

AFFIDAVIT OF DEBORAH JEANETTE BUTLER ROSS

STATE OF ALABAMA)

COUNTY OF JEFFERSON)

Before me, the undersigned authority in and for said County and State, personally appeared Deborah Jeanette Butler Ross, who is known to me and who being first by me duly sworn, deposes and says that she is over the age of nineteen (19) years, and is a resident of Shelby County, Alabama, and further deposes and says as follows:

1. That Jane Wyatt Butler, former spouse of George T. Butler, deceased, is herself also deceased, having passed away on December 29, 2004, as evidenced by the copy of the death certificate that is submitted herewith as Exhibit "A".

In Witness Whereof, I have hereunto set my hand and seal on this the 17th day of November, 2006.

Deborah Jeanette Butler Ross
Deborah Jeanette Butler Ross

Sworn to and subscribed before me this the 17 day of November, 2006.

[Signature]

Notary Public

My commission expires: 6/16/07

EXHIBIT A
DEATH CERTIFICATE
JANE WYATT BUTLER



20070913000430510 2/3 \$17.00
Shelby Cnty Judge of Probate,AL
09/13/2007 03:26:38PM FILED/CERT

ALABAMA

Center for Health Statistics



20070913000430510 3/3 \$17.00
Shelby Cnty Judge of Probate, AL
09/13/2007 03:26:38PM FILED/CERT

ALABAMA

CERTIFICATE OF DEATH

04-43937

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

County
File
Number

State File Number **101**

3. 037020
6. 107
19. 01
20. 037020
26. _____
27. _____
34. 37424

1. DECEASED—NAME First Middle Last (Type last name all capitals) Jane Ford WYATT			2. DATE OF DEATH (Month, Day, Year) December 29, 2004		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) St. Vincent's Hospital		
7. # HOSPITAL (Specify Inpatient, ER or Outpatient, DGA) 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.) White	10. SEX Female	
11. AGE 79 yrs	12. UNDER 1 YEAR MOS. _____ DAYS _____ HOURS _____ MINS _____	13. DATE OF BIRTH (Month, Day, Year) May 2, 1925		14. DECEASED'S SOCIAL SECURITY NUMBER [REDACTED]		
15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (9-12) _____ College (1-4 or 5+) 4		16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married		17. SURVIVING SPOUSE (If wife, give maiden name) George Butler	18. Was Decedent ever in Armed Forces (Specify Yes or No) No	
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 35222		
23. INSIDE CITY LIMITS (Specify Yes or No) Yes	24. STREET AND NUMBER 4261 Overlook Drive		25. INFORMANT—Name and Address Peggy W. Wyatt 4261 Overlook Drive Birmingham, AL 35222			
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Homemaker			27. KIND OF BUSINESS OR INDUSTRY Own Home			
28. FATHER—NAME First Middle Last Gordon G. Ford			29. MOTHER NAME (OF MOTHER)—First Middle Last Marie Sessions			
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Cremation		31. DATE OF DISPOSITION (Month, Day, Year) Jan. 1, 2005	32. CEMETERY OR CREMATORY—Name Johns Ridout's	33. LOCATION—(City or Town—State) Birmingham, AL		
34. FUNERAL HOME—Name and Address Ridout's Valley Chapel 1800 Oxmoor Road Homewood, AL 35209			35. FUNERAL DIRECTOR—Signature <i>Samela Spradlin</i>		36. DATE SIGNED BY FUNERAL DIRECTOR Jan. 3, 2005	
37. <input checked="" type="checkbox"/> 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." <input type="checkbox"/> Medical Examiner <input type="checkbox"/> 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) Dec. 29, 2004	
39. TIME AND DATE OF DEATH 3:25 pm, Dec. 29, 2004		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) CATHERINE L THOMAS		
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) 2660 10th Avenue, South Birmingham, AL 35023				43. CERTIFIER LICENSE NUMBER 13107	44. REGISTRAR—Signature <i>[Signature]</i> For State or County use only	
				45. DATE FILED (Month, Day, Year) January 10, 2005		

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. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Sepsis DUPLICATE TO (OR AS A CONSEQUENCE OF):	
b. GERONTOLOGICAL DUPLICATE TO (OR AS A CONSEQUENCE OF):	
c. _____ DUPLICATE 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. Cerebrovascular accident	
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	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	
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.

JAN 1 2 2005

ADPH-MS 2-Rev. 11-93

I, Dorothy S. Harshbarger, State Registrar of Health Statistics, certify this is a true and exact copy of the original certificate filed in the Center for Health Statistics, State of Alabama, Department of Public Health, Montgomery, Alabama, and have caused the official seal of the Center for Health Statistics to be affixed. 2005-175-145-0

[Signature]
Dorothy S. Harshbarger, State Registrar

March 9, 2005

SSN: 417-24-4998

NAME OF DECEASED Jane Wyatt

DO NOT WRITE IN THESE SPACES