

WARRANTY DEED

20081114000439240 1/3 \$22.00
Shelby Cnty Judge of Probate, AL
11/14/2008 08:44:52AM FILED/CERT

STATE OF ALABAMA)
)
COUNTY OF SHELBY)

Know all men by these presents, That in consideration of being the legal heirs of William W. Crim, deceased, Geraldine Crim, a widow, does hereby convey unto Geraldine Crim a widow, 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:

A part of the NW1/4 of NW1/4, 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 point is 1181.81 feet south of the NW corner of said Quarter Quarter Section, which point is marked by an iron pin, and which said point constitutes the NW corner of land heretofore conveyed 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 100.59 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 101.28 feet to the point of beginning. Containing 3 acres, more or less.

This property originally recorded in Deed Book 202 Page 321 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 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 E. Crim
PEGGY CRIM

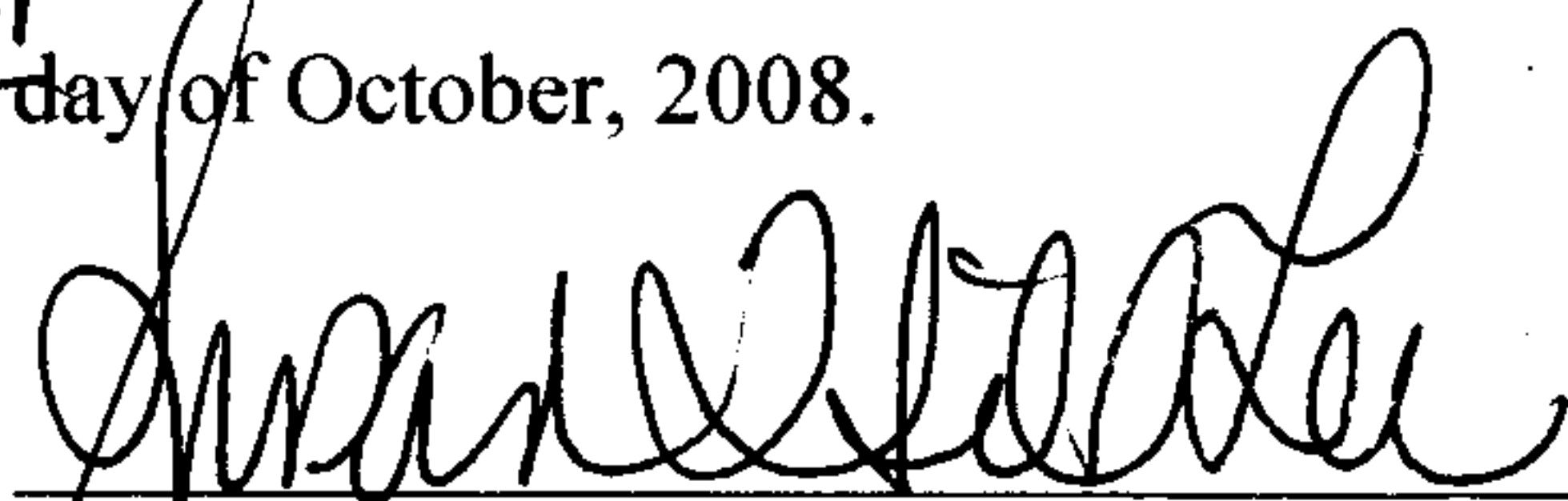
20081114000439240 2/3 \$22.00
Shelby Cnty Judge of Probate, AL
11/14/2008 08:44:52AM FILED/CERT

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.



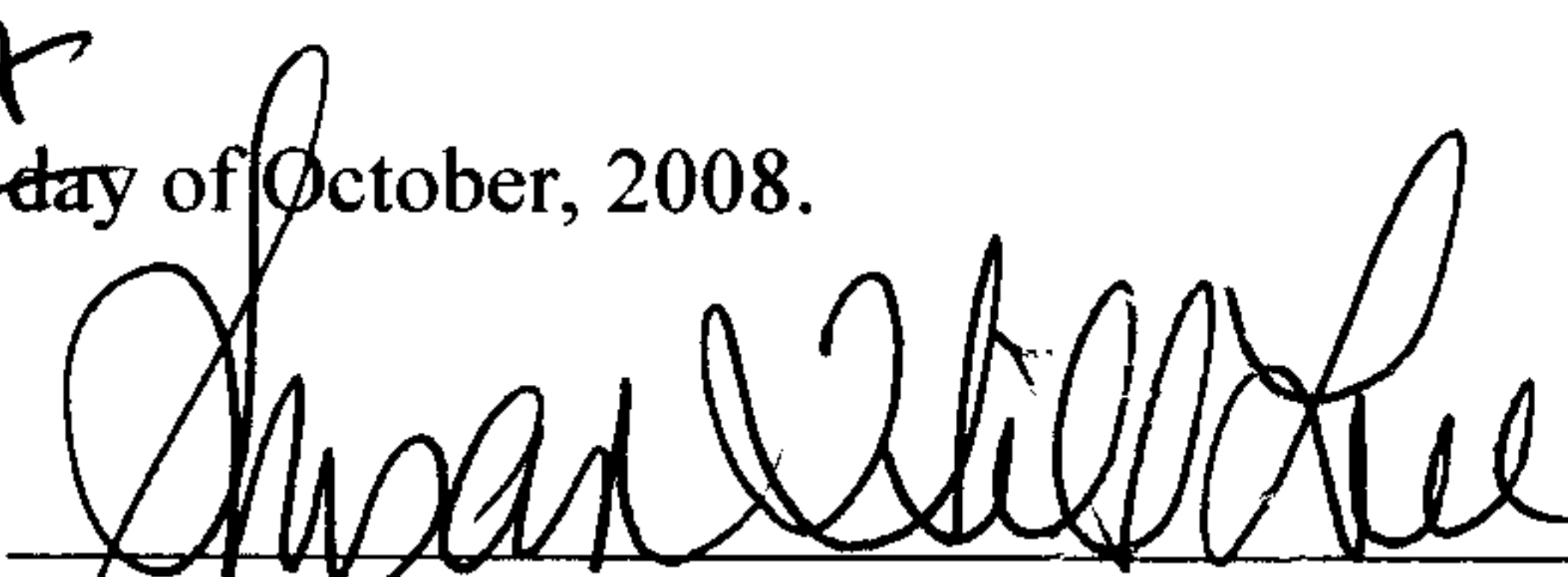
Notary Public

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

20081114000439240 3/3 \$22.00
Shelby Cnty Judge of Probate, AL
11/14/2008 08:44:52AM FILED/CERT

ALABAMA

CERTIFICATE OF DEATH

State File Number 101

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

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

NAME OF DECEASED *Crim, William*
SSN: *423122318*
Added per J. Thompson at Hosp
#41 S. Keller 6/24/02