



20080331000128340 1/4 \$20.00  
Shelby Cnty Judge of Probate, AL  
03/31/2008 12:34:03PM FILED/CERT

Prepared by and after recording return to )  
Name: Kelli Waller )  
Company: Richmond Title Services )  
Address: 2901 N. Dallas Parkway )  
Address 2: Suite 100 )  
City, State, Plano, Texas 75093 )  
Zip: )  
Phone: 214-291-8808 )

GF# 1066092

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## AFFIDAVIT OF DEATH - JOINT TENANT

44264284-01

STATE OF ALABAMA

COUNTY OF SHELBY

Recording Requested by &  
When Recorded Return To:  
US Recordings, Inc.  
2925 Country Drive  
St. Paul, MN 55117

Violena Lilly, of legal age, being first duly sworn, deposes and says:

record 1st

1. That Thomas Lilly, the decedent mentioned in the attached original, or original certified-stamped, Certificate of Death, is the same person as Thomas Lilly named as one of the parties in that certain Warranty Deed dated 1/31/77, executed by Mary Nell Lewis Starling and husband James H. Starling to Thomas Lilly and wife, Violena Lilly, recorded in Book 303 at Page 685 in the Office of the County Recorder of the County of Shelby, Alabama, covering the following described property situated in the said County, State of Alabama:

LOT NO. 7, BLOCK F (WITH IMPROVEMENTS) OF THE REYNOLDS ADDITION TO MONTEVALLO, ALABAMA, ACCORDING TO THE MAP OF RECORD IN MAP BOOK 3 AT PAGE 41, OFFICE OF JUDGE OF PROBATE OF SHELBY COUNTY, ALABAMA, SITUATED IN MONTEVALLO (201 E/S SAMFORD STREET), SHELBY COUNTY, ALABAMA.

Affiant knows that RICHMOND TITLE SERVICES, its affiliates and their respective underwriter(s) are relying on the statements contained herein to be true and correct and without the true facts contained herein said RICHMOND TITLE SERVICES its affiliates and their respective underwriter(s) would not issue its policy.

FURTHER AFFIANT SAYETH NOT.

Ms. Violena Lilly

Affiant

Violena Lilly

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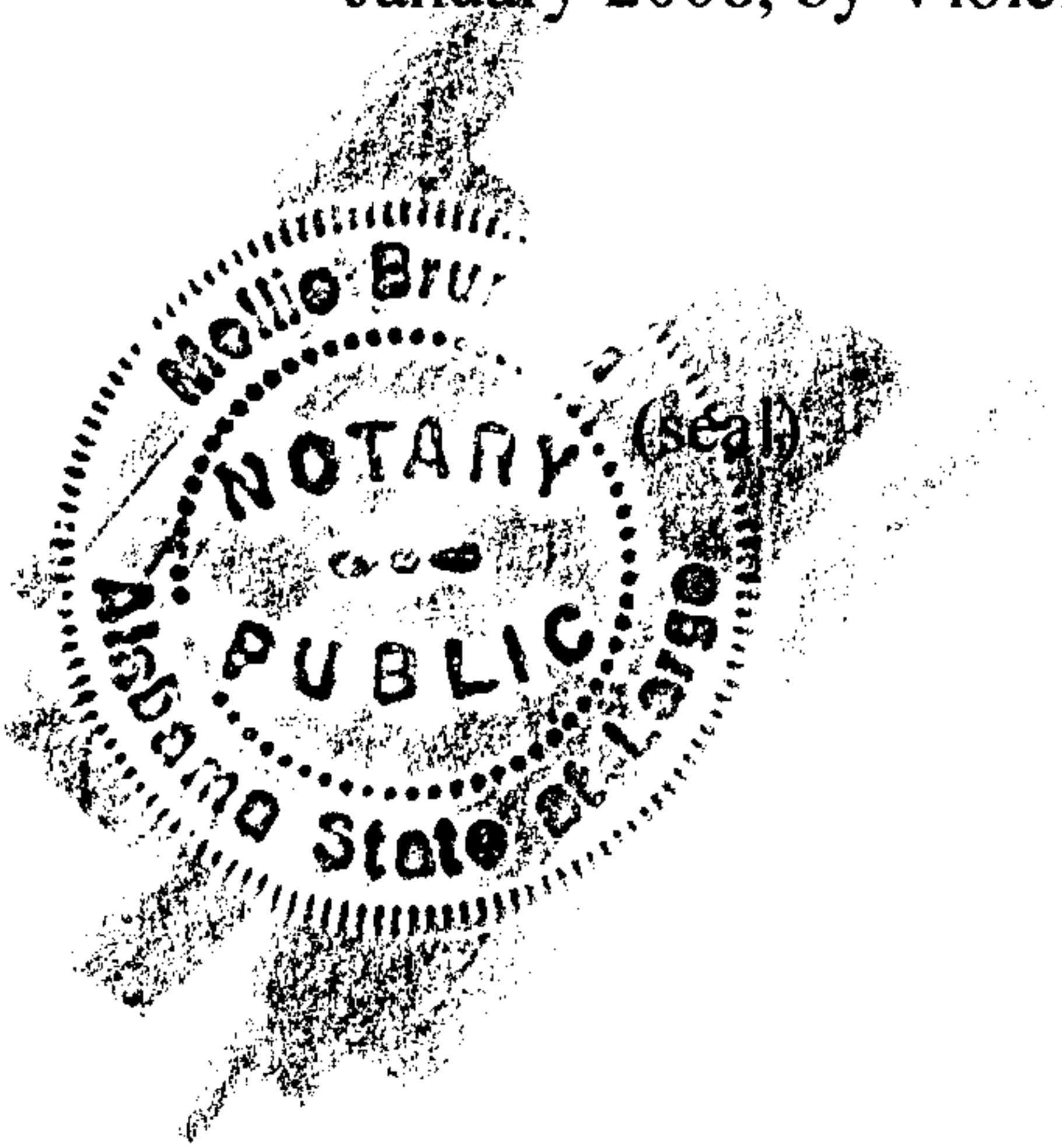
## ACKNOWLEDGMENT

State of Alabama

County of

Jefferson <sup>(MB)</sup> Shelby


The foregoing instrument was acknowledged before me this 3rd day of January 2008, by Violena Lilly.



Mollie Brunson  
Notary Public Signature

Mollie Brunson  
Printed Name

My commission expires: 1-31-2010

  
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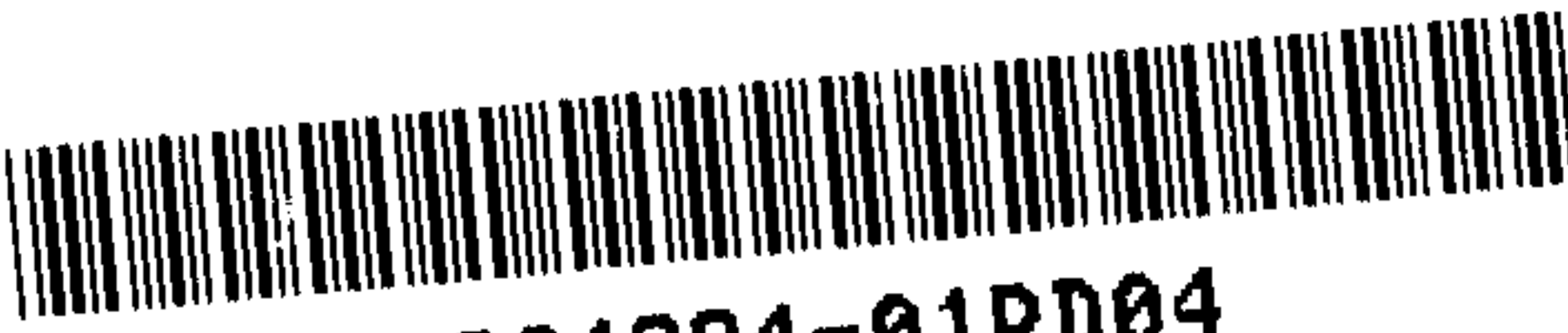
## Exhibit "A"

The land referred to herein is situated in the State of **Alabama**, County of **Shelby** described as follows:

LOT NO. 7, BLOCK F (WITH IMPROVEMENTS) OF THE REYNOLDS ADDITION TO MONTEVALLO, ALABAMA, ACCORDING TO THE MAP OF RECORD IN MAP BOOK 3 AT PAGE 41, OFFICE OF JUDGE OF PROBATE OF SHELBY COUNTY, ALABAMA, SITUATED IN MONTEVALLO (201 E/S SAMFORD STREET), SHELBY COUNTY, ALABAMA.

SOURCE OF TITLE: BOOK 303, PAGE 685 (RECORDED 02/08/1977)

APN: 36-2-04-1-001-027.00

  
**U44264284-01RD04**  
AFF/DEATH/JT TNT  
US Recordings



# ALABAMA

## CERTIFICATE OF DEATH

State File Number **101**TYPE IN PERMANENT  
BLACK INK. DO NOT  
USE GREEN, RED, OR  
BLUE INK.County  
File  
Number

3. \_\_\_\_\_  
6. \_\_\_\_\_  
19. \_\_\_\_\_  
20. \_\_\_\_\_  
26. \_\_\_\_\_  
27. \_\_\_\_\_  
34. \_\_\_\_\_

1. DECEASED—NAME First Middle Last (Type last name all capitals) <b>THOMAS LILLY, SR.</b>			2. DATE OF DEATH (Month, Day, Year) <b>SEPTEMBER 4, 2005</b>		3. COUNTY OF DEATH <b>SHELBY</b>		
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE <b>MONTEVALLO 35115</b>			5. INSIDE CITY LIMITS (Specify Yes or No) <b>YES</b>		6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number) <b>360 SAMFORD STREET</b>		
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA) <b>NONE</b>			8. OF HISPANIC ORIGIN (Specify Yes or No) If Yes, Specify Cuban, Mexican, Puerto Rican, etc. <b>NO</b>		9. RACE—(Specify American Indian, Black, White, etc.) <b>BLACK</b>		
10. SEX <b>MALE</b>		11. AGE <b>77</b> YRS.		12. UNDER 1 YEAR MOS. _____ DAYS _____		13. DATE OF BIRTH (Month, Day, Year) <b>APRIL 20, 1928</b>	
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+) <b>12th</b>		16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) <b>MARRIED</b>		17. SURVIVING SPOUSE (If wife, give maiden name) <b>VIOLENA GRANT</b>	
18. Was Decedent ever in Armed Forces (Specify Yes or No) <b>NO</b>		19. STATE OF BIRTH (If not in USA, name country) <b>ALABAMA</b>		20. RESIDENCE—STATE <b>ALABAMA</b>		21. COUNTY <b>SHELBY</b>	
22. CITY, TOWN, OR LOCATION AND ZIP CODE <b>MONTEVALLO 35115</b>		23. INSIDE CITY LIMITS (Specify Yes or No) <b>YES</b>		24. STREET AND NUMBER <b>360 SAMFORD STREET</b>		25. INFORMANT—Name and Address <b>MRS. VIOLENA GRANT LILLY 360 SAMFORD STREET MONTEVALLO, AL 35115</b>	
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>(RETIRED) DRILLER</b>				27. KIND OF BUSINESS OR INDUSTRY <b>VULCANS MATERIALS COMPANY</b>			
28. FATHER—NAME First Middle Last <b>JIM LILLY, SR.</b>			29. MAIDEN NAME OF MOTHER—First Middle Last <b>CHARLOTTE MOORE</b>				
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) <b>BURIAL</b>		31. DATE OF DISPOSITION (Month, Day, Year) <b>SEPT 10, 2005</b>		32. CEMETERY OR CREMATORY—Name <b>MONTEVALLO CEMETERY</b>		33. LOCATION—(City or Town—State) <b>MONTEVALLO, ALABAMA</b>	
34. FUNERAL HOME—Name and Address <b>WESTSIDE FUNERAL HOME POB 1827 CALERA, ALABAMA 35040</b>			35. FUNERAL DIRECTOR—Signature <i>[Signature]</i>		36. DATE SIGNED BY FUNERAL DIRECTOR <b>SEPT 6, 2005</b>		
37. <input checked="" type="checkbox"/> <b>Certifying Physician</b> (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." <b>Medical Examiner</b> <input type="checkbox"/> <b>Coroner</b> <input type="checkbox"/> "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) <b>9.15.05</b>		
39. TIME AND DATE OF DEATH <b>11:30 PM 9.4.05</b>		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) <b>DR. MICHAEL TURNER, M.D.</b>			
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) <b>11206 HWY 25 CALERA, ALABAMA 35040</b>					43. CERTIFIER LICENSE NUMBER <b>13261</b>		
44. REGISTRAR—Signature <i>[Signature]</i>					45. DATE FILED (Month, Day, Year) <b>Sept 20, 2005</b>		

### 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>CVA</b> DUE TO (OR AS A CONSEQUENCE OF):			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>years</b>	
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. <b>Diabetes Mellitus</b>			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) <b>Natural Cause</b>			50. AUTOPSY (Specify Yes or No) <b>No</b>	
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.

ADPH-HS 2/Rev. 11-93

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

*[Signature]*  
Signature of Local Registrar

*[Signature]*  
Date of Issue



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THOMAS LILLY, SR.

NAME OF DECEASED

DECEASED

BURIAL CERTIFIER

CAUSE

ANY ALTERATIONS VOID THIS DOCUMENT