF THIS DOCUMENT IS BLUE AND HAS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

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

Lottie S. Norwood
Signature of Local Registrar

May 21, 1999
Date of Issue

20070402000147470 4/4 $221.50
Shelby Cnty Judge of Probate, AL
04/02/2007 01:08:14PM FILED/CERT

N PERMANENT
INK. DO NOT
REEN, RED, OR
NK.

ALABAMA
CERTIFICATE OF DEATH

County File Number —

State File Number 101

DECEASED

1. DECEASED—NAME First	Middle	Last (Type last name all capitals)	2. DATE OF DEATH (Month, Day, Year)	3. COUNTY OF DEATH
Sandra	L.	GLOVER	May 4, 1999	Shelby

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)
Columbiana 35051	No	5632 Hwy. 26

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
N/A	No	White	Female

11. AGE	12. UNDER 1 YEAR MOS.	DAYS	UNDER 1 DAY HOURS	MINS.	13. DATE OF BIRTH (Month, Day, Year)
59 YRS.					November 18, 1939

15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12)	College (1-4 or 5+)	16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced)	17. SURVIVING SPOUSE (If wife, give maiden name)	18. Was Decedent ever in Armed Forces (Specify Yes or No)
	2	Married	Sidney T. Glover	No

19. STATE OF BIRTH (If not in USA, name country)	20. RESIDENCE—STATE	21. COUNTY	22. CITY, TOWN, OR LOCATION AND ZIP CODE
Alabama	Alabama	Shelby	Columbiana 35051

23. INSIDE CITY LIMITS (Specify Yes or No)	24. STREET AND NUMBER	25. INFORMANT—Name and Address
No	5632 Hwy. 26	Sidney T. Glover 5632 Hwy. 26, Columbiana, AL 35051

26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	27. KIND OF BUSINESS OR INDUSTRY
Book Keeper	School Systems

28. FATHER—NAME First	Middle	Last	29. MAIDEN NAME OF MOTHER—
Herbert		Fulton	

BURIAL

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)
Burial	May 6, 1999	Nabors Cemetery	Calera, Alabama

34. FUNERAL HOME—Name and Address	35. FUNERAL DIRECTOR—Signature	36. DATE SIGNED BY FUNERAL DIRECTOR
Bolton Brown Service PO Box 1066, Columbiana, AL 35051	Connie S. Gibbons	May 5, 1999

CERTIFIER

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: Dilip V. Shah

38. DATE SIGNED (Month, Day, Year): 5/6/99.

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)
12·30AM 5/4/99		DILIP V. SHAH MD

42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)	43. CERTIFIER LICENSE NUMBER
P.O. BOX 949, ALABASTER, AL 35007	13145

44. REGISTRAR— Signature	For State or County use only	45. DATE FILED (Month, Day, Year)
Lottie S. Norwood		May 11, 1999

MEDICAL CERTIFICATION

CAUSE

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.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. LIVER CIRRHOSIS	
	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	b.	
	DUE TO (OR AS A CONSEQUENCE OF):	
	c.	
	DUE TO (OR AS A CONSEQUENCE OF):	
	d.	

47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
CONGESTIVE HEART FAILURE, HYPERTENSION.

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)	50. AUTOPSY (Specify Yes or No)	51. If yes, were findings considered in determining cause of death? (Specify Yes or No)
NATURAL.	NO.	

52. HOW INJURY OCCURRED (Enter nature of injury 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. 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.

ADPH-HS 2/Rev. 11-93