

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) in Shelby County, Alabama, to-wit:

N1/2 of N1/2 of S1/2 of SE1/4 of Section 12, Township 24, Range 13 East.

This property originally recorded in Deed Book 190 Page 134 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 31st day of October, 2008.

Witness

Witness

Geraldine C. Crim
GERALDINE CRIM

Peggy E. 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.

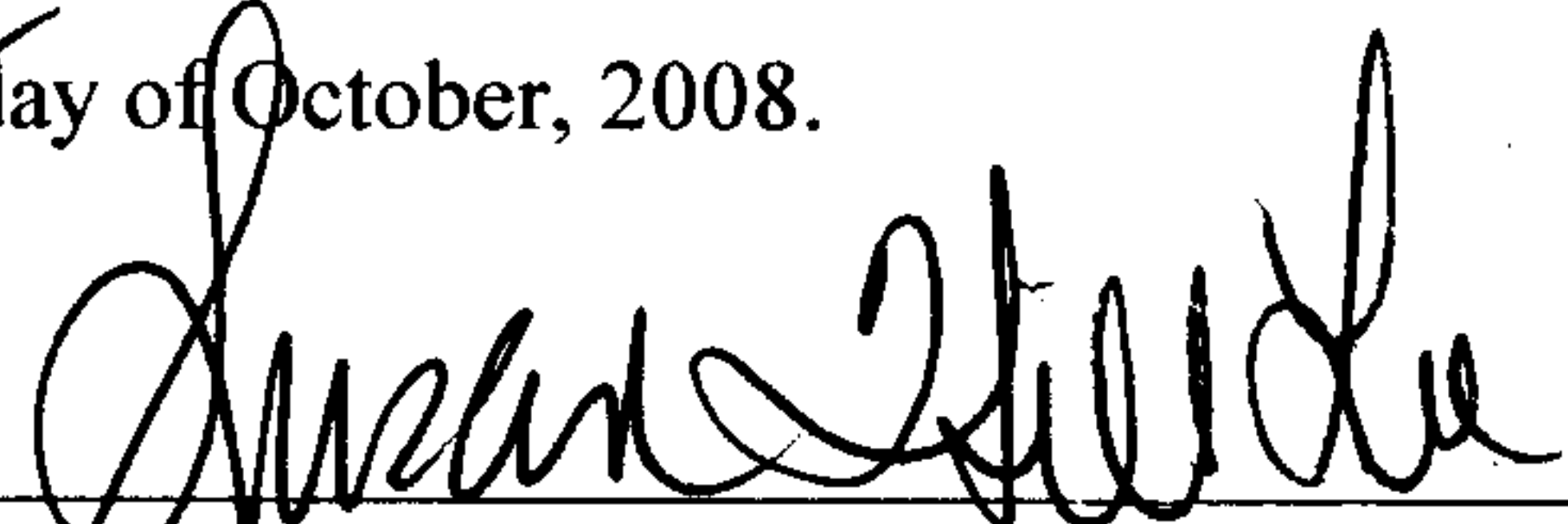
Sharon Hill
Notary Public

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



20081114000439220 3/3 \$22.00
Shelby Cnty Judge of Probate, AL
11/14/2008 08:44:50AM FILED/CERT

ALABAMA

CERTIFICATE OF DEATH

State File Number 101

1. DECEASED—NAME First Middle Last (Type last name all capitals) William Wesley CRIM		2. DATE OF DEATH (Month, Day, Year) June 10, 2002		3. COUNTY OF DEATH Shelby	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Alabaster 35007		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) Shelby Baptist Medical Center	
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA) Inpatient		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 79 YRS.		12. UNDER 1 YEAR MOS. DAYS HOURS MINS.	
13. DATE OF BIRTH (Month, Day, Year) June 04, 1923		14. DECEASED'S SOCIAL SECURITY NUMBER		15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) 12 College (1-4 or 5+) College	
16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married		17. SURVIVING SPOUSE (If wife, give maiden name) Geraldine Cook		18. Was Decedent ever in Armed Forces (Specify Yes or No) Yes	
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 Calera 35040		23. INSIDE CITY LIMITS (Specify Yes or No) No		24. STREET AND NUMBER 1282 Highway 87	
25. INFORMANT—Name and Address Geraldine Crim 1282 Hwy. 87, Calera, AL 35040		26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Owner		27. KIND OF BUSINESS OR INDUSTRY Radio/Television Sales and Service	
28. FATHER—NAME First Middle Last Jesse Lee Crim		29. MOTHER—NAME First Middle Last Malvina Jane Prestridge		30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial	
31. DATE OF DISPOSITION (Month, Day, Year) June 12, 2002		32. CEMETERY OR CREMATORY—Name Harless Cemetery		33. LOCATION—(City or Town—State) Montevallo, AL	
34. FUNERAL HOME—Name and Address Bolton Brown Service F.H. 207 Hwy. 47 South, Columbiana, AL 35051		35. FUNERAL DIRECTOR—Signature <i>Connie S. Sexton</i>		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." — 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>Sam Roberts</i>		38. DATE SIGNED (Month, Day, Year) 06-14-02		39. TIME AND DATE OF DEATH 0450 06/10/02	
40. DATE AND TIME PROHOUNCED DEAD (For Coroner/M.E. use only)		41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) Sam Roberts, M.D.		42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) P.O. Box 1398, ALABASTER, AL 35007	
43. CERTIFIER LICENSE NUMBER 07841		44. REGISTRAR—Signature <i>Shula Keller</i>		45. DATE FILED (Month, Day, Year) 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. Septic shock			
Due to (OR AS A CONSEQUENCE OF):			
b. Pneumonia			
Due to (OR AS A CONSEQUENCE OF):			
c. Coronary artery disease / Parkinson's disease / Alzheimer's disease			
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)		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.

ADPH-HS 2/Rev. 11-93

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

Deed Tax: \$5.00

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

SSN: 423122318
Added per J. Thompson at Hosp
#41 S. Keller 6/24/02

NAME OF DECEASED

46.

49.

55.