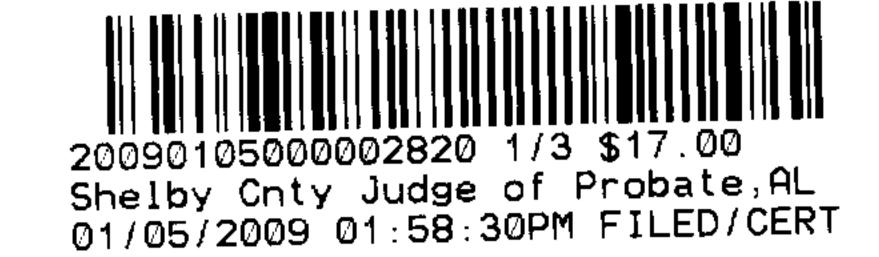
STATE OF ALABAMA

AFFIDAVIT

SHELBY COUNTY



Before me, the undersigned authority, a Notary Public in and for said County, in said State, personally appeared James R. Howard, who, after being by me first duly sworn to speak the truth, deposes and says as follows:

My name is James R. Howard. I reside at 56 Dixie Lane, Vincent, Alabama 35178. I am 85 years of age and am the widower of Mattie Elizabeth Sidorfsky Howard. The said Mattie Elizabeth Sidorfsky Howard died on December 18, 2008, while a resident of Shelby County, Alabama. I was married to the said Mattie Elizabeth Sidorfsky Howard at the time of her decease.

The said Mattie Elizabeth Sidorfsky Howard never had any children born to her, and I am her sole surviving heir.

At the time of her death, the said Mattie Elizabeth Sidorfsky Howard was the owner of a piece of real estate located in Shelby County, Alabama, more particularly described on Exhibit "A" attached hereto and made part and parcel as fully as if set out herein.

Mattie Elizabeth Sidorfsky Howard and I were living together as man and wife on the property described on Exhibit "A" at the time of her death on December 18, 2008. It was my homestead and her homestead at the time of her death.

This affidavit is being made to establish of record that I am the sole heir of the said Mattie Elizabeth Sidorfsky Howard.

A copy of the Death Certificate of Mattie Elizabeth Sidorfsky Howard is attached hereto as Exhibit "B".

James R. Howard

Sworn to and subscribed before me this 5<sup>th</sup> day of January, 2009.

Notary Public

Prepared by: Butan Ellis

This instrument was prepared by	
(Name) Harrison and Conwill	Tefferson Land Title Service Co., Inc.
Attorneys at Law (Address) Columbiana, Alabama 35051	AGENTS FOR  Mississippi Valley Title Insurance Company
	11280
WARRANTY DEED	
STATE OF ALABAMA  SFELBY COUNTY KNOW ALL ME	N BY THESE PRESENTS:
That in consideration of Ten Thousand and no/100-	Dollars
to the undersigned grantor (whether one or more), in hand paid by to we,	
Jerry L. Champion and wife, Ji	mmie L. Champion
(herein referred to as grantor, whether one or more), grant, bargain, Elizabeth Sidorfsky	sell and convey unto
(herein referred to as grantee, whether one or more), the following de Shelby County	scribed real estate, situated in y, Alabama, to-wit:
Lot 3, Block 3 of Pine Hills Subdivision subdivision recorded in Plat Book 4, pag Shelby County, Alabama.	· · · · · · · · · · · · · · · · · · ·
Said lot is conveyed subject to covenant of record.	s, restrictions and easements
$\frac{2}{3}$	
	20090105000002820 2/3 \$17.00
	Shelby Cnty Judge of Probate,AL 01/05/2009 01:58:30PM FILED/CERT
<b>200</b>	
And I (we) do, for myself (ourselves) and for my (our) heirs, executo her or their heirs and assigns, that I am (we are) lawfully seized in foumbrances, unless otherwise stated above; that I (we) have a good riwill, and my (our) heirs, executors and administrators shall warrant heirs and assigns forever, against the lawful claims of all persons.	rs and administrators, covenant with said grantee, his, ee simple of said premises; that they are free from all enght to sell and convey the same as aforesaid; that I (we) and defend the same to the said grantee, his, her or their
heirs and assigns forever, against the lawful claims of all persons.  IN WITNESS WHEREOF, I (we) have hereunto set my (our) han  April	d(s) and seal(s) this
day of April 77	
STATE OF ALA, SHELIN CO.	
(SEAL)	James J. Champson (SEAL)
1377 JUL 22 PH 12: 30	erry L. Champion
SEAL)	imme L. Champion (SEAL)
JUDGE OF PROBATE	immie L. Champion
Juder 1,00 Dead 10,00 (SEAL)	(SEAL)
ALABAMA	
STATE OF ALMERICAN SHELBY	General Acknowledgment
$\mathbf{z}$	a Notary Public in and for said County,
in said State, hereby certify that  Jerry L. Champion and	wife, Jimmie L. Champion
whose name(s) are—signed to the foregoing conveyance, and who a that, being informed of the contents of the conveyance, they execut	TE known to me, acknowledged before me on this day, sed the same voluntarily on the day the same bears date.
· · · · · · · · · · · · · · · · · · ·	እቊቊ፥ ግ
Given under my hand and official seal thisday ofday	April A.D. 19.77.
psagrabel Lewbories.	H. Louisel
3 es 20, 35125	Notary Public

## HAS AN ARTIFICIAL WATERMARK. HOLD AT AN ANGLE TO VIEW

NOT VALID WITHOUT SEAL

STATE OF ALABAMA ST. CLAIR COUNTY

THE FRONT OF THIS DOCUMENT

INY ALTERATIONS VOID THIS DOCUMENT

**55**. . .

THIS IS AN OFFICIAL COPE OF THE RECORD TENDERED TO THE ST. CLAIR

COUNTY HEALTH DEPARTMENT:

SIGNATURE OF LOCKE REGISTRAR

DATE OF ISSUANCE

GREEN RED OR	A A B A A A A A A A A A A A A A A A A A	THE RESIDENCE SHOWN OF THE PARTY OF THE PART	25DT	IFICATE	OF DF	\TH	~ , \	· #. +5#1 #	Triples of the state of the sta
EX PERMANENT EX PAK. DO NOT GREEN, RED, OR E PAK.	County File					mes File Reinster	01	 52:	
	1. SECENSED - NAME First	Middle	Last Stype aut name	al capitals	LOK TEM	Maria, Day, Year)		3 COMMY OF DE	AM
· · <del>· · · · · · · · · · · · · · · · · </del>	Mattie	Elizabeth	HOWARD			er 18,		Shel	
	4. CITY, TOWN, OR LOCATION OF DEATH AND	ZP CODE		5. MISIDE CITY LIMITS (Specify Yes or Ma)	6. PLACE OF BEAT	H-HOSPITAL OR OTHER	MSTRUTION #	est in either girt si	ing and sumber)
· · · · · · · · · · · · · · · · · · ·	Alabaster 3	5007		Yes		Baptist			nter
	7. IF HOSPITAL (Specify impatient, ER or Compa	Book, DOA)	OF HISPARIC ORIGIN (Specify Mexican, Puerto Rican, etc.	y Yes er Heij If Yes, Specify	Cubes, 9.	RACE-(Specify Associate		Marie (Marie )	
	Inpatient			No		White			Female
	11. AGE 12. UNDER 1 Y	EAR UNDER 1 DAYS HOURS	DAY MINS.		RITH (Month, Day, Year)	New York	14 120258	'S SOCIAL SECURI	
	87 ms		1		ober 14				10 Mbs Rendert see in A
<b>→</b>	16. EDUCATION Sweetly (M.Y. Inchest state) Elementary or High School (0-12)	Caloge (1-4 or 5-1-)	WHIAL STATUS (Specify Me Valence), Discreed	_	1	SPOUSE   with pine me	_		18. Who Decoders over in A Faces (Specify Yes or A
<b>び</b> ユ		1		Married		titus de recipione de la companya del la companya de la companya d	loward	N AND ZIP CODE	NO
	19. STATE OF BUILTH AND IN USA, MORNE COM			21. COUNTY	under inder der er in der Aufgland. Nach und der Er in Gr		-	`	70
	Alabama	Alaba	ima	She 1	DY ANT - Name and Addre	The second secon	lincen		/0
	23. INSIDE CITY LIMITS 24. STREET AN					4.734 (0.040)		loward	25170
<b>.</b>	No 56	Dixie Lane	if anti-out		Dixie L		incent	, AL	331/0
	26. USUAL OCCUPATION (Give kind of work of	thing Off Half Halt of Archard and share	e lastasi	27.		politika di			
<b>~</b>	Homemaker A FAMER - NAME First				OWIN HO	) <del>                                    </del>			Last
	Marshal	· · · · · · · · · · · · · · · · · · ·	ampion			Sall	7	~	Sprue11
			DISPOSITION	32. CEMETERY OR CRE	MATURY—Home			ON City or Town-	Sate)
	30. DISPOSITION OF BODY (Specify Buriel, Co Donation, Houpital Disposal, Other)	urial 12	20-2008		rmel Ce	neterv	De 1	11 City	, Alabama
		201 101 <b>4</b>	ZU-EUUU_	TILLS UC	LIMEL OF		-		
Ŏ.	● 34. N. 1997年 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	VII AWAR Dung	ara I Lloma	والأوالة المسهول المستوار المستوار والمستوار والمستوار والمستوار والمستوار والمستوار والمستوار والمستوار والمستوار	L DRECTOR_Signery	Λ -			36. DATE SIGNED BY RINERAL DINE
<b>)</b> .		Kilgroe Fund Pell City	The state of the s	35. FUNERA	THE COLUMN	) Bei	ten		Dec. 26, 200
) )	2219 2nd Ave N	Pell City	y, AL 35	125 S. FUNERA	TUE	) (Sep	Te. 3		Dec. 26, 200
	2219 2nd Ave N  37. Certifying Physician	Please continue course of death)	To the best of my browned	25 St. FUNERA  25 St. FUNERA  25 St. FUNERA  25 St. FUNERA	TITLE ME SHE SHE	the canadal and marries	-	DATE SIGNED (Mon	Dec. 26, 200
	2219 2nd Ave N  37. — Certifying Physician  Medical Examiner —	Physician certifying cause of death)  Corporer The tee base of c	To the best of my browned	25 St. FUNERA  25 St. FUNERA  25 St. FUNERA  25 St. FUNERA	TITLE ME SHE SHE	the canadal and marries	-		Dec. 26, 200
	2219 2nd Ave N  37. Certifying Physician	Pell City Physician certifying course of death) Coroner The tee base of certific Co. The Co.	To the best of my browned	25 CHERA 25 CT  se death occurred at the bit on, in my opinion, death or	ne and date, and day is scanned at the time, date	the cause(s) and marine s place, and due to the co and mariners	WAND COMPLET	DATE SIGNED MAN	Dec. 26, 200
ie. tos	2219 2nd Ave N 37. — Certifying Physician Medical Examiner Signature: 744444	Pell City  Physician certifying course of death)  Coroner On the base of a  AT PATE A  40 DATE A	To the best of my browned manner and/or immediate	25 CHERA 25 CT  se death occurred at the bit on, in my opinion, death or	ne and date, and day is scanned at the time, date	the county and marks ; place, and the to the co	WAND COMPLET	DATE SCHOOL TO A CONTRACT OF THE SCHOOL TO A CONTRACT OF T	Dec. 26, 200  A Day, Year)  18
ome. to	2219 2nd Ave N  37. — Certifying Physician  Medical Examiner  Signature: My Am  39. THE AND DATE OF DEATH  12 14 04 OUTS  42. ALDRESS OF PERSON WHO COMPLETE	Pell City  Process certifying cause of death)  Corporer On the base of a  At Put The CR  AC DATE A  D CAUSE OF DEATH (horn 46)	To the best of my browned manner and/or immediate	25 CHERA 25 CT  se death occurred at the bit on, in my opinion, death or	ne and date, and day is scanned at the time, date	the cause(s) and marine s place, and due to the co and mariners	WAND COMPLET	DATE SIGNED MANA LA. D. CHIPPER LC.	Dec. 26, 200  A.D., You)  Historia  Historia  Historia
ome. to	2219 2nd Ave N  37. — Certifying Physician  Medical Examiner  Signature: Myan  38. INE AND DATE OF DEATH  12   16   25   OLd   5	Pell City  Process certifying cause of death)  Corporer On the base of a  At Put The CR  AC DATE A  D CAUSE OF DEATH (horn 46)	To the best of my teromody  Commission and/or investigate  NO TIME PROMOUNCED DEA	25 Carener/M.E. use or	ne seed class, send class is considered at the sizes, class in the	the cause(s) and marine s place, and due to the co and mariners	MANO COMPLET	DATE SIGNED MAN DENSE OF DEAT 11. D.  43. CHITPER LC 2-7-2-4	Dec. 26, 200 A Day, Year)  28 History 46  38 History 46  30  31  31  32  32  33  34  35  36  37  36  37  37  38  38  38  38  38  38  38  38
Home. to	2219 2nd Ave N  37. — Certifying Physician  Medical Examiner  Signature: My Am  39. THE AND DATE OF DEATH  12 14 04 OUTS  42. ALDRESS OF PERSON WHO COMPLETE	Pell City  Process certifying cause of death)  Corporer On the base of a  At Put The CR  AC DATE A  D CAUSE OF DEATH (horn 46)	To the best of my teromody  Commission and/or investigate  NO TIME PROMOUNCED DEA	25 CHERA 25 CT  se death occurred at the bit on, in my opinion, death or	ne seed class, send class is considered at the sizes, class in the	the cause(s) and marine s place, and due to the co and mariners	MAIO COMPLET	DATE SIGNED MAN  DENSE OF DEAT  A. D.  AS CHIPPENIC  2-7-2-4	Dec. 26, 200  A Day, Your)  History  SE RANGER  3
Home. to	2219 2nd Ave N  37. — Certifying Physician  Medical Examiner  Signature: Myam  38. THE AND DATE OF DEATH  12   14   24 OLD    42. ADDRESS OF PERSON WHO COMPLETE  LUDO ALABIAS TO	Pell City  Process certifying cause of death)  Corporer On the base of a  At Put The CR  AC DATE A  D CAUSE OF DEATH (horn 46)	To the best of my teromody  Commission and/or investigate  NO TIME PROMOUNCED DEA	25 Carener/M.E. use or	ne seed class, send class is considered at the sizes, class in the	the cause(s) and marine s place, and due to the co and mariners	MAIO COMPLET	DATE SIGNED MAN  DENSE OF DEAT  A. D.  AS CHIPPENIC  2-7-2-4	Dec. 26, 200 A Day, Year)  28 History 46  38 History 46  30  31  31  32  32  33  34  35  36  37  36  37  37  38  38  38  38  38  38  38  38
	2219 2nd Ave N  37. — Certifying Physician  Medical Examiner  Signature: Myam  38. THE AND DATE OF DEATH  12   14   24 OLD    42. ADDRESS OF PERSON WHO COMPLETE  LUDO ALABIAS TO	Pell City Physician constrong cause of death  Comprise the fact is the base of a part is the fact in the base of DEATH (born 46)  OCAUSE OF DEATH (born 46)  OCAUSE OF DEATH (born 46)	To the best of my trioning accommodity and/or investigate PRONOUNCED DEA	25 County use	ne and date, and day is counted at the time, day 141. W. 144.	the canadal and marine place, and the to the canada and mariness	MAIO COMPLET	DATE SIGNED MAN  DENSE OF DEAT  A. D.  AS CHIPPENIC  2-7-2-4	Dec. 26, 200  A Day, Your)  History  SE RANGER  3
Home. to	2219 2nd Ave N  37. — Certifying Physician  Medical Examiner  Signature: MAAM  38. THE AND DATE OF DEATH  12   16   08 OLD IS  42. ADDRESS OF PERSON WHO COMPLETE  LUDO ATA BLACKA,  44. REGISTRAR—Suppore	Pell City Provider considered to the base of the base	To the best of my trionled committee and/or investigation of For State	pe death occurred at the time, in my opinion, death of the period of the	TIFICATION TO THE TOTAL PROPERTY.	the county and manner in the county of the c		DATE SIGNED NAME OF DEAT AND	Dec. 26, 200  A. Day, Year)  M. Day, Year)  M. Day, Year)  M. Day, Year)  M. Day, Year)
Home. to	2219 2nd Ave N  37. — Certifying Physician  Medical Examiner  Signature: Maan  39. The AND DATE OF DEATH  12   16   24 Outs  42. ADDRESS OF PERSON WHO COMPLETE  1. U.O.O. Alabiasta.  44. REGISTRAR—Signature  44. REGISTRAR—Signature	Pell City Physician corrilying cause of death Corroller On the basis of a AT Put 18 CP  OCAUSE OF DEATH (Norm 46)  AT PU 350000  Applications that caused the death. Do	To the best of my knowled manipulation and/or immings  For Steet  Include the mode of dying.	DICAL CER	TIFICATION TO THE TOTAL PROPERTY.	the county and manner in the county of the c		DATE SIGNED MAN ED CRISE OF DEAT IA. D.  43 CHITPERICO  2-7-2-4  45 DATE FLED M  (MINE)	Dec. 26, 200  A Day, Your)  History  SE RANGER  3
Home. to	2219 2nd Ave N  37. — Certifying Physician — Medical Examiner — Signature: My Am  39. The AND DATE OF DEATH  12 16 09 OLD S  42. ADDRESS OF PERSON WIND COMPLETE  1.000 At a blaste  44. REGISTRAR—Signam  44. REGISTRAR—Signam  MERCHATE CAUSE (Final)	Pell City Physician corplying cause of death Corporer On the base of a  At Parth (La   AC DATE A  D CAUSE OF DEATH (Norm 46)  A	To the best of my browing manifestor and/or investigation.  For State  ME not enter the mode of dying.  To the best of my browing.  The facility.	DICAL CER	TIFICATION TO THE TOTAL PROPERTY.	the county and manner in the county of the c		DATE SIGNED MAN ED CRISE OF DEAT IA. D.  43 CHITPERICO  2-7-2-4  45 DATE FLED M  (MINE)	Dec. 26, 200  A, Day, Your)  MARKE BLANGER  APPROXIMATE DITERVAL BETWEEN C
Home. to	2219 2nd Ave N  37. — Certifying Physician  Medical Examiner  Signature: Maan  39. The AND DATE OF DEATH  12   16   24 Outs  42. ADDRESS OF PERSON WHO COMPLETE  1. U.O.O. Alabiasta.  44. REGISTRAR—Signature  44. REGISTRAR—Signature	Pell City Physician cartifying cause of death Companier On the basis of a AT PARTIE CR  40. DATE A  DCAUSE OF DEATH (Norm 46)  AT A S S OO >  Applications that caused the death. Do Respiral  DUE TO FOR AS A CONSE	To the best of my browning  MO TIME PROMOUNCED DEA  MO TIME PROMOUNCED DEA  OUT of the mode of dying.  OUT of faults.  OUT of faults.	DICAL CER	TIFICATION AND A PROPERTY AND A PROP	the county and manner in the county of the c		DATE SIGNED MAN ED CRISE OF DEAT IA. D.  43 CHITPERICO  2-7-2-4  45 DATE FLED M  (MINE)	Dec. 26, 200  A, Day, Your)  MARKE BLANGER  APPROXIMATE DITERVAL BETWEEN C
Home. to	2219 2nd Ave N  37. — Certifying Physician — Medical Examiner — Signature: My Am  39. The AND DATE OF DEATH  12 16 09 OLD S  42. ADDRESS OF PERSON WIND COMPLETE  1.000 At a blaste  44. REGISTRAR—Signam  44. REGISTRAR—Signam  MERCHATE CAUSE (Final)	Pell City  Physician constying cause of death  Consider On the base of A  AT PARTY CR  40. DATE A  DO DATE A  Applications that caused the death. Do  Respiral  DUE TO FOR AS A CONSE  A CALLE	To the best of my trioning manimum and/or investigation and/or investigation.  NO TIME PRONOUNCED DEA   ME  not enter the mode of dying.  FOR State  OUT OF:  OUT OF:	DICAL CER	TIFICATION AND A PROPERTY AND A PROP	the county and manner in the county of the c		DATE SIGNED MAN ED CRISE OF DEAT IA. D.  43 CHITPERICO  2-7-2-4  45 DATE FLED M  (MINE)	Dec. 26, 200  A, Day, Your)  MARKE BLANGER  APPROXIMATE DITERVAL BETWEEN C
Home. to	2219 2nd Ave N  37. — Certifying Physician  Medical Examiner  Signature: Mp. Am  39. THE AND DATE OF DEATH  12   16   040 OLD IS  42. ANDRESS OF PERSON WAS COMPLETE  1 000 A 1 A b 1 A STATE  44. REGISTRAR—Superire  44. REGISTRAR—Superire  45. PART I, Enter the diseases, injuries, or on  RANGOLATE CAUSE (Final diseases or condition resulting in death)  Sequentially list conditions, if any leading to	Pell City  Physician certifying couse of death)  Corose of DEATH (hom 46)  AT PL 35007  OUE TO FOR AS A CONSE  OUE	To the best of my browning manimum and/or investigation and/or investigation.  HO TIME PROMOLINGED DEA  ME Incidence of a facility COLENCE OF:  COLENCE OF:  COLENCE OF:  COLENCE OF:	DICAL CER	TIFICATION AND A PROPERTY AND A PROP	the county and manner in the county of the c		DATE SIGNED MAN ED CRISE OF DEAT IA. D.  43 CHITPERICO  2-7-2-4  45 DATE FLED M  (MINE)	Dec. 26, 200  A, Day, Your)  MARKE BLANGER  APPROXIMATE DITERVAL BETWEEN C
Home. to	2219 2nd Ave N  37. — Certifying Physician  Medical Examiner  Signature: Whan  38. The AND DATE OF DEATH  12   14   24   Out 15  42. ADDRESS OF PERSON WIND COMPLETE  1 000 At a bias state  44. REGISTRAR—Signare  44. REGISTRAR—Signare  MARCHATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any leading to immediate cause. Enter UNDERLYING CAUSE  is unadiate cause. Enter UNDERLYING CAUSE	Pell City Proticies consisting course of death Competer On the basis of a  AT PATA CR  INDICATE A  DESCRIPTION AS A CONSE  OUE TO FOR AS A CONSE  CACALLE  C	To the best of my browning somination and/or investigate MO TIME PROMOLINCED DEA ME Incident the mode of dying.  The facility facility followers of the content of the cont	DICAL CER	TIFICATION AND A PROPERTY AND A PROP	the county and manner in the county of the c		DATE SIGNED MAN ED CRISE OF DEAT IA. D.  43 CHITPERICO  2-7-2-4  45 DATE FLED M  (MINE)	Dec. 26, 200  A, Day, Your)  MARKE BLANGER  APPROXIMATE DITERVAL BETWEEN C
Home. to	2219 2nd Ave N  37. — Certifying Physician  Medical Examiner  Signature: Mp. Am  39. THE AND DATE OF DEATH  12   16   040 OLD IS  42. ANDRESS OF PERSON WAS COMPLETE  1 000 A 1 A b 1 A STATE  44. REGISTRAR—Superire  44. REGISTRAR—Superire  45. PART I, Enter the diseases, injuries, or on  RANGOLATE CAUSE (Final diseases or condition resulting in death)  Sequentially list conditions, if any leading to	Pell City  Proficien contilying course of death  Controller On the basis of a  AT Pulls CR  ACCUSE OF DEATH (them 46)  ACCUSE OF DEATH (them 46)  PLOS PLOS PLOS  DUE TO FOR AS A CONSE  CLOUTE  CLOUT	To the best of my browning somination and/or investigate MO TIME PROMOLINCED DEA ME Incident the mode of dying.  The facility facility followers of the content of the cont	DICAL CER	TIFICATION AND A PROPERTY AND A PROP	the county and manner in the county of the c		DATE SIGNED MAN ED CRISE OF DEAT IA. D.  43 CHITPERICO  2-7-2-4  45 DATE FLED M  (MINE)	Dec. 26, 200  A, Day, Your)  MARKE BLANGER  APPROXIMATE DITERVAL BETWEEN C
Home. to	2219 211 AVE N  37. — Certifying Physician Medical Examiner Signature: Maan  39. THE AND DATE OF DEATH  12 14 03 OLUS  42. ADDRESS OF PERSON WAS COMPLETE  1 000 At a biaste.  44. REGISTRAR—Suprime, or on MARCHATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any leading to immediate cause. Enter UNDERLYING CAUS (Disease or injury that initiated event resulting in death) LAST	Pell City  Physician contilying cause of death)  Contonier On the basis of a  AT Put's CR  ACDATE A  DUE TO FOR AS A CONSE  CACALTE  DUE TO FOR AS A CONSE  CA	To the best of my branking semination and/or investigation.  HO TIME PROMOLINCED DEA  THE PROMOLINCED DEA  OUT OF FALTUM OUT OF:  COLENCE OF:  CANGO FORMAL  COLENCE OF:  CANGO FORMAL  COLENCE OF:	DICAL CER	TIFICATION AND A PROPERTY AND A PROP	the county and manner in the county of the c		DATE SIGNED PLAN  DENSE OF DEAT  AS CHITPER LES  AS CASE PLED IN  CRILINE  CRILINE	Dec. 26, 200  A Day, Year)  MAN, Day, Year)  APPROXIMATE INTERVAL BETWEEN CAND DEATH  ALL WAS THERE A PREGNANCY IN LA
Home. to	2219 2nd Ave N  37. — Certifying Physician  Medical Examiner  Signature: Maan  39. THE AND BATE OF DEATH  12 1-61 0-60 OLL IS  42. ALDRESS OF PERSON WHO COMPLETE  LUDO ATA black.  44. REGISTRAR—Signary  MAREDIATE CAUSE (Final diseases or condition resulting in death)  Sequentially list conditions, if any leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events)	Pell City  Physician contilying cause of death)  Contonier On the basis of a  AT Put's CR  ACDATE A  DUE TO FOR AS A CONSE  CACALTE  DUE TO FOR AS A CONSE  CA	To the best of my branking semination and/or investigation.  HO TIME PROMOLINCED DEA  THE PROMOLINCED DEA  OUT OF FALTUM OUT OF:  COLENCE OF:  CANGO FORMAL  COLENCE OF:  CANGO FORMAL  COLENCE OF:	DICAL CER	TIFICATION AND A PROPERTY AND A PROP	the county and manner in the county of the c		DATE SIGNED PLAN  DENSE OF DEAT  AS CHITPER LES  AS CASE PLED IN  CRILINE  CRILINE	Dec. 26, 200  A Day, Year)  Main, Day, Year)  Approximate interval retween Cand Death
Home. to	2219 2TIG AVE N  37. — Certifying Physician — Medical Examiner — Signature: "Maam"  38. THE AND BATE OF DEATH  12   16   03	Pell City  Physician constying cause of death)  Continuer The tree bears of a  At Buttle CR  At DUE TO FOR AS A CONSE  Country  DUE TO FOR AS A CONSE  Country	To the best of my browned manimistry and/or investigated to the providence of dying.  The enter the mode of dying.  OUTHICE OFF:  Yeng   Four Court    COUTHICE OFF:  Yeng   Four Court    COUTHICE OFF:  Yeng   Four Court    COUTHICE OFF:  The underlying cause given in	DICAL CER  such accuracy was  Directly use  A factor  A factor  Part I	TIFICATION AND A PROPERTY AND A PROP	the county and manner  place, and due to the county  E AND TRUE OF PERSON  A A PAR  I failure, LIST CHELY ON	CAUSE ON EA	DATE SIGNED PART  A. D.  AS CHITPER LC  2-7-2-4  AS DATE PLED IN  CHINE	Dec. 26, 200  A Day, Your)  History AG  History AG  APPROXIMATE INTERVAL BETWEEN CAND DEATH  ALL WAS THERE A PREGNANCY IN LA  42 DAYS? Specify Year, No, or Unit
Home. to	2219 2TIG AVE N  37. — Certifying Physician — Medical Examiner — Signature: "Myaam"  39. THE AND DATE OF DEATH  12 14 25 OLIS  42. ADDRESS OF PERSON WHO COMPLETE  1 000 AT A biasty.  44. PREGISTRAR—Support  45. PART I. Enter the diseases, injuries, or condition resulting in death)  Sequentially list conditions, if any leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated event resulting in death) LAST  43. PART II. Other significant conditions conditions conditions.	Pell City  Physician constying cause of death)  Companier On the basis of a  AT Puttle Ce  40. DATE A  DUE TO FOR AS A CONSE  Cacua te  Cacua te  DUE TO FOR AS A CONSE  Cacua te  DUE TO FOR AS A CON	To the best of my browned manimistry and/or investigated to the providence of dying.  The enter the mode of dying.  OUTHICE OFF:  Yeng   Four Court    COUTHICE OFF:  Yeng   Four Court    COUTHICE OFF:  Yeng   Four Court    COUTHICE OFF:  The underlying cause given in	DICAL CER  such accuracy was  Directly use  A factor  A factor  Part I	TIFICATION AND A PROPERTY AND A PROP	the county and manner in the county of the c	CAUSE ON EA	DATE SIGNED PART  A. D.  AS CHITPER LC  2-7-2-4  AS DATE PLED IN  CHINE	Dec. 26, 200  A Day, Year)  MAN, Day, Year)  APPROXIMATE INTERVAL BETWEEN CAND DEATH  ALL WAS THERE A PREGNANCY IN LA
Home. to	2219 2TIG AVE N  37. — Certifying Physician — Medical Examiner — Signature: "Maan"  39. THE AND DATE OF DEATH  12   16   08   OLL IS  42. ADDRESS OF PERSON WHO COMPLETE  1 000 A La bias ste  44. PART I. Enter the diseases, injuries, or continued as a condition resulting in death)  Sequentially list conditions, if any leading to immediate cause. Enter UNDERLYING CAUSI (Disease or injury that initiated event resulting in death) LAST  43. PART II. Other significant conditions continued in death LAST	Pell City  Physician certifying cause of death)  Corpositor On the basis of a  At Pactus (CC  At DATE A  DCAUSE OF DEATH (Name 46)  A DUE TO (OR AS A CONSE  Cacable  DUE TO (OR AS A CONSE  Cacable  Cac	To the best of my browning parameters and/or investigated NO TIME PROMOUNCED DEA ME PROMOUNCED DEA CHERCE OF:  OUT OF COURSE OF:  Year 4   Course given in the underlying cause given in the cause g	DICAL CER  such accuracy was  Directly use  A factor  A factor  Part I	TIFICATION AND A MARKET STATE OF THE STATE O	SO AUTOPSY (Specify Yes or N	CAUSE ON EA	DATE SIGNED PART  A. D.  AS CHITPER LC  2-7-2-4  AS DATE PLED IN  CHINE	Dec. 26, 200  A Day, Your)  History AG  History AG  APPROXIMATE INTERVAL BETWEEN CAND DEATH  ALL WAS THERE A PREGNANCY IN LA  42 DAYS? Specify Year, No, or Unit
Home. tc	2219 2TIG AVE N  37. — Certifying Physician — Medical Examiner — Signature: "Myaam"  39. THE AND DATE OF DEATH  12 14 25 OLIS  42. ADDRESS OF PERSON WHO COMPLETE  1 000 AT A biasty.  44. PREGISTRAR—Support  45. PART I. Enter the diseases, injuries, or condition resulting in death)  Sequentially list conditions, if any leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated event resulting in death) LAST  43. PART II. Other significant conditions conditions conditions.	Pell City  Physician certifying cause of death)  Corpositor On the basis of a  At Pactus (CC  At DATE A  DCAUSE OF DEATH (Name 46)  A DUE TO (OR AS A CONSE  Cacable  DUE TO (OR AS A CONSE  Cacable  Cac	To the best of my browning parameters and/or investigated NO TIME PROMOUNCED DEA ME PROMOUNCED DEA CHERCE OF:  OUT OF COURSE OF:  Year 4   Course given in the underlying cause given in the cause g	DICAL CER  such accuracy was  Directly use  A factor  A factor  Part I	TIFICATION AND A MARKET STATE OF THE STATE O	the county and marine  place, and due to the contract  E AND TRUE OF PERSON  AND TRUE OF PERSON  I failure. LIST CHELY ON	CAUSE ON EA	DATE SIGNED PART  A. D.  AS CHITPER LC  2-7-2-4  AS DATE PLED IN  CHINE	Dec. 26, 200  A Day, Year)  Higher AG  APPROXIMATE INTERVAL RETWEEN CAND DEATH  AL WAS THERE & PREGNANCY IN LA  42 DAYS? (Specify Year, No., or Link  residence in determining cause of dea