


STATE OF ALABAMA  
SHELBY COUNTY

*AFFIDAVIT*

  
20090105000002820 1/3 \$17.00  
Shelby Cnty Judge of Probate, AL  
01/05/2009 01:58:30PM FILED/CERT

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.

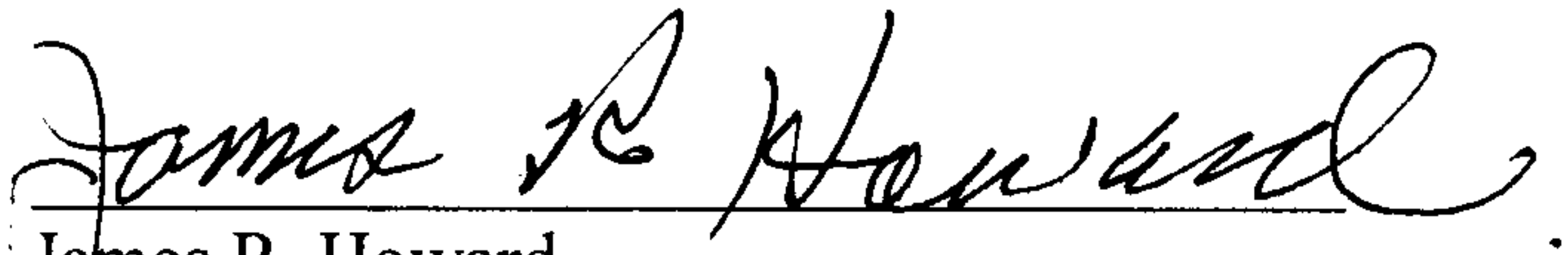
The said Mattie Elizabeth Sidorfsky Howard never had any children born to her, and I am her sole surviving heir.

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.

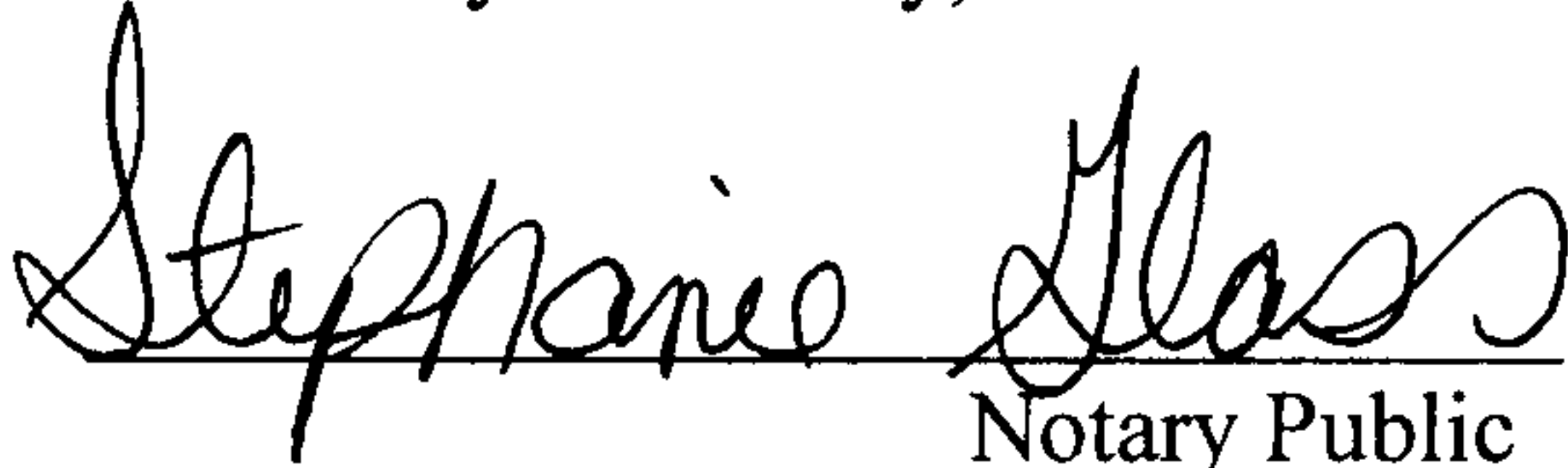
Mattie Elizabeth Sidorfsky Howard and I were living together as man and wife on the property described on Exhibit "A" at the time of her death on December 18, 2008. It was my homestead and her homestead at the time of her death.

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:  
Butch Ellis



This instrument was prepared by

(Name) Harrison and Conwill  
(Address) Attorneys at Law  
Columbiana, Alabama 35051

Jefferson Land Title Service Co., Inc.

AGENTS FOR

Mississippi Valley Title Insurance Company

WARRANTY DEED

11280

STATE OF ALABAMA

SHELBY

COUNTY

KNOW ALL MEN 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 the grantee herein, the receipt whereof is acknowledged, I or we,

Jerry L. Champion and wife, Jimmie L. Champion

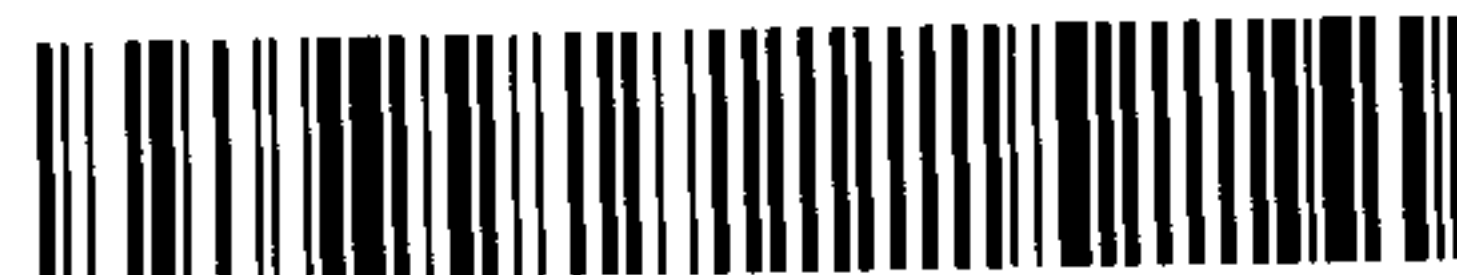
(herein referred to as grantor, whether one or more), grant, bargain, sell and convey unto

Elizabeth Sidorfsky

(herein referred to as grantee, whether one or more), the following described real estate, situated in  
Shelby County, Alabama, to-wit:

Lot 3, Block 3 of Pine Hills Subdivision as shown by Plat of said subdivision recorded in Plat Book 4, page 45 in Probate Office of Shelby County, Alabama.

Said lot is conveyed subject to covenants, restrictions and easements of record.



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TO HAVE AND TO HOLD to the said grantee, his, her or their heirs and assigns forever.

And I (we) do, for myself (ourselves) and for my (our) heirs, executors and administrators, covenant with said grantee, his, her or their heirs and assigns, that I am (we are) lawfully seized in fee simple of said premises; that they are free from all encumbrances, unless otherwise stated above; that I (we) have a good right to sell and convey the same as aforesaid; that I (we) will, and my (our) heirs, executors and administrators shall warrant 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) hand(s) and seal(s) this

day of April, 1977

STATE OF ALA. SHELBY CO.

I CERTIFY THIS

NOTARIAL SEAL

(SEAL)

1977 JUL 22 PM 12:30

Jerry L. Champion  
Jerry L. Champion

(SEAL)

Jimmie L. Champion  
Jimmie L. Champion

(SEAL)

JUDGE OF PROBATE

Fee 1.50

Dues 1.00

Deed 10.00

(SEAL)

(SEAL)

STATE OF ALABAMA

SHELBY

COUNTY

General Acknowledgment

I, H. L. Conwill  
in said State, hereby certify that

a Notary Public in and for said County,

Jerry L. Champion and wife, Jimmie L. Champion

whose name(s) are signed to the foregoing conveyance, and who are known to me, acknowledged before me on this day, that, being informed of the contents of the conveyance, they executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this

day of

April

A.D. 19

77.

Elizabeth Sidorfsky  
300 Box 448

Notary Public

300 Box 448, AL. 35125



THE FRONT OF THIS DOCUMENT

HAS AN ARTIFICIAL WATERMARK HOLD AT AN ANGLE TO VIEW

STATE OF ALABAMA  
ST. CLAIR COUNTY

NOT VALID WITHOUT SEAL

THIS IS AN OFFICIAL COPY OF THE RECORD TENDERED TO THE ST. CLAIR  
COUNTY HEALTH DEPARTMENT

SIGNATURE OF LOCAL REGISTRAR

DATE OF ISSUANCE

ALABAMA  
CERTIFICATE OF DEATH

EXB B.

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) Mattie Elizabeth HOWARD			2. DATE OF DEATH (Month, Day, Year) December 18, 2008		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, DCA) 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 Female			11. AGE 87 YRS.		12. DATE OF BIRTH (Month, Day, Year) October 14, 1921	
13. DECEASED'S SOCIAL SECURITY NUMBER			14. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (9-12) 11		15. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married	
16. SURVIVING SPOUSE (If wife, give maiden name) James R. Howard			17. When Decedent over in Armed Forces (Specify Yes or No) No		18. STATE OF BIRTH (If not in USA, name country) Alabama	
19. RESIDENCE—STATE Alabama			20. COUNTY Shelby		21. CITY, TOWN, OR LOCATION AND ZIP CODE Vincent 35178	
22. INSIDE CITY LIMITS (Specify Yes or No) No			23. STREET AND NUMBER 56 Dixie Lane		24. INFORMANT—Name and Address James R. Howard 56 Dixie Lane Vincent, AL 35178	
25. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Homemaker			26. KIND OF BUSINESS OR INDUSTRY Own Home		27. FATHER—NAME First Middle Last Marshall A. Champion	
28. MOTHER—NAME First Middle Last Sally Spruell			29. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial		30. DATE OF DISPOSITION (Month, Day, Year) 12-20-2008	
31. CEMETERY OR CREMATORY—Name Mt. Carmel Cemetery			32. LOCATION—(City or Town—State) Pell City, Alabama		33. FUNERAL HOME—Name and Address Kilgroe Funeral Home 2219 2nd Ave N Pell City, AL 35125	
34. FUNERAL DIRECTOR—Signature M. A. Butts			35. DATE SIGNED BY FUNERAL DIRECTOR Dec. 26, 2008		36. 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: Muan A. Butts, M.D.	
37. TIME AND DATE OF DEATH 12/18/08 OUIS			38. DATE AND TIME PROMOUNCED DEAD (For Coroner/M.E. use only)		39. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) Muan A. Butts, M.D.	
40. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) 1000 Alabaster, AL 35007			41. CERTIFIER LICENSE NUMBER 27243		42. DATE FILED (Month, Day, Year) December 30, 2008	
43. REGISTRAR—Signature J. A. [Signature]			44. For State or County use only		45. DATE OF DEATH (Month, Day, Year) December 30, 2008	

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. Respiratory failure				
b. DUE TO (OR AS A CONSEQUENCE OF): acute myocardial infarction				
c. DUE TO (OR AS A CONSEQUENCE OF): acute renal failure				
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 Unknown.)	
49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) Natural causes			50. AUTOPSY (Specify Yes or No)	
51. HOW INJURY OCCURRED (Enter nature of injury in Item 46, Part I or Item 47, Part II)			52. DATE OF INJURY (Month, Day, Year)	
53. INJURY AT WORK (Specify Yes or No)			54. HOUR OF INJURY	
55. PLACE OF INJURY—(Specify at home, farm, street, factory, office building, etc.)			56. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State)	

ANY ALTERATIONS VOID THIS DOCUMENT

NAME OF DECEASED Howard, Elizabeth  
#14 SS# correct per Sherry at Funeral Home. tcs