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:
Marlene M. Lee
5316 Meadow Brook Rd.
Birmingham, AL 35242

20071226000577620 1/2 $24.00
Shelby Cnty Judge of Probate, AL
12/26/2007 01:40:33PM FILED/CERT

WARRANTY DEED $10,000

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,

MARLENE M. LEE, A MARRIED WOMAN

(herein referred to as Grantor, whether one or more), grants, bargains, sells, and conveys unto

MARLENE M. LEE, TRUSTEE, OR HER SUCCESSORS IN TRUST, UNDER THE LEE LIVING TRUST, DATED NOVEMBER 28, 2007 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 5, Meadow Brook Estates, First Sector, according to Map Book 7, Page 64, in the Probate Office of Shelby County, Alabama. Subject to taxes, restrictions, rights-of-way, exceptions, conditions, covenants and easements of record.

Marlene M. Lee is the surviving Grantee in that certain warranty deed with right of survivorship recorded at Book 337, Page 377 dated January 5, 1982. The other Grantee, James M. Lee, died on or about 7/15/2009. **A copy of his death certificate is attached.**

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 28 day of November, 2007.

Marlene M Lee _____

STATE OF ALABAMA)
JEFFERSON COUNTY) **GENERAL ACKNOWLEDGEMENT:**

I, Jennifer Q Griffin, a Notary Public in and for said County, in said State, hereby certify that Marlene M. Lee, 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 28 day of November, 2007.

Notary Public Jennifer Q. Griffin
My Commission Expires: 10/4/2010

NOTARY PUBLIC

Shelby County, AL 12/26/2007
State of Alabama

Deed Tax:$10.00

ALABAMA
Center for Health Statistics

:O MB

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

ALABAMA
CERTIFICATE OF DEATH

04-24849

County File Number — 037020

State File Number 101

3.	037020
6.	101
19.	33
20.	059888
26.	
27.	
34.	37424

1. DECEASED—NAME (First, Middle, Last (Type last name all capitals)): James M LEE
2. DATE OF DEATH (Month, Day, Year): July 15, 2004
3. COUNTY OF DEATH: Jefferson
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE: Birmingham 35205
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. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA): ER
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: Male
11. AGE: 72 YRS.
12. UNDER 1 YEAR: MOS. / DAYS
UNDER 1 DAY: HOURS / MINS.
13. DATE OF BIRTH (Month, Day, Year): September 29, 1931
14. DECEASED'S SOCIAL SECURITY NUMBER: [redacted]
15. EDUCATION (Specify ONLY highest grade completed below): Elementary or High School (0-12): / College (1-4 or 5+): 5+
16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced): Married
17. SURVIVING SPOUSE (If wife, give maiden name): Marlene Mayr
18. Was Decedent ever in Armed Forces (Specify Yes or No): No
19. STATE OF BIRTH (If not in USA, name country): New York
20. RESIDENCE—STATE: Alabama
21. COUNTY: Shelby
22. CITY, TOWN, OR LOCATION AND ZIP CODE: Birmingham 35242
23. INSIDE CITY LIMITS (Specify Yes or No): No
24. STREET AND NUMBER: 5316 Meadow Brook Road
25. INFORMANT—Name and Address: 5316 Meadow Brook Road Marlene Lee Birmingham, AL 35242
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): University Professor
27. KIND OF BUSINESS OR INDUSTRY: Education
28. FATHER—NAME (First, Middle, Last): James Michael Lee, III
29. MAIDEN NAME OF MOTHER— (First, Middle, Last): Emma Brenner
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other): Burial
31. DATE OF DISPOSITION (Month, Day, Year): July 20, 2004
32. CEMETERY OR CREMATORY—Name: Elmwood Cemetery
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: Pamela Spradlin
36. DATE SIGNED BY FUNERAL DIRECTOR: July 29, 2004
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): 07/15/04
39. TIME AND DATE OF DEATH: 1925 07/15/04
40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only):
41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 44): George Walker, MD
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 44): 833 St. Vincent's Emergency Department Birmingham, AL 35023
43. CERTIFIER LICENSE NUMBER: 14757
44. REGISTRAR— Signature: Sherry L Myers
For State or County use only
45. DATE FILED (Month, Day, Year): August 2, 2004

MEDICAL CERTIFICATION

48. 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. aortic dissection	
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.

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 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 48, Part I 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)	

NAME OF DECEASED James M. Lee SSN 085-24-0594

46. _____
49. _____
55. 10 of 53

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

ADPH-HS 2/Rev. 11-93

AUG 0 4 2004

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. 2005-247-535-9

May 16, 2005

Dorothy S. Harshbarger
Dorothy S. Harshbarger, State Registrar