

WARRANTY DEED

STATE OF ALABAMA)

)

COUNTY OF SHELBY)

Know all men by these presents, That in consideration of being the legal heir of William W. Crim, Geraldine Crim, a widow, does hereby convey unto Geraldine Crim, a widow, and Peggy Crim, an unmarried woman, the following described real property, valued at \$5,000.00 (Five Thousand Dollars and No Cents) situated in Shelby County, Alabama, to-wit:

A part of the Northwest Quarter of Northwest Quarter, Section 29, Township 21, South, Range 2 West, more particularly described as follows: Begin at a point on the West boundary of said Quarter Quarter Section, which said point is 1080.512 feet South of the Northwest corner of said Quarter Quarter Section, which said point constitutes the Northwest corner of land heretofore conveyed to William W. Crim; thence Easterly along the North boundary of said William W. Crim land to the East boundary of said Quarter Quarter Section thence Northerly along the east boundary of said Quarter Quarter Section 67.276 feet; thence Westerly and parallel with the North boundary of said William W. Crim land to a point on the West boundary of said Quarter Quarter Section; thence Southerly along the West boundary of said Quarter Quarter Section 67.53 feet to a point of beginning, containing two acres, more or less.

This property originally recorded in Deed Book 308 Page 27 in the Probate Court of Shelby County, Alabama..

NOTE: This parcel shown and described herein may be subject to setbacks, easements, zoning and restrictions that may be found in the Probate Office of said County. That this deed has been prepared without the benefit of a title search or a new survey.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this the 31st day of October, 2008.

Witness

Witness

Geraldine C. Crim
GERALDINE CRIM

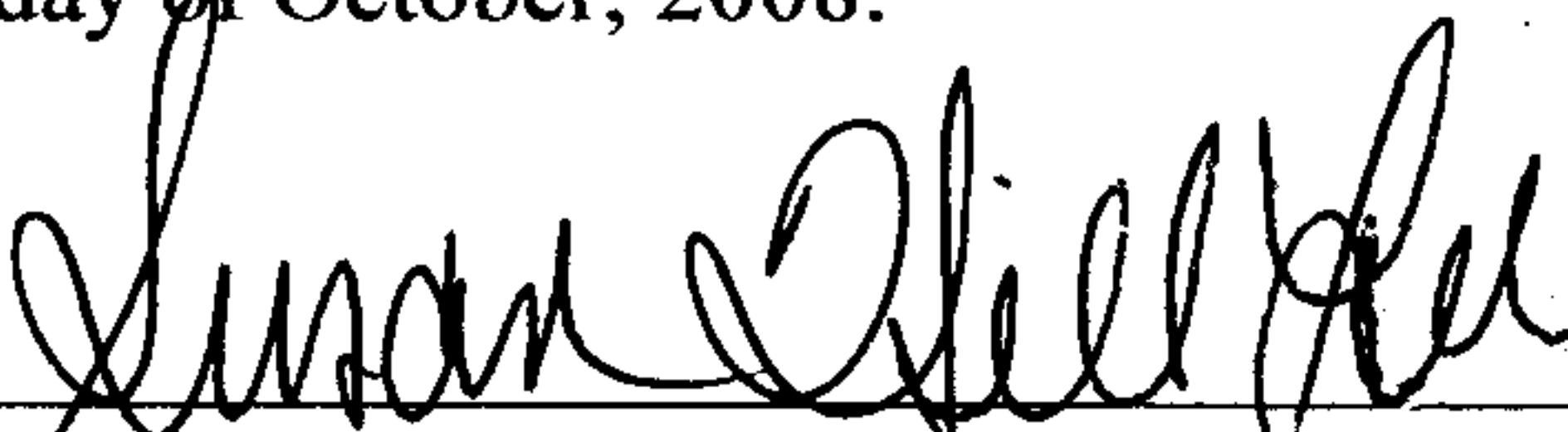
Peggy C. Crim
PEGGY CRIM

STATE OF ALABAMA)
)
COUNTY OF SHELBY)

General Acknowledgment

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that GERALDINE CRIM, 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, she executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this 31st day of October, 2008.



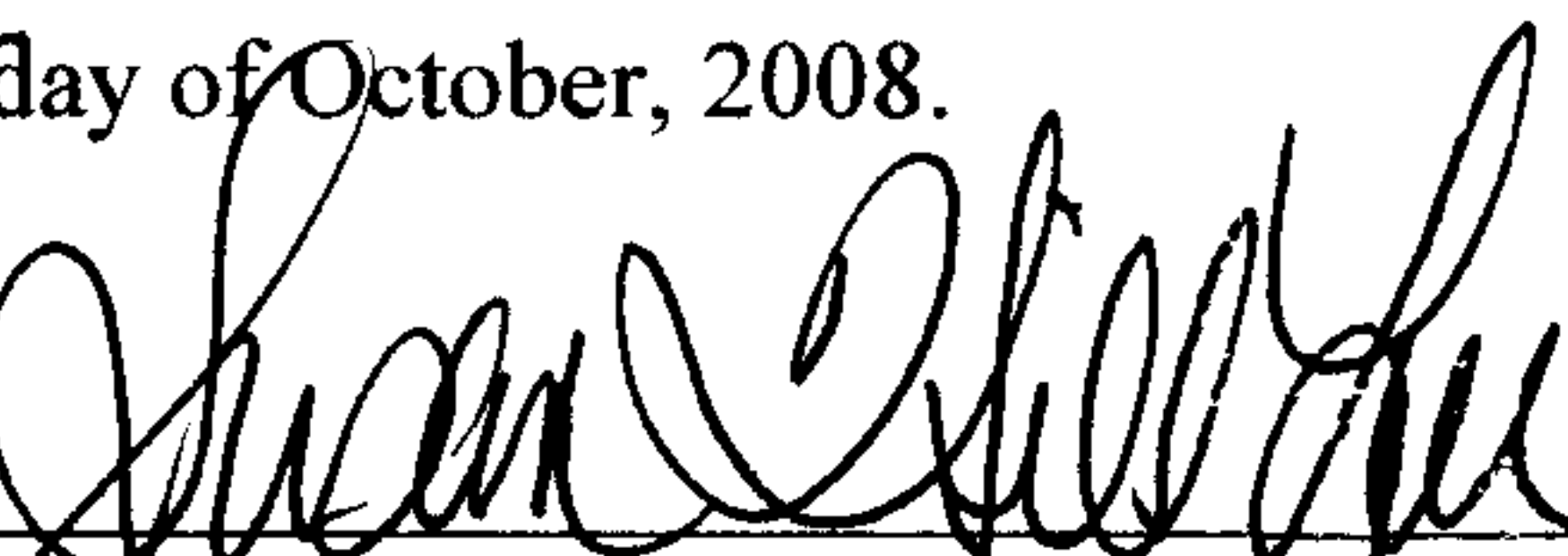
Notary Public

STATE OF ALABAMA)
)
COUNTY OF SHELBY)

General Acknowledgment

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that PEGGY CRIM, 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, she executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this 31st day of October, 2008.



Notary Public

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

Shula Keller

Signature of Local Registrar

JUN 25 2002

Date of Issue



20081114000439210 3/3 \$22.00
Shelby Cnty Judge of Probate, AL
11/14/2008 08:44:49AM FILED/CERT

ALABAMA CERTIFICATE OF DEATH

101

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

County File Number		State File Number	
1. DECEASED—NAME First Middle Last (Type last name all capitals)		2. DATE OF DEATH (Month, Day, Year)	
William Wesley CRIM		June 10, 2002	
3. COUNTY OF DEATH		4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE	
Shelby		Alabaster 35007	
5. INSIDE CITY LIMITS (Specify Yes or No)		6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number)	
Yes		Shelby Baptist Medical Center	
7. IF HOSPITAL (Specify Inpatient, EH or Outpatient, DOA)		8. RACE—(Specify American Indian, Black, White, etc.)	
Inpatient		White	
9. SEX		10. DECEASED'S SOCIAL SECURITY NUMBER	
Male			
11. AGE		12. UNDER 1 YEAR	
79 YRS.		MOS. DAYS	
13. DATE OF BIRTH (Month, Day, Year)		14. DECEASED'S SOCIAL SECURITY NUMBER	
June 04, 1923			
15. EDUCATION (Specify ONLY highest grade completed below)		16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced)	
Elementary or High School (0-12)		Married	
17. SURVIVING SPOUSE (If wife, give maiden name)		18. Was Decedent ever in Armed Forces (Specify Yes or No)	
Geraldine Cook		Yes	
19. STATE OF BIRTH (If not in USA, name country)		20. RESIDENCE—STATE	
Alabama		Alabama	
21. COUNTY		22. CITY, TOWN, OR LOCATION AND ZIP CODE	
Shelby		Calera 35040	
23. INSIDE CITY LIMITS (Specify Yes or No)		24. STREET AND NUMBER	
No		1282 Highway 87	
25. INFORMANT—Name and Address		26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	
Geraldine Crim		Owner	
1282 Hwy. 87, Calera, AL 35040		27. KIND OF BUSINESS OR INDUSTRY	
		Radio/Television Sales and Service	
28. FATHER—NAME First Middle Last		29. MAIDEN NAME OF MOTHER—First Middle Last	
Jesse Lee Crim		Malvina Jane Prestridge	
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other)		31. DATE OF DISPOSITION (Month, Day, Year)	
Burial		June 12, 2002	
32. CEMETERY OR CREMATORY—Name		33. LOCATION—(City or Town—State)	
Harless Cemetery		Montevallo, AL	
34. FUNERAL HOME—Name and Address		35. FUNERAL DIRECTOR—Signature	
Bolton Brown Service F.H.		Connie S. Dent	
207 Hwy. 47 South, Columbiana, AL 35051		36. DATE SIGNED BY FUNERAL DIRECTOR	
		June 17, 2002	
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."		38. DATE SIGNED (Month, Day, Year)	
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."		06-14-02	
Signature: <i>Sam Roberts</i>		41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)	
		Sam Roberts, M.D.	
39. TIME AND DATE OF DEATH		42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)	
0450 06/10/02		P.O. Box 1398, ALABASTER, AL 35007	
40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only)		43. CERTIFIER LICENSE NUMBER	
		07891	
44. REGISTRAR—Signature		45. DATE FILED (Month, Day, Year)	
Shula Keller		June 24, 2002	

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.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <i>Septic shock</i>			
b. <i>Pneumonia</i>			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST			
c. <i>Coronary artery disease / Parkinson's disease / Alzheimer's disease</i>			
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)		50. AUTOPSY (Specify Yes or 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	
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.

Shelby County, AL 11/14/2008
State of Alabama

Deed Tax: \$5.00

NAME OF DECEASED: Crim, William
SSN: 423172318
Added per J. Thompson at Hosp
#41 S. Keller 6/24/02