

WARRANTY DEED

STATE OF ALABAMA)	
)	
COUNTY OF SHELBY		Duplicate

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..

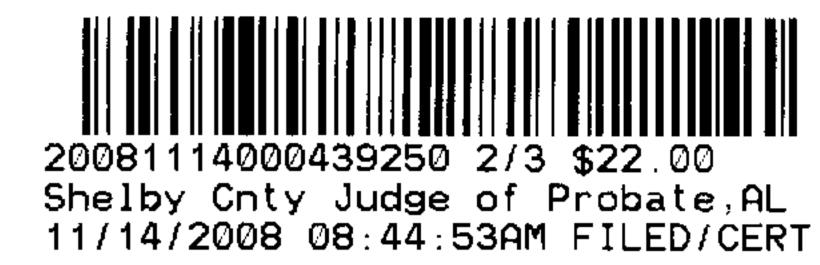
NOTE: This parcel shown and described herein may be subject to setbacks, easements, zoning and restrictions that may be found in the Probate Office of said County. That this deed has been prepared without the benefit of a title search or new survey.

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

GERALDINE CRIM

PECCY CRIM

Witness



	General Acknowledgment				
COUNTY OF SHELBY)				
GERALDINE CRIM, whose	name is signe his day, that,	in and for said County, in said State, hereby certify that do the foregoing conveyance, and who is known to me, being informed of the contents of the conveyance, she he same bears date.			
Given under my hand	and official	seal this 38 day of October, 2008. May of October, 2008.			
		Motary Public			
STATE OF ALABAMA)	General Acknowledgment			
COUNTY OF SHELBY)				

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

the same voluntarily on the day the same bound.

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

executed the same voluntarily on the day the same bears date.

STATE OF ALABAMA

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

Deed Tax:\$5.00

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

EN LE TENTOMIC TELEPIONNE DE LA COMPTE DEL COMPTE DE LA COMPTE

Signature of Local Registrar

JUN 25 2002

Date of Issue

20081114000439250 3/3 \$22.00 Shelby Cnty Judge of Probate, AL 11/14/2008 08:44:53AM FILED/CERT

ALABAMA

NK. DO NOT EEN, RED, OR	County			C.L	-11 1 1 1 1	CATE	,	State File Nu	mber IUI			
K.	fila Number —					,	2 DATE OF DE	ATH (Month, Day, Ye	ar)	3. COUNTY	OF DEATH	
	1. DECEASED-NAME First	Mic	ddle	Last (lyg	pe last name all capita	an ed	To ver e	10 2	002		helby	The state of the s
		lliam W	Wesley_	CRIM		r occupation	<u> </u>		OR OTHER INSTITUTE	1011—III not in either.	give street and I	unuper)
	4. CITY, TOWIL OR LOCATION OF DI		<u> </u>		5. INSIDE	ECTY LIMITS SECTION NO.	She	hv Bar	tist M	edical	Cente	
	Alabaste	r 35007			T	es					10. SEX	
**************************************	3		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	B. OF HISPANIC OR	IGIN (Specify Yes or)	No) It Yes, Specify Cu	ıban,	9. RACE—(Specia		ilack, White, etc.)	1	fale
	7. IF HOSPITAL (Specify Inpatient, El			Mexican, Puerto	Rican, etc.	No			Whit			
	Inpatien		1.000	SO L DAY		13. DATE OF BIR	TH I Month Day.	Year)	14. DE	CEASED'S SOCIAL S	ECURITY NUMBI	th
	1 11. XUL L	UNDER 1 YEAR		ER I DAY	MINS.	June	04,	1923				
	- 79 YRS. MOS	S. DAY		,,,,,		<u>l</u>	12 51891	INJUING SPOUSE III K	rde, gwe maiden nac	ne)		18. Was Decedent ever in Arm Forces (Specify Yes or No)
	15 EDUCATION (Specify ONLY high	hest grade completed be	elovi	16. MARITAL STATUS	∠(1				ine Coo			Forces (Specify Yes or No) Yes
	Elementary or High School (0-1	12) Colle	ge (1-4 or 5+)	Widowed Divorce	"Marrie	ed		Gerard		OCATION AND 719 C	OUE	
	12		20. RESIDENCE-	STATE		21. COUNTY		12	Z CITY, TOWN, UKT	OCATION AND ZIP CO	M.	
-	19. STATE OF BIATH (If not in USA,	r Haws conntal	1			Shelb	Ϋ́		Cale	a 35040	<u> </u>	
	Alabama		Ala	bama	:	Ŧ		Address Cor	aldine	Crim		
	23. INSIDE CITY LIMITS 24.	STREET AND NUMBER	1			25. In Collec	1 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1	. 97	Calera	, AL 35	040	
		1282 Hi	ohway	87		128	SZ HWY	. OIP		<u> </u>		
	26 USUAL OCCUPATION (Give kin	and a secret door during t	most of working life	even तं रहांत्र ट वी		27. K	IND OF BUSINES	S OR INDUSTRY		- l	a Cor	vice
	26 USUAL OCCUPATION IGNALIA	IN DI MOLE BOILE DOLLAND -				F	Radio/	Televi	sion 5	ales an		lact
•			Owne			1		F MOTHER—	First	Middle		tridge
	28 FATHER-HAME	First	Middle		rim			M	alvina	Jane	PLES	LL LUGC
₹ `		Jesse	<u> </u>	ee (والمناسخ والمسارعون	3	L LOCATION (City or	Town-State)	
	30. DISPOSITION OF BODY (Speci	oty Aurial Cremation, M	ledical 31.0A	TE OF DISPOSITION		CEMETERY OR CREI	emasi—YROTAN			Montev	allo,	AL
. 7	Donation, Hospital Disposal, O	Other Tarina	JW	mey 12,	2002	Harles	s Ceme	scerA				ATE SIGNED BY FUNERAL DIREC
7 -5						35. FUNERA	L DIRECTOR-S	ignature		7-1	30. D	me 17, 2002
	34. FUNERAL HOME—Rame and	Address Bolto	OU PICOM	m servi	750 TV	• •	/	some	<u>که ک</u>	en		أسياب والمستقدة والمستخدم والمستخدم والمستوال والمستوال والمستوال والمستخدم والمستخدم
, ע <i>ל</i> -	A TOPOT YELLS A'	7 Countries		maid.	WIT JOA					78 A A B TT'	IED (Month, Day,	Year)
5-6	والمراواة والمراواة والمراوات والمراوات والمراوات والمراوات والمراوات والمراوات والمراوات والمراوات والمراوات				الامام ممام السميا	th accumed at the W	me and date, an	d dife to the cancel	Seattle takingki iilip (s Seattle takingki iilip (s			
, ===	37. Certifying Ph Wedical Exa	miner Coro	mer "On the bas	one noveminates to aix	d/or investigation, in	my opinion, death o	courted at the in	me, aste, place, are	and manner stated	06	-14-6	22
₹ -	4		Mu							TOWE STORY CAUSE	• <u>•</u>	
ું <u>~</u>	Signature: <	ST. 1	100	TATE AND TIME PROP	MOLINCED DEAD IFOR	Coroner/M.E. use o	nly)	41. NAME AND THE	E OF PERSON WHO	COMPLETED CAUSE	OF DESIMPLEM 6 Å	3
≥ 0	39. TIME AND DATE OF DEATH		- 140.0	Wif tota ther con-			}	<u> </u>	em I	Loberta		· <i>U</i> .
• •							1	~)(,6114 1		<u> </u>	
-	10450	06/10/0	it .					<u> </u>	,017 (1	43. CERT	IFIER LICENSE N	IUMBER
	10450	O COMPLETED CAUSE	OF DEATH (Nem 46)						,0170	43. CERT	IFIER LICENSE N	IUMBER
	42_ADDRESS OF PERSON WHO	O COMPLETED CAUSE	OF DEATH (Nem 46)	A RASZ	ER A	35	007			43. CERT	IFIER LICENSE N	NUMBER 39-1
	42_ADDRESS OF PERSON WHO	O COMPLETED CAUSES X 1398	it .	A RAST	For State of	County us	007 g only			43. CERT	IFIER LICENSE N	NUMBER 39-1
	10450	O COMPLETED CAUSES X 1398	OF DEATH (Nem 46)	A RAST	For State of	County us	007 e only			43. CERT	IFIER LICENSE N	NUMBER 39-1
- - - 	42_ADDRESS OF PERSON WHO	O COMPLETED CAUSES X 1398	OF DEATH (Nem 46)	A RAST	For State of	County us	007 e only			43. CERT	IFIER LICENSE N	NUMBER 39-1
- - - - - - - - - - - - - - - - - - -	42_ADDRESS OF PERSON WHO	O COMPLETED CAUSES X 1398	OF DEATH (Nem 46)	A RAST	For State of	Till	lu			43. CERT	IFIER LICENSE N	NUMBER 39-1
	42. ADDRESS OF PERSON WHO 44. REGISTRAFI— Sig	O COMPLETED CAUSE I	OF DEATH (Nem 46)	ABAS7	For State of	CAL CEF	ATIFIC!	TION		43. CERT	FILED (Month)	Day, Yearl 24, AUDI
- - - - - - - - - - - - - - - - - - -	42. ADDRESS OF PERSON WHO 44. REGISTRAFI— Sig	O COMPLETED CAUSE I	OF DEATH (Nem 46)	ABAS7	For State of	CAL CEF	ATIFIC!	TION		43. CERT	FILED (Month)	Day, Yearl 24, AUDI
- - - - - - - - - - - - - - - - - - -	42. ADDRESS OF PERSON WHO 44. REGISTRAFI— Sign 46. PART I. Enter the diseases.	O COMPLETED CAUSE I	ons that caused the d	eath. Do not enter the	IVIEDI e mode ol dying, such	CAL CEF	ATIFIC!	TION		43. CERT	FILED (Month)	Day, Year) OXIMATE INTERVAL BETWEEN C
	42. ADDRESS OF PERSON WHO 44. REGISTRAFI— Sign 46. PART I. Enter the diseases, MALEDIATE CALISE (Final)	O COMPLETED CAUSE I	ons that caused the d	eath. Do not enter the	MEDI mode of dying, such	CAL CEF	ATIFIC!	TION		43. CERT	FILED (Month)	Day, Year) OXIMATE INTERVAL BETWEEN C
- +	42. ADDRESS OF PERSON WHO 44. REGISTRAFI— Sign 46. PART I. Enter the diseases.	O COMPLETED CAUSE I	ons that caused the day of the TO (OR AS A	eath. Do not enter the CONSEQUENCE OF	MEDI mode of dying, such	CAL CEF	ATIFIC!	TION		43. CERT	FILED (Month)	Day, Year) OXIMATE INTERVAL BETWEEN C
	42. ADDRESS OF PERSON WHO 44. REGISTRAFI— Sign 46. PART I. Enter the diseases, MALEDIATE CALISE (Final)	O COMPLETED CAUSE I	OF DEATH (Nem 46) Ons that caused the day a. DUE TO (OR AS A	eath. Do not enter the CONSEQUENCE OF	MEDI mode of dying, such	CAL CEF	ATIFIC!	TION		43. CERT	FILED (Month)	Day, Year) OXIMATE INTERVAL BETWEEN (
	46. PART I. Enter the diseases. IMMEDIATE CAUSE (Final disease or condition resulting)	O COMPLETED CAUSE (A 1395 prature in death)	OF DEATH (Nem 46) Ons that caused the day a. DUE TO (OR AS A	eath. Do not enter the CONSEQUENCE OF	MEDI mode of dying, such	CAL CEF	ATIFIC!	TION		43. CERT	FILED (Month)	Day, Year) OXIMATE INTERVAL BETWEEN 1
	42. ADDRESS OF PERSON WHO 44. REGISTRAR— Sig 46. PART I. Enter the diseases, IMMEDIATE CAUSE (Final disease or condition resulting) Sequentially list conditions, is	O COMPLETED CAUSE (A 1375 Anature Injuries, or complication in death) a any leading to	OF DEATH (Nem 46) Ons that caused the day a. DUE TO (OR AS A	eath. Do not enter the CONSEQUENCE OF	MEDI mode of dying, such	CAL CEF	ATIFIC!	TION		43. CERT	FILED (Month)	Day, Year) OXIMATE INTERVAL BETWEEN
	42. ADDRESS OF PERSON WHO 44. REGISTRAR— Sig 46. PART I. Enter the diseases, IMMEDIATE CAUSE (Final disease or condition resulting) Sequentially list conditions, is invited at a cause. Enter UNDE	O COMPLETED CAUSE I Completed Cause I Anguries, or complication in death) any leading to ERLYING CAUSE	OF DEATH (lient 46) Ons that caused the d DUE TO (OR AS A DUE TO (OR AS A	eath. Do not enter the CONSEQUENCE OF	IVIEDI e mode ol dying, such	CAL CEF	ATIFIC!	TION		43. CERT	FILED (Month)	Day, Year) OXIMATE INTERVAL BETWEEN
	42. ADDRESS OF PERSON WHO 44. REGISTRAR— Sig 46. PART I. Enter the diseases, IMMEDIATE CAUSE (Final disease or condition resulting) Sequentially list conditions, is	O COMPLETED CAUSE I Completed Cause I Anguries, or complication in death) any leading to ERLYING CAUSE	OF DEATH (lient 46) Ons that caused the d DUE TO (OR AS A DUE TO (OR AS A	eath. Do not enter the CONSEQUENCE OF	IVIEDI e mode ol dying, such	CAL CEF	ATIFIC!	TION		43. CERT	FILED (Month, APPRIAND)	Day, Year) OXIMATE INTERVAL BETWEEN COEATH
	42. ADDRESS OF PERSON WHO 44. REGISTRAFI— Sig 46. PART I. Enter the diseases. IMMEDIATE CAUSE (Final disease or condition resulting in mediate cause. Enter UNDE (Disease or injury that in resulting in death) LAST	COMPLETED CAUSE I Completed CAUSE I Anature and any leading to ERLYING CAUSE mitiated events	ons that caused the day of the TO (OR AS A DUE	eath. Do not enter the CONSEQUENCE OF A CONSEQUENCE OF	MEDI mode of dying, such	CAL CEF as cardiac or respira	ATIFIC!	TION		43. CERT	FILED (Month, APPRIAND)	Day, Year) OXIMATE INTERVAL BETWEEN CODEATH VAS THERE A PREGNANCY IN LA
	42 ADDRESS OF PERSON WHO 44. REGISTRAR— Sig 46. PART I. Enter the diseases, IMMEDIATE CAUSE (Final disease or condition resulting in minediate cause Enter UNDE (Disease or injury that in resulting in death) LAST	CICOLICO COMPLETED CAUSE I Complete Complication in death) at any leading to ERLYING CAUSE initiated events	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF	IVIEDI e mode ol dying, such fi ag cause given in Par	CAL CEF as cardiac or respira	TIFICA TORY 811851, shock	TION to hear failure. L	ST ONLY ONE CA	43. CERT	APPRIAND (Day, Year) OXIMATE INTERVAL BETWEEN DEATH VAS THERE A PREGNANCY IN L.
	42. ADDRESS OF PERSON WHO 44. REGISTRAR— Sign 46. PART I. Enter the diseases. IMMEDIATE CAUSE (Final disease or condition resulting in death) LAST 47. PART II. Other significant	O COMPLETED CAUSE IN COMPLETED CAUSE IN Complication in death) If any leading to ERLYING CAUSE mitiated events It conditions contributing	OF DEATH (Nem 46) One that caused the death but not reserved to death but not reserved.	A CONSEQUENCE OF	MEDI mode of dying, such	CAL CEF as cardiac or respira	TIFICA TORY 811852, shock	TION to hear failure. L	ST ONLY ONE CA	USE ON EACH LINE	FILED IMonth, APPRI AND 48. V	Day, Year) OXIMATE INTERVAL BETWEEN OF DEATH VAS THERE A PREGNANCY IN L. 12 DAYS? (Specify Yes, Ho, or Un
	42. ADDRESS OF PERSON WHO 44. REGISTRAR— Sign 46. PART I. Enter the diseases. IMMEDIATE CAUSE (Final disease or condition resulting in death) LAST 47. PART II. Other significant	O COMPLETED CAUSE IN COMPLETED CAUSE IN Complication in death) If any leading to ERLYING CAUSE mitiated events It conditions contributing	OF DEATH (Nem 46) One that caused the death but not reserved to death but not reserved.	A CONSEQUENCE OF	MEDI mode of dying, such	CAL CEF as cardiac or respira	TIFICA TORY 811852, shock	TION to hear failure. L	ST ONLY ONE CA	USE ON EACH LINE	FILED (Month, APPRIAND)	Day, Year) OXIMATE INTERVAL BETWEEN ODEATH VAS THERE A PREGNANCY IN LA 12 DAYS? (Specify Yes, Ho, or Un
	42 ADDRESS OF PERSON WHO 44. REGISTRAR— Sig 46. PART I. Enter the diseases, IMMEDIATE CAUSE (Final disease or condition resulting in minediate cause Enter UNDE (Disease or injury that in resulting in death) LAST	O COMPLETED CAUSE IN COMPLETED CAUSE IN Complication in death) If any leading to ERLYING CAUSE mitiated events It conditions contributing	OF DEATH (Nem 46) One that caused the death but not reserved to death but not reserved.	A CONSEQUENCE OF	MEDI mode of dying, such	CAL CEF as cardiac or respira	TIFICA TORY 811852, shock	ATION to heart failure. L	ST ONLY ONE CA	43. CERT 45. DATI USE ON EACH LINE 51. If yes, were (Specify Yes)	FILED (Month, APPRIAND)	Day, Year) OXIMATE INTERVAL BETWEEN INDEATH VAS THERE A PREGNANCY IN LACE DAYS? (Specify Yes, No. or Undered in determining cause of
	42. ADDRESS OF PERSON WHO 44. REGISTRAFI— Sign 46. PART I. Enter the diseases, IMMEDIATE CAUSE (Final disease or condition resulting invinediate cause. Enter UNDE (Disease or injury that in resulting in death) LAST 47. PART II. Other significant Cooches 49. MANNER OF DEATH (Sp.	O COMPLETED CAUSE I Completed CAUSE I Injuries, or complication in death) A any leading to ERLYING CAUSE Initiated events It conditions contributing Decity—Accident Homici	DUE TO (OR AS A DUE TO (OR AS	eath. Do not enter the CONSEQUENCE OF A CONSEQUENCE OF Sulting in the underlying in	MEDI mode of dying, such	CAL CEF as cardiac or respira	TIFICA TORY 811852, shock	ATION to heart failure. L	STONLY ONE CA	43. CERT 45. DATI USE ON EACH LINE 51. If yes, were (Specify Yes)	FILED (Month, APPRIAND)	Day, Year) OXIMATE INTERVAL BETWEEN COEATH VAS THERE A PREGNANCY IN LA 12 DAYS? (Specify Yes, No. or Un
	42. ADDRESS OF PERSON WHO 44. REGISTRAR— Sign 46. PART I. Enter the diseases. IMMEDIATE CAUSE (Final disease or condition resulting in death) LAST 47. PART II. Other significant	O COMPLETED CAUSE I Completed CAUSE I Injuries, or complication in death) A any leading to ERLYING CAUSE Initiated events It conditions contributing Decity—Accident Homici	DUE TO (OR AS A DUE TO (OR AS	eath. Do not enter the CONSEQUENCE OF A CONSEQUENCE OF Sulting in the underlying in	MEDI mode of dying, such	CAL CEF as cardiac or respira	TIFICA TORY 811852, shock	ATION to heart failure. L	ST ONLY ONE CA	43. CERT 45. DATI USE ON EACH LINE 51. If yes, were (Specify Yes)	FILED (Month, APPRIAND)	Day, Year) OXIMATE INTERVAL BETWEEN COEATH VAS THERE A PREGNANCY IN LACE DEATH Teed in determining cause of det
¥.	42. ADDRESS OF PERSON WHO 44. REGISTRAR— Sign 46. PART I. Enter the diseases. IMMEDIATE CAUSE (Final disease or condition resulting in minediate cause. Enter UNDE (Disease or injury that in resulting in death) LAST 47. PART II. Other significant Cause. 49. MANNER OF DEATH (Sp. 152. HOW INJURY OCCURRE	COMPLETED CAUSE IN COMPLETED CAUSE IN A STATE IN COMPLETED CAUSE IN It any leading to ERLYING CAUSE Initiated events To conditions contributing the conditions contributed the con	OF DEATH (Nem 46) Ons that caused the d DUE TO (OR AS A LETTO (OR AS A July to death but not res Letto A ide, Suicide, Undeter	eath. Do not enter the CONSEQUENCE OF A CONSEQUENCE OF Sulting in the underlying in	IVIEDI e mode ol dying, such fit fit fit fit fit fit fit fit	CAL CEF as cardiac or respira	TIFICA Story Briess, shoot	ATION A or heart failure. L 53. DATE	STONLY ONE CA	43. CERT 45. DATI USE ON EACH LINE. 51. If yes, were (Specify Yes)	FILED (Month, APPRIAND)	Day, Year) OXIMATE INTERVAL BETWEEN COEATH VAS THERE A PREGNANCY IN LACE DEATH Teed in determining cause of det
	42. ADDRESS OF PERSON WHO 44. REGISTRAR— Sign 46. PART I. Enter the diseases. IMMEDIATE CAUSE (Final disease or condition resulting in minediate cause. Enter UNDE (Disease or injury that in resulting in death) LAST 47. PART II. Other significant Cause. 49. MANNER OF DEATH (Sp. 152. HOW INJURY OCCURRE	COMPLETED CAUSE IN COMPLETED CAUSE IN A STATE IN COMPLETED CAUSE IN It any leading to ERLYING CAUSE Initiated events To conditions contributing the conditions contributed the con	OF DEATH (Nem 46) Ons that caused the d DUE TO (OR AS A LETTO (OR AS A July to death but not res Letto A ide, Suicide, Undeter	eath. Do not enter the CONSEQUENCE OF A CONSEQUENCE OF Sulting in the underlying in	IVIEDI e mode ol dying, such fit fit fit fit fit fit fit fit	CAL CEF as cardiac or respira	TIFICA Story Briess, shoot	ATION A or heart failure. L 53. DATE	ST ONLY ONE CA	43. CERT 45. DATI USE ON EACH LINE. 51. If yes, were (Specify Yes)	FILED (Month, APPRIAND)	Day, Year) OXIMATE INTERVAL BETWEEN COEATH VAS THERE A PREGNANCY IN LACE DEATH Teed in determining cause of det
	42. ADDRESS OF PERSON WHO 44. REGISTRAFI— Sign 46. PART I. Enter the diseases, IMMEDIATE CAUSE (Final disease or condition resulting invinediate cause. Enter UNDE (Disease or injury that in resulting in death) LAST 47. PART II. Other significant Cooches 49. MANNER OF DEATH (Sp.	COMPLETED CAUSE IN COMPLETED CAUSE IN A STATE IN COMPLETED CAUSE IN It any leading to ERLYING CAUSE Initiated events To conditions contributing the conditions contributed the con	OF DEATH (Nem 46) Ons that caused the d DUE TO (OR AS A LETTO (OR AS A July to death but not res Letto A ide, Suicide, Undeter	eath. Do not enter the CONSEQUENCE OF A CONSEQUENCE OF Sulting in the underlying in	IVIEDI e mode ol dying, such fit fit fit fit fit fit fit fit	CAL CEF as cardiac or respira	TIFICA Story Briess, shoot	ATION A or heart failure. L 53. DATE	STONLY ONE CA	43. CERT 45. DATI USE ON EACH LINE. 51. If yes, were (Specify Yes)	FILED (Month, APPRIAND)	Day, Year) OXIMATE INTERVAL BETWEEN COEATH VAS THERE A PREGNANCY IN LACE DEATH Teed in determining cause of det

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