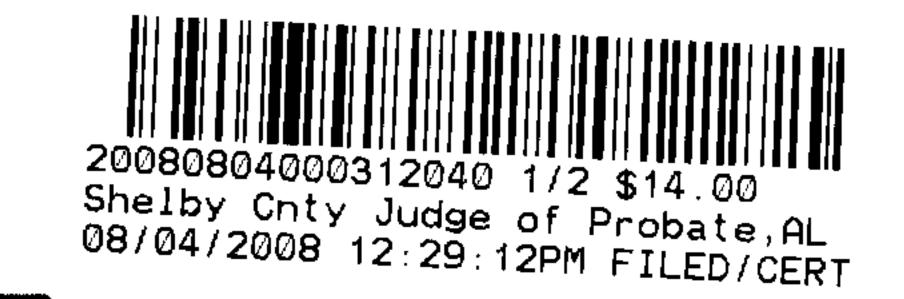
ALABAMA

Center for Health Statistics



EEN, ALD, OR IK.	County File Marcher	CE	RTIFICATE	OF DEATH	97-006888
)59094	1. DECEASED—NAME First	Ministric Land Typ	e last name all capitals	2. DATE OF DEATH (Month, Day, Year)	3. COUNTY OF DEATH
100		bertson FLEMING	 	February 27, 19	97 Shelby
03/35	4. CITY, TOWN, OR LOCATION OF DEATH AND 21P CODE		5. INSIDE CITY LIMITS (Specify Yes or No)	6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number)	
	Alabaster, 3500		Yes		Medical Center
$\frac{150}{200}$	7. IF HOSPITAL (Specify Impatient, ER or Outpaties	Mexican, Puerto N			ndian, Black, White, etc.) 10. SEX
37.400	11, AGE 12. UNDER 1 YEAR	UNDER 1 DAY	NO 12 DATE OF BID	TH (Month, Day, Year)	Female
	66 YRS. MOS.		Octobe	· · · · · · · · · · · · · · · · · · ·	14. DECEASED'S SOCIAL SECURITY NUMBER
	15 EACASON Suscess Did I husbant when com		Specify Married, Never Married,	17. SURVINING SPOUSE (If wife, give maid	en neme) 18 Was Decede
	Elementary or High School (0-12)	College (14 or 5+) Without Divorced 5+ Married	_	MacDonald B.	Forces (Soe
	19. STATE OF BERTH OF not in USA, morne courtry		21. COUNTY		I, OR LOCATION AND ZIP CODE
	Tennessee	Alabama	Shelb	y Pell	1am, 35214
	23. INSIDE CITY LIMITS 24. STREET AND A Secrety Yes of No.	HUNNER			Donald Fleming
	Yes 122 St	tratshire Lane	122		Pelham, Alabama 352
	26. USUAL OCCUPATION (Give bind of work done	during most of working life even if retires,	27. KM	ND OF BUSINESS OR INDUSTRY	1
	Teacher			outhminster Day	School
	28. FATHER-NAME First	Middle Last		AUDEN NAME OF MOTHER— First	Middle Last
	Rhea B. 30 DISPOSITION OF BODY (Specify Burier, Creme	Culbertson ation, Medical 31. DATE OF DISPOSITION		obbie Ton-Nam Jefferson	Jaynes
	Donation, Huspital Disposal, Other)	SMorth, Dur, Yeart		Gardens South	33. LOCATION—(City or Town—State)
		efferson Memorial		DIRECTOR—Signature	Hoover, Alabama 36. DATE SIGNED BY FUNE
	I	oover, AL 35244	1/2	ww W. Han	Feb. 27.
	42 ADDRESS OF PERSON WHO COMPLETED CA	0146 2/27/	CED DEAD For Curener/M.E. use only		43 CERTIFIER LICENSE NUMBER
	u REGISTRAR - SAM	For	State or County use of	only	45 DATE FILED (Months Day, Year), 19
	MEDICAL CERTIFICATION 44. PARTIL Enter the discusses, injuries, or combications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory erreal, shock, or heart failure. LIST ONLY ONE CAUSE ON EACH LINE. APPROXIMATE INTERVAL BE				
	MANEDIATE CAUSE Final disease or condition resulting in death)	DUE TO FOR AS A CONSEQUENCE OF:	٠ .		APPROXIMATE INTERVAL BE AND DEATH
	Sequentially list conditions, if any, leading to immediate cause Enter UNDERLYING CALISE (Disease or injury that initiated events resulting in death) LAST	DUE TO JOR AS A CONSEQUENCE OF:			
110	47. PART II. Other significant conditions contributing to douth but not resulting in the senderlying cause given in Part i.				48. WAS THERE A PREGNANT 42 DAYS? (Specify Yes, No
41()	49. MANNER OF DEATH Specify -Accident Hornis	icide, Suicide, Undetermined Circumstances, Pending	investigation, Natural Cause)	Specify Yes or Not	51. If yes, were findings considered in determining cause (Specify Yes or No.)
10	52. HOW INJURY OCCURRED (Enter nature of injur	ary in hom 46, Part 1 or hom 47, Part II)		53. DATE OF INJURY Month, De	By, Year] 54, HOUR OF INJURY

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, Montgemery, Alabama, and have caused the official seal of the Center for Health Statistics to be affixed. 2008-293-794-8

Dorothy S. Harshbarger, State Registrar

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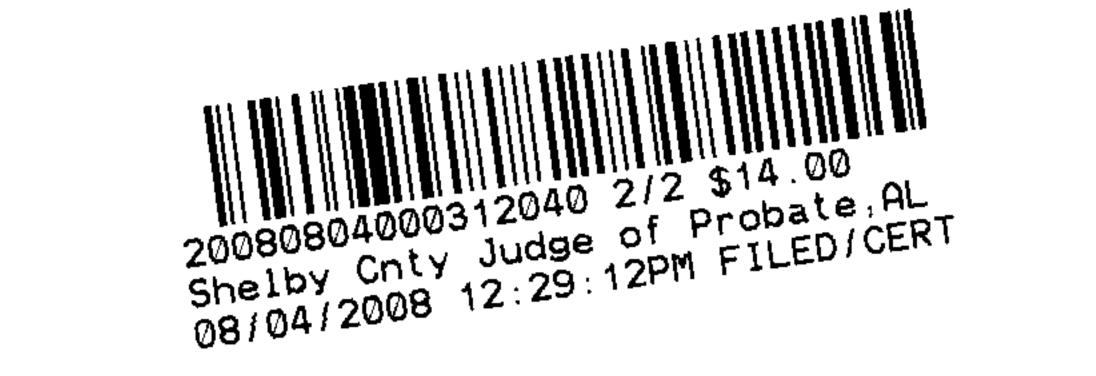


Exhibit "A" Legal Description

All that certain parcel of land situate in the County of Shelby and State of Alabama, being known and designated as follows:

Lot 52, according to the Amended Map of the Resurvey of the Final Plat, Phase III, Stratford Place, as recorded in Map Book 14, Page 38, in the Probate Office of Shelby County, Alabama. Mineral and mining rights excepted.

Being the same property as conveyed from Kim L. Graham to MacDonald B. Fleming and Ima Jean Fleming, Husband and Wife, with Rights of Survivorship, as described in Deed Book 1994, Page 11449, Dated 04/04/1994, Recorded 04/07/1994 in SHELBY County Records.

Tax ID: 11-7-36-3-000-028.084

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