Shelby County, AL 07/16/2008
State of Alabama

Deed Tax:$4.50

20080716000287790 1/3 $21.50
Shelby Cnty Judge of Probate,AL
07/16/2008 04:01:01PM FILED/CERT

This instrument prepared by:
John Hollis Jackson, Jr.
Jackson & Jackson, LLP
P. O. Box 1818
Clanton, AL 35046

ASSD VAL
4,340 ULP

WARRANTY DEED

STATE OF ALABAMA

SHELBY COUNTY

KNOW ALL MEN BY THESE PRESENTS: That in consideration of One Hundred and no/100 ($100.00) Dollars and other good and valuable consideration to the undersigned grantor, in hand paid by the grantee herein, the receipt whereof is acknowledged, I, **Sammy Benson, Jr.** (herein referred to as grantor), grant, bargain, sell and convey to **Harold Benson** (herein referred to as grantee), the following described real estate, situated in Shelby County, Alabama, to-wit:

> A lot or parcel of land 220' North and South along Alabama State Highway No. 145 and 330' East and West from said Alabama Highway No. 145 commencing at the South point of intersection of the lands of the grantors herein as the same are described in warranty deed dated January, 1990, recorded in Book 273 at Page 705 in the Office of the Judge of Probate of Shelby County, Alabama.
>
> This conveyance is made together with and subject to any and all easements, covenants, restrictions, reservations and rights of way appearing of record and/or affecting the subject property.
>
> The grantor herein certifies that the above described real estate constitutes no part of his present homestead.
>
> NOTE: Felecia G. Benson Hayes died on, to-wit: March 9, 2007, and a copy of her death certificate is attached hereto.

TO HAVE AND TO HOLD to the said grantee, his heirs and assigns forever.

And said grantor does for himself and for his heirs and assigns covenant with the said grantee, his heirs and assigns, that grantor is lawfully seized in fee simple of said premises; that it is free from all encumbrances, unless otherwise noted above; that he has a good right to sell and convey the same as aforesaid; that he will and his heirs and assigns shall warrant and defend the same to the said grantee, his heirs and assigns forever, against the lawful claims of all persons.

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IN WITNESS WHEREOF, I have hereunto set my hand and seal, this the 28 day of June, 2008.

Sammy Benson Jr
Sammy Benson, Jr.

STATE OF ALABAMA

COUNTY OF Shelby

I, the undersigned authority, a Notary Public in and for said County, in said State, hereby certify that Sammy Benson, Jr., whose name is signed to the foregoing conveyance, and who is known to me, acknowledged before me on this day that, being informed of the contents of the conveyance, he executed the same on the day the same bears date.

Given under my hand and official seal, this the 28 day of June, 2008.

Vicki G. Mizell
Notary Public
EXP: 8-22-2010

Address of Grantee:

THE PREPARER OF THIS INSTRUMENT HAS NOT EXAMINED THE TITLE TO THE CAPTIONED LANDS AND MAKES NO CERTIFICATION AS TO THE STATUS OF THE SAME.

THE FRONT OF THIS DOCUMENT IS PINK - THE BACK OF THIS DOCUMENT IS BLUE AND HAS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

ALABAMA
Center for Health Statistics

20080716000287790 3/3 $21.50
Shelby Cnty Judge of Probate, AL
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ALABAMA
CERTIFICATE OF DEATH

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

County File Number — State File Number 101 07-08247

GT 3 059075
6. 001
19. 01
20. 059888
26.
27.
34. 59400

1. DECEASED—NAME First: Felecia Middle: Benson Last (Type last name all capitals): HAYES
2. DATE OF DEATH (Month, Day, Year): March 9 2007
3. COUNTY OF DEATH: Shelby
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE: Columbiana 35051
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): June Home
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: Female
11. AGE: 41 YRS.
12. UNDER 1 YEAR: MOS. DAYS UNDER 1 DAY: HOURS MINS.
13. DATE OF BIRTH (Month, Day, Year): December 14 1965
14. DECEASED'S SOCIAL SECURITY NUMBER:
15. EDUCATION (Specify ONLY highest grade completed below): Elementary or High School (0-12): 10 College (1-4 or 5+):
16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced): Divorced
17. SURVIVING SPOUSE (If wife, give maiden name):
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: Shelby 35143
23. INSIDE CITY LIMITS (Specify Yes or No): No
24. STREET AND NUMBER: 214 Bill Hills Drive
25. INFORMANT—Name and Address: Tamra Horton 155 Highway 314 Columbaina, AL 35051
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Home Maker
27. KIND OF BUSINESS OR INDUSTRY: Own Home
28. FATHER—NAME First: Sammy Middle: O'Neal Last: Benson
29. MAIDEN NAME OF MOTHER— First: Elizabeth Middle: June Last: Rape
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other): Burial
31. DATE OF DISPOSITION (Month, Day, Year): March 12, 2007
32. CEMETERY OR CREMATORY—Name: Shelby Garden of Rest
33. LOCATION—(City or Town—State): Shelby AL
34. FUNERAL HOME—Name and Address: Bolton-Letlow Funeral Home 207 Highway 47 South Columbiana AL 35051
35. FUNERAL DIRECTOR—Signature: Annie S. Doty
36. DATE SIGNED BY FUNERAL DIRECTOR: March 12-07
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 X 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): March 15, 2007
39. TIME AND DATE OF DEATH: 10:25 03-09-07
40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only): 03-09-07 10:25
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: Sheila Keller
For State or County use only
45. DATE FILED (Month, Day, Year): March 20, 2007

DECEASED

BURIAL

CERTIFIER

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 — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: unknown
DUE TO (OR AS A CONSEQUENCE OF):
b. Hypertension — years
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

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.)

CAUSE

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)

NAME OF DECEASED Felicia Benson Hayes SSN: [redacted]

NO

46.
49.
55.

This is a legal record and must be filed within five (5) days after death.

MAR 21 2007

ADPH-HS 2/Rev. 11-93

I, Dorothy S. Harshbarger, State Registrar of Health Statistics, certify this is a true and exact copy of the original certificate filed in the Center for Health Statistics, State of Alabama, Department of Public Health, Montgomery, Alabama, and have caused the official seal of the Center for Health Statistics to be affixed. 2008-272-816-8

May 22, 2008

Dorothy S. Harshbarger, State Registrar