

**SEND TAX NOTICE TO:**  
Wanda Jo Greathouse  
104 Big Oak Drive  
Maylene, Alabama 35041

This instrument was prepared by:  
Julie A. Palmer, Attorney at Law  
2363 Lakeside Drive, Suite 101  
Birmingham, AL 35244

WARRANTY DEED

*This deed is being recorded to clear title.*  
*wjg*

STATE OF ALABAMA  
SHELBY COUNTY

} KNOW ALL MEN BY THESE PRESENTS:

That for and in consideration and other good and valuable consideration to the undersigned grantor, the receipt of which is hereby acknowledged, JOE GREATHOUSE, a married man and WANDA JO GREATHOUSE, a married woman, (herein referred to as grantor), grant, bargain, sell and convey unto WANDA JO GREATHOUSE, an unmarried woman (widow), (herein referred to as Grantee) the following described real estate situated in Shelby County, Alabama, to-wit:

Part of the SE1/4 of SE1/4 Section 8, Township 21, Range 3 West, Shelby County, Alabama, more particularly described as follows: Begin at the North corner of the J.O. Gray Lot, thence run North 630 feet; thence turn right and run East 420 feet; thence turn right and run South 630 feet; thence turn right and run in a Westerly direction 420 feet to point of beginning. Situated in Shelby County, Alabama. Less and except mineral and mining rights and rights incident thereto.

SUBJECT TO: Ad valorem taxes for 2007 and subsequent years not yet due and payable until October 1, 2008.

SUBJECT TO: Any right-of-ways and/or easements, covenants, restrictions, permits, and building set back line(s) and limitations that may be found in public record.

SUBJECT TO: Liens, defects, encumbrances, mortgages, and claims of record.

This conveyance was prepared from legal description provided by the grantor and grantees herein without benefit of title evidence or survey. In reference to attached death certificate.

And I, do for myself and successors with the said GRANTEE, and her successors, that I am lawfully seized in fee simple of said premises; that I am free from all encumbrances, unless otherwise noted above; that I have a good right to sell and convey the same as aforesaid; then I will and my heirs, assigns, executors and administrators shall warrant and defend the same to the said GRANTEE, and its successors forever, against the lawful claims of all persons.

IN WITNESS WHEREOF, I have set MY hands and seals, this 4th day of June, 2008.

Attest: Wanda Jo Greathouse  
WANDA JO GREATHOUSE

STATE OF ALABAMA  
COUNTY OF Shelby

) GENERAL ACKNOWLEDGMENT

I, Melanie D Miller, a Notary Public in and for said County, in said State, hereby certify that Wanda Jo Greathouse, whose name is signed to the foregoing conveyance, and who is known to me, acknowledge before me on this day, being informed of the contents of the conveyance she as such, with full authority, has executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this the 4th day of June, 2008.

Melanie D Miller  
Notary Public

My Commission expires: 3-1-11



20080604000227970 2/2 \$15.00  
Shelby Cnty Judge of Probate, AL  
06/04/2008 03:15:59PM FILED/CERTALABAMA  
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. \_\_\_\_\_

SSN: 418-18-4689

NAME OF DECEASED Joe C. Greathouse

1. DECEASED—NAME First Middle Last (Type last name all capitals) Joe C. GREATHOUSE			2. DATE OF DEATH (Month, Day, Year) May 1, 2008		3. COUNTY OF DEATH Shelby	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Maylene 35114			5. INSIDE CITY LIMITS (Specify Yes or No) No		6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number) 104 Big Oak Drive	
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA)			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 86 YRS.		12. UNDER 1 YEAR MOS. DAYS HOURS MINS.	
13. DATE OF BIRTH (Month, Day, Year) July 6, 1921			14. DECEASED'S SOCIAL SECURITY NUMBER		15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (K-12) 6 College (1-4 or 5+) 16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married	
17. SURVIVING SPOUSE (If wife, give maiden name) Wanda Robbins			18. WAS DECEASED EVER IN ARMED FORCES (Specify Yes or No) No		19. STATE OF BIRTH (If not in USA, name country) Georgia	
20. RESIDENCE—STATE Alabama			21. COUNTY Shelby		22. CITY, TOWN, OR LOCATION AND ZIP CODE Maylene, AL. 35114	
23. INSIDE CITY LIMITS (Specify Yes or No) No			24. STREET AND NUMBER 104 Big Oak Drive		25. INFORMANT—Name and Address Wanda Greathouse 104 Big Oak Drive Maylene, AL. 35114	
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Steel Worker			27. KIND OF BUSINESS OR INDUSTRY Chicago Bridge		28. FATHER—NAME First Middle Last Joe Franklin Greathouse	
29. MAIDEN NAME OF MOTHER— First Middle Last Exie Campbell			30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial		31. DATE OF DISPOSITION (Month, Day, Year) May 3, 2008	
32. CEMETERY OR CREMATORY—Name Southern Heritage			33. LOCATION—(City or Town—State) Pelham, AL.		34. FUNERAL HOME—Name and Address Southern Heritage 475 Cahaba Valley Rd. Pelham, AL. 35124	
35. FUNERAL DIRECTOR—Signature James J. Foster			36. DATE SIGNED BY FUNERAL DIRECTOR May 15, 2008		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: Diana S. Hawkins	
38. DATE SIGNED (Month, Day, Year) MAY 20, 2008			39. TIME AND DATE OF DEATH 04:53 05-01-08		40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only) 05-01-08 04:53	
41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) Diana S. Hawkins— Coroner			42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) P.O. Box 1321 Columbiana, Ala. 35051		43. CERTIFIER LICENSE NUMBER	
44. REGISTRAR—Signature Diane Oster			45. DATE FILED (Month, Day, Year) May 23, 2008		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. Complications of Cardiovascular disease DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	
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 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)		58. DATE OF DEATH (Month, Day, Year)	

## 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. Complications of Cardiovascular disease DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Years	
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.)	
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This is a legal record and must be filed within five (5) days after death.

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

Sherla Keller  
Signature of Local RegistrarMay 27, 2008  
Date of Issue