

20080109000012220 1/3 \$192.00
Shelby Cnty Judge of Probate, AL
01/09/2008 01:08:22PM FILED/CERT

Shelby County, AL 01/09/2008
State of Alabama
Deed Tax: \$174.00

This Document Prepared By:

John W. Crutchfield
203 Stonebrook Lane
Pelham, Alabama 35124

After Recording Send Tax Notice To:

John W. Crutchfield
203 Stonebrook Lane
Pelham, Alabama 35124

Assessor's Parcel Number: 136234007010000

QUITCLAIM DEED
TITLE OF DOCUMENT

STATE OF ALABAMA

KNOW ALL MEN BY THESE PRESENTS:

SHELBY COUNTY

value of property - \$173,900.00

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, **John W. Crutchfield, a married man, surviving former spouse of Janie S. Crutchfield as per attached certified copy Certificate of Death, and joined by his spouse Deborah Crutchfield**, (herein referred to as grantor, whether one or more), do hereby remise, release, quitclaim and convey to: **John W. Crutchfield, a married man as his sole and separate property**, (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 AND STATE OF ALABAMA: LOT 110, ACCORDING TO THE SURVEY OF THE RIDGE AT STONEHAVEN, PHASE I, AS RECORDED IN MAP BOOK 25, PAGE 118, IN THE PROBATE OFFICE OF SHELBY COUNTY, ALABAMA. BEING ALL OF THAT CERTAIN PROPERTY CONVEYED TO JOHN W. CRUTCHFIELD AND JANIE S. CRUTCHFIELD, HUSBAND AND WIFE FROM PREMIER HOMES, INC., A CORPORATION BY DEED DATED MARCH 7, 2001 AND RECORDED MARCH 9, 201 IN INSTRUMENT 2001-08357, PAGE N/A IN THE LAND RECORDS OF SHELBY COUNTY, ALABAMA.

COMMONLY known as: 203 Stonebrook Lane, Pelham, Alabama 35124

Source of Title Ref.: Deed: Recorded _____; BK _____, PG _____,
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

13667036 CRUTCHFIELD
AL

FIRST AMERICAN LENDERS ADVANTAGE
QUIT CLAIM DEED

When recorded mail to:
First American Title Insurance Company
Lenders Advantage
1100 Superior Avenue, Ste. 200
Cleveland, Ohio 44114
Attn.: National Recording

IN WITNESS WHEREOF, **John W. Crutchfield** and **Deborah Crutchfield** have hereunto set my (our) hand(s) and seal(s), this 28 day of November, 2007.

John W. Crutchfield
John W. Crutchfield

Deborah Crutchfield
Deborah Crutchfield

General Acknowledgement

STATE OF AL
Concord COUNTY

I, Christie FARSH a Notary Public in and for said County, in said State, hereby certify that **John W. Crutchfield and Deborah Crutchfield**, 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



Given under my hand and official seal of office this 28 day of November, 2007.

Christie Farsh
NOTARY PUBLIC
My Commission Expires: 1/6/2008

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

20080109000012220 3/3 \$192.00
Shelby Cnty Judge of Probate, AL
01/09/2008 01:08:22PM FILED/CERT

Deborah M. [Signature] July 09, 2001
Signature of Local or Deputy Registrar Date of Issue

ALABAMA CERTIFICATE OF DEATH

County
File
Number

13667036

State File Number 101

1. DECEASED—NAME First Middle Last (Type last name all capitals) JANIE SUE CRUTCHFIELD			2. DATE OF DEATH (Month, Day, Year) JULY 2, 2001		3. COUNTY OF DEATH JEFFERSON	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE BIRMINGHAM 35213			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) BMC MONTCLAIR	
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA) 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 55 YRS.		12. UNDER 1 YEAR NO	
13. DATE OF BIRTH (Month, Day, Year) OCTOBER 26, 1945			14. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) MARRIED		15. SURVIVING SPOUSE (If wife, give maiden name) JOHN W. CURTCHFIELD	
16. STATE OF BIRTH (If not in USA, name country) ALABAMA			17. RESIDENCE—STATE ALABAMA		18. CITY, TOWN, OR LOCATION AND ZIP CODE PELHAM 35124	
19. INSIDE CITY LIMITS (Specify Yes or No) YES			20. STREET AND NUMBER 203 STONEBROOK LANE		21. INFORMANT—Name and Address JOHN W. CRUTCHFIELD 203 STONEBROOK LANE PELHAM, AL 35124	
22. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) COMPUTER SPECIALIST			23. KIND OF BUSINESS OR INDUSTRY DEPT. OF VETERAN'S AFFAIRS		24. FATHER—NAME First Middle Last VIRGIL MORRIS PERRY	
25. MAIDEN NAME OF MOTHER—First Middle Last GLADYS HELEN CULPEPPER			26. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) BURIAL		27. DATE OF DISPOSITION (Month, Day, Year) JULY 5, 2001	
28. CEMETERY OR CREMATORY—Name TALLASSEHATCHIE			29. LOCATION—(City or Town—State) SYLACAUGA, AL		30. FUNERAL HOME—Name and Address SOUTHERN HERITAGE 475 CAHABA VALLEY RD PELHAM, AL 35124	
31. FUNERAL DIRECTOR—Signature <i>[Signature]</i>			32. DATE SIGNED BY FUNERAL DIRECTOR JULY 6, 2001		33. DATE SIGNED (Month, Day, Year) July 2, 2001	
34. TIME AND DATE OF DEATH 8:02 July 2, 2001			35. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only) July 2, 2001		36. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) K. S. Williams MD	
37. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) Montclair Rd Pelham 35213			38. CERTIFIER LICENSE NUMBER AL 13842		39. REGISTRAR—Signature <i>[Signature]</i>	
40. DATE FILED (Month, Day, Year) July 6, 2001			41. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) Natural causes		42. AUTOPSY (Specify Yes or No) NO	
43. HOW INJURY OCCURRED (Enter nature of injury in Item 46, Part I or Item 47, Part II) Natural causes			44. DATE OF INJURY (Month, Day, Year) July 2, 2001		45. HOUR OF INJURY M.	
46. INJURY AT WORK (Specify Yes or No) NO			47. PLACE OF INJURY—(Specify at home, farm, street, factory, office building, etc.) Home		48. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State) Pelham, AL	

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. metastatic Breast cancer				
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. 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.)	
49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) Natural causes			50. AUTOPSY (Specify Yes or No) NO	
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283. INJURY AT WORK (Specify Yes or No) NO			284. PLACE OF INJURY—(Specify at home, farm, street, factory, office building, etc.) Home	
285. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State) Pelham, AL			286. DATE OF INJURY (Month, Day, Year) July 2, 2001	
287. HOUR OF INJURY M.			288. REGISTRAR—Signature <i>[Signature]</i>	
289. DATE FILED (Month, Day, Year) July 6, 2001			290. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) Natural causes	
291. AUTOPSY (Specify Yes or No) NO			292. HOW INJURY OCCURRED (Enter nature of injury in Item 46, Part I or Item 47, Part II) Natural causes	
293. INJURY AT WORK (Specify Yes or No) NO			294. PLACE OF INJURY—(Specify at home, farm, street, factory, office building, etc.) Home	
295. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State) Pelham, AL			296. DATE OF INJURY (Month, Day, Year) July 2, 2001	
297. HOUR OF INJURY M.			298. REGISTRAR—Signature <i>[Signature]</i>	
299. DATE FILED (Month, Day, Year) July 6, 2001			300. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) Natural causes	
301. AUTOPSY (Specify Yes or No) NO			302. HOW INJURY OCCURRED (Enter nature of injury in Item 46, Part I or Item 47, Part II) Natural causes	
303. INJURY AT WORK (Specify Yes or No) NO			304. PLACE OF INJURY—(Specify at home, farm, street, factory, office building, etc.) Home	
305. LOCATION				