

**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*  
*wjd*

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, an married woman, (herein referred to as grantor), grant, bargain, sell and convey unto WANDA JO GREATHOUSE, a unmarried woman (widow), (herein referred to as Grantee) the following described real estate situated in Shelby County, Alabama, to-wit:

A Parcel of land situated in the SE ¼ of the NW ¼ of Section 16, Township 21 South, Range 3 West, described as follows: Commence at the NE Corner of the SE ¼ of the NW ¼ of Section 16, and go South 89 deg. 34 min. 18 sec. West along the North boundary of said ¼ ¼ Section 794.50 feet to the point of beginning; thence continue South 89 deg. 34 min. 18 sec. West for 186.00 feet; thence South 6 deg. 19 min. 10 sec. West for 660.59 feet to the North boundary of Big Oak Drive; thence two (2) courses along said boundary as follows (go South 84 deg. 28 min. East for 51.40 feet to the beginning of a curve to the left said curve having a central angle of 17 deg. 04 min. 15 sec. and a radius of 542.96 feet; thence along said curve 161.77 feet); thence North 4 deg. 04 min. 20 sec. for 656.14 feet to the point of beginning; being situated in Shelby County, Alabama.

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 O 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 O Miller  
Notary Public  
My Commission expires: 3-1-11



20080604000227980 2/2 \$15.00  
Shelby Cnty Judge of Probate, AL  
06/04/2008 03:16:00PM FILED/CERT

# ALABAMA CERTIFICATE OF DEATH

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

County  
File  
Number --

State File Number **101**

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

1. DECEASED—NAME First: <b>Joe</b> Middle: <b>C.</b> Last: <b>GREATHOUSE</b> (Type last name all capitals)			2. DATE OF DEATH (Month, Day, Year) <b>May 1, 2008</b>		3. COUNTY OF DEATH <b>Shelby</b>	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE <b>Maylene 35114</b>				5. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>	6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number) <b>104 Big Oak Drive</b>	
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA) <b>No</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>White</b>	10. SEX <b>Male</b>
11. AGE <b>86</b> YRS.	12. UNDER 1 YEAR MOS. _____ DAYS _____ HOURS _____ MINS. _____	13. DATE OF BIRTH (Month, Day, Year) <b>July 6, 1921</b>		14. DECEASED'S SOCIAL SECURITY NUMBER		
15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) <b>6</b> College (1-4 or 5+) _____		16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) <b>Married</b>		17. SURVIVING SPOUSE (If wife, give maiden name) <b>Wanda Robbins</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>Georgia</b>		20. RESIDENCE—STATE <b>Alabama</b>		21. COUNTY <b>Shelby</b>	22. CITY, TOWN, OR LOCATION AND ZIP CODE <b>Maylene, AL. 35114</b>	
23. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>	24. STREET AND NUMBER <b>104 Big Oak Drive</b>		25. INFORMANT—Name and Address <b>Wanda Greathouse 104 Big Oak Drive Maylene, AL. 35114</b>			
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>Steel Worker</b>			27. KIND OF BUSINESS OR INDUSTRY <b>Chicago Bridge</b>			
28. FATHER—NAME First: <b>Joe</b> Middle: <b>Franklin</b> Last: <b>Greathouse</b>			29. MAIDEN NAME OF MOTHER— First: <b>Exie</b> Middle: _____ Last: <b>Campbell</b>			
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) <b>Burial</b>		31. DATE OF DISPOSITION (Month, Day, Year) <b>May 3, 2008</b>	32. CEMETERY OR CREMATORY—Name <b>Southern Heritage</b>		33. LOCATION—(City or Town—State) <b>Pelham, AL.</b>	
34. FUNERAL HOME—Name and Address <b>Southern Heritage 475 Cahaba Valley Rd. Pelham, AL. 35124</b>			35. FUNERAL DIRECTOR—Signature <i>Janice Z Foster</i>		36. DATE SIGNED BY FUNERAL DIRECTOR <b>May 15, 2008</b>	
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: <i>Diana S. Hawkins</i>					38. DATE SIGNED (Month, Day, Year) <b>MAY 20, 2008</b>	
39. TIME AND DATE OF DEATH <b>04:53 05-01-08</b>		40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only) <b>05-01-08 04:53</b>		41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) <b>Diana S. Hawkins- Coroner</b>		
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) <b>P.O. Box 1321 Columbiana, Ala. 35051</b>					43. CERTIFIER LICENSE NUMBER	
44. REGISTRAR—Signature <i>Diane Porter</i>					45. DATE FILED (Month, Day, Year) <b>May 23, 2008</b>	

SSN: 418-18-4689  
NAME OF DECEASED **Joe C. Greathouse**

### 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>Complications of Cardiovascular disease</b>		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):		
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) <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 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.  
This is a true and exact copy of the record on file with the Shelby County Health Department

*Sharla Keller*  
Signature of Local Registrar

*May 27, 2008*  
Date of Issue

DECEASED  
BURIAL  
CERTIFICATE

ANY ALTERATIONS VOID THIS DOCUMENT