

This instrument was prepared by:
Aaron Law Firm
123 First Street N.
Alabaster, AL 35007

SEND TAX NOTICE TO:
Betty Hubbard Paulk
3556 Hwy 13
Helena, AL 35080

STATE OF ALABAMA)
SHELBY COUNTY)

EXECUTOR'S DEED

KNOW ALL MEN BY THESE PRESENTS, that by a Decree dated the 23rd day of January, 2008, rendered by the Probate Court of Shelby County, as Executor of the Estate of Gladys Neoma Hubbard, deceased, was authorized to and directed to execute a deed to the property hereinafter described.

NOW THEREFORE, pursuant to the laws of Alabama for the administration of intestate estate the Estate of GLADYS N. HUBBARD, deceased, transfers the property to BETTY HUBBARD PAULK, an unmarried woman, and CECIL HUBBARD, a married man, to be held jointly all of the right, title interest and real estate situated in Shelby County, Alabama, to-wit:

15 acres of land lying and being in the NE1/4 of the NE 1/4 of Section 8, Township 21, Range 4 West, shown in DEED BOOK 044 PAGE 405 in the office of Probate of Shelby County, Alabama belonging to Barber Hubbard and Gladys Neoma Hubbard.

Also, the surface and mineral rights to 5 acres on the South side of the following described property, and on the North side of 5 acres deeded to Myrtle Garner and on the South side of 15 acres deeded to Neoma Hubbard, commencing at NE corner of the NE1/4 of the NE greater; thence North 440 yards to place of beginning. 25 1/2 acres more or less lying on East end of above described forty acres in Section 8, Township 21, Range 4 West, the above deeded 5 acres on south side of the above described lands excusing 5 acres already sold. The above described 5 acres of land is lying on North side of the 5 acres deeded to Myrtle Garner

Being the same property conveyed to the grantors by deeds recorded in Deed Book 100 at page 498, Deed Book 119, Page 219, Deed Book 158, Page 353, and Deed book 044 Page 405 Office of Judge of Probate of Shelby County, Alabama

TO HAVE AND TO HOLD said property unto the said BETTY HUBBARD PAULK and CECIL HUBBARD, her and his heirs and assigns in fee simple forever.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this the 7 day of April, 2008.

Betty Hubbard Paulk
BETTY HUBBARD PAULK, Executor

20080408000141450 2/4 \$21.00
Shelby Cnty Judge of Probate, AL
04/08/2008 10:47:44AM FILED/CERT

STATE OF ALABAMA)
COUNTY OF SHELBY)

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that BETTY HUBBARD PAULK whose name is signed to the foregoing conveyance, and who is known to me, acknowledges before me on this day, that, being informed of the contents of the conveyance executed the same voluntarily on the day the same bears date.

Given unto my hand and official seal this 7th day of April, 2008.

Susan Hill Her
NOTARY PUBLIC

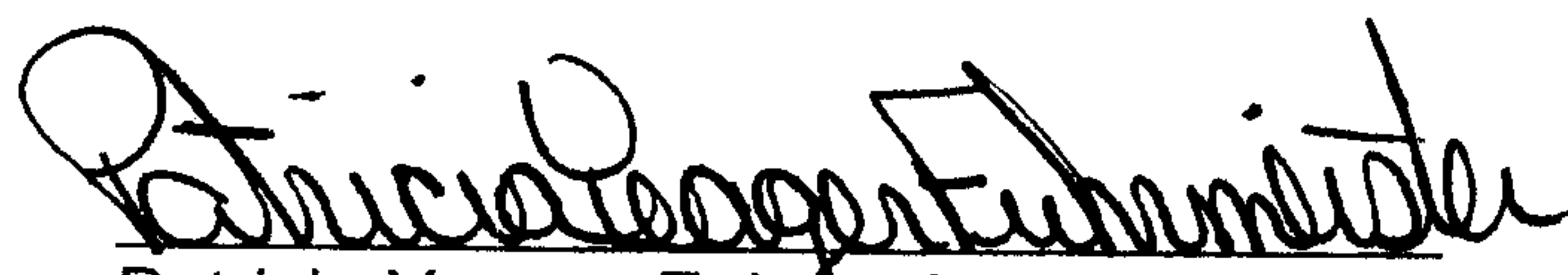
LETTERS OF ADMINISTRATION

THE STATE OF ALABAMA
COURT OF PROBATE

SHELBY COUNTY
CASE # PR-2007-000652

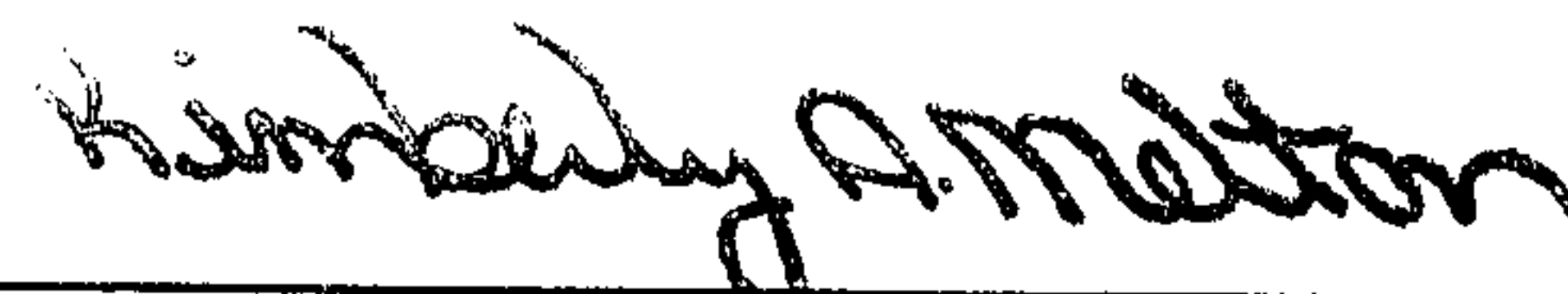
Letters of Administration on the estate of Gladys N. Hubbard, are hereby granted to Betty Paulk who has duly qualified and given bond in the amount of \$10,000.00 as non personal representative, and is authorized to administer such estate. Subject to the priorities stated in *Ala. Code, §43-8-76 (1975, as amended)*, the said personal representative, acting prudently for the benefit of interested persons, has all the powers authorized in transactions under *Ala. Code, §43-2-843 (1975, as amended)*.

WITNESS my hand and dated this 22nd day of January, 2008.


Patricia Yeager Fuhrmeister
Judge of Probate

I, Kimberly A. Melton, Chief Clerk of the Court of Probate of Shelby County, Alabama, hereby certify that the foregoing is a true, correct and full copy of the Letters of Administration issued in the above styled cause as appears of record in said court. I further certify that said letters are still in full force and effect.

WITNESS my hand and dated this 21st day of January, 2008.


CHIEF CLERK



20080408000141450 4/4 \$21.00
Shelby Cnty Judge of Probate, AL
04/08/2008 10:47:44AM FILED/CERT

ALABAMA

CERTIFICATE OF DEATH

State File Number 101

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

County
File
Number

1. DECEASED—NAME First Middle Last (Type last name all capitals) Gladys N. HUBBARD			2. DATE OF DEATH (Month, Day, Year) November 18, 2006		3. COUNTY OF DEATH Shelby	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Alabaster 35007			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) Baptist Shelby Medical Center	
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 89 YRS.		12. UNDER 1 YEAR MOS. DAYS HOURS MINS.	
13. DATE OF BIRTH (Month, Day, Year) December 17, 1916			14. DECEASED'S SOCIAL SECURITY NUMBER [REDACTED]			
15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) 5 College (1-4 or 5+) [REDACTED]			16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Widowed		17. SURVIVING SPOUSE (If wife, give maiden name) [REDACTED]	
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 Shelby			22. CITY, TOWN, OR LOCATION AND ZIP CODE Helena 35080			
23. INSIDE CITY LIMITS (Specify Yes or No) No			24. STREET AND NUMBER 101 Hubbard Road		25. INFORMANT—Name and Address Betty Paulk 3556 Highway 13 Helena, Alabama 35080	
26. USUAL OCCUPATION (Give kind of work done during most of working life ever if retired) Homemaker			27. KIND OF BUSINESS OR INDUSTRY Own Home			
28. FATHER—NAME First Middle Last Charley Jordan			29. MAIDEN NAME OF MOTHER— First Middle Last Martha Howard			
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial			31. DATE OF DISPOSITION (Month, Day, Year) November 21, '06		32. CEMETERY OR CREMATORY—Name Arnolds Chapel Cemetery	
33. LOCATION—(City or Town—State) Bessemer, Alabama			34. FUNERAL HOME—Name and Address Brown Service Funeral Home 1300 4th Avenue Bessemer, Alabama 35020		35. FUNERAL DIRECTOR—Signature Mark Catlett	
36. DATE SIGNED BY FUNERAL DIRECTOR December 5, 2006			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) 12.3.06			39. TIME AND DATE OF DEATH 11:18:06 1545			
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) R Snyder MD			
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) 2508 JS 31 South Pelham, AL 35124			43. CERTIFIER LICENSE NUMBER 12113			
44. REGISTRAR—Signature Shirley Keller			45. DATE FILED (Month, Day, Year) Dec 13, 2006			

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. Cerebral Vascular Accident		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 24 hours	
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. Atrial Fibrillation, Urinary Tract Infection		48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unk.) No	
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 46, 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)			

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

Shirley Keller
Signature of Local Registrar

DEC 14 2006
Date of Issue

NAME OF DECEASED Gladys N. Hubbard SSN: 422 544 122

DECEASED

BURIAL

CERTIFIER

CAUSE