

Record 15t

This Document Prepared By:

Patty F. Chandler 621 Cahaba Manor Pelham, Alabama 35124

After Recording Send Tax Notice To:

Patty F. Chandler 621 Cahaba Manor Pelham, Alabama 35124

Recording Requested by & When Recorded Return To US Recordings, Inc. 2925 Country Drive St. Paul, MN 55117

Assessor's Parcel Number: 131122003029000 Fair Market Value: 593, 300.00.

QUITCLAIM DEED

TITLE OF DOCUMENT

75967261-01

R#338/873

STATE OF ALABAMA

KNOW ALL MEN BY THESE PRESENTS:

SHELBY COUNTY

THAT in consideration of ONE AND NO/100 DOLLARS (\$1.00), to the undersigned grantor (whether one or more), in hand paid by the grantee herein, the receipt whereof is acknowledged, I or we, Patty F. Chandler, surviving spouse of Roger A. Mainard, also known as Roger Anthony Mainard as per attached certified copy of Certificate of Death, (herein referred to as grantor, whether one or more), do hereby remise, release, quitclaim and convey to: Patty F. Chandler, an unmarried woman, (herein referred to as grantee, whether one or more), the following described real estate, situated in Shelby County, Alabama, to wit:

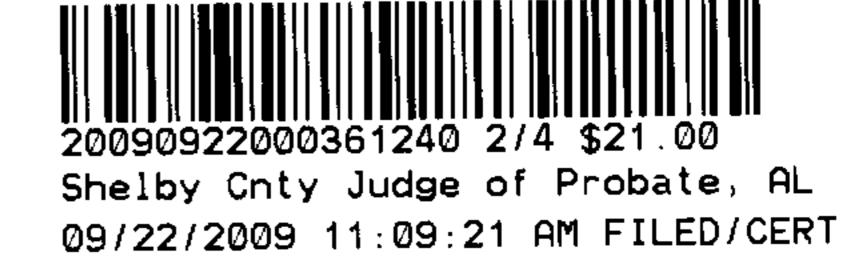
LOT 54, AND THE WEST 5 FEET OF LOT 55, ACCORDING TO THE SURVEY OF CAHABA MANOR TOWN HOMES, AS RECORDED IN MAP BOOK 6, PAGE 105, IN THE PROBATE OFFICE OF SHELBY COUNTY, ALABAMA, BEING SITUATED IN SHELBY COUNTY ALABAMA.

COMMONLY known as: 621 Cahaba Manor, Pelham, Alabama 35124

Source of Title Ref.: Deed: Recorded July 07, 1999; Doc. No. 1999-28300

TO have and to hold to the said grantee, his, her or their heirs and assigns forever.

The land described herein (You must make a selection): is homestead property of the said Grantor ___ is **NOT** homestead property of the said Grantor



IN WITNESS WHEREOF, Patty F. Chandler have hereunto set my (our) hand(s) and seal(s), this day of, 20, 20
Patty F. Chandler
General Acknowledgement
STATE OF
Lella-county
I, BONA Brown a Notary Public in and for said
County, in said State, hereby certify that Patty F. Chandler, whose name(s) is Dare signed to the
foregoing conveyance and who is are known to me, acknowledged before me on this day, that, being informed of the contents of the above and foregoing conveyance, he/the they executed the
same voluntarily on the day the same bears date.
NOTARY STAMP/SEAL
Given under my hand and official seal of office this
$\left(\begin{array}{c} 1 \\ 1 \\ 1 \end{array}\right)$
NOTARY PUBLIC BOOK
My Commission Expires:

ALABAMA

Center for Health Statistics



Shelby Cnty Judge of Probate, AL 09/22/2009 11:09:21 AM FILED/CERT

01.459

ALABAMA

BLAC USE (BLUE	NEEMAANENT KIRADO NOT REEN, RED, OR INK.	County		C	ERTIFI	CATE)F DE	_	NN	101-01886
	600 is to									
\ з.	V3/134	T. DECEASED—NAME First Middle Last (Type last name all capitals) 2. DATE OF DEATH (Month, Day, Year) 3. COUNTY							NTY OF DEATH	
6.	001								JEFFERSON	
19.	44	4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE 5. INSIDE CITY LIMITS 6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give start of the control of the								her, give street and number)
20.	159125	Mountain Brook 35209 Yes 614 Brookwood Village Mall								
26.		7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA) 8. OF HISPANIC ORIGIN (Specify Yes or No.) If Yes, Specify Cuban, Mexican, Puerto Rican, etc.) 9. RACE—(Specify American Indian, Black, White, etc.) 10. SEX								10. SEX
27.		NO						MALE		
•	37400	13. DATE OF BIRTH (Morth, Day, Year)								
1		44 YRS. MOS.	DAYS	DECEMBER 1, 1956						
Elementary or High School (0-12) College (1-4 or 6+1) Widowed, Diverced)						ever Married,	17. SURVIVING SPOUSE (If wife, give maiden name)			18. Was Decedent ever in Armed Forces (Specify Yes or No)
						TY FAYE CH	ANDLER	NO		
		18. STATE OF BIRTH (IF not in USA, name	a country) 20. RES	IDENCE—STATE		21. COUNTY		22. CITY, TOWN,	OR LOCATION AND ZIP	CODE
1		TEXAS ALABAMA SHELBY				PELH	AM	35124		
1	23. INSIDE CITY LIMITS 24. STREET AND NUMBER 25. INFORMANT—Name and Address RACHELLE DAWN MAINA (Specify Yes or No)						AINARD			
	10	YES 62	1 CAHABA	MANOR LAN	E	1825.	ARBOR	ETUM CIR.A	PT.F VE	STAVIA, AL 35216
}		26. USUAL OCCUPATION (Give hind of w	rock done during most of worl	king life aven if retired)		27. KIME	OF BUSINESS O	R INDUSTRY		
1	7	SELF EMPLOYED FABRIC PROTECTION								
)	\mathcal{Y}	28. FATHER—NAME First Middle Last 29. MAIDEN NAME OF MOTHER— First					Middle	Last		
ž	~	HERB		MAINA	,	<u></u>		DANIC		CARROLL
SS		30. DISPOSITION OF BODY (Specify Buri Donation, Prospins Disposal, Other)		31. DATE OF DISPOSITION [Month, Day, Year)		EMETERY OR CREMAT	_		33. LOCATION—(City o	
*	0	CREMATION	·	June 8, 2		OHNS-RI			BIRMING	· · · · · · · · · · · · · · · · · · ·
12		34. PUNERAL HOME—Herne and Address		UNIVERSIT		35. FUNERAL DI		. i	•	36. DATE SIGNED BY FUNERAL DIRECTOR
ช	JOHNS-RIDOUT'S BIRMINGHAM, AL 35233 (1001) MOLPOLS JUNE									
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 in								EBUGG S}		
18	39, TIME AND DATE OF DEATH 40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. add only) 41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Norm 46)									
3		June 6, 2001 June 6, 2001 @ 2315 Gregory G. Davis, M.D. Associate Coroner/Medic							M.D. Medical Evenines	
*		42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)							FIER LICENSE NUMBER	
7		1515 South Sixth Avenue; Birmingham, Alabama 35233							17494	
		4 REGISTRAR - Sometria For State or County use only							FILED (Month, Day, Year)	
		Welen Moerreon June 13, 2001								ne 13, 2001
	MEDICAL CERTIFICATION									
		46, PART I. Enter the diseases, injuries, o	or complications that caused	the death. Do not enter the mo				 	USE ON EACH LINE.	APPROXIMATE INTERVAL BETWEEN ONSET
-		WHEDLATE CAUSE (Fine) Grams or condition resulting in death) Gunshot wound of head Automorphisms of the end							Minutes	
disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF):										
EASED		Sequentially list conditions, if any, leader immediate cause. Enter UNDERLYING CA	ng to	AS A CONSEQUENCE OF):						
DEC.		(Disease or injury that initiated ex- resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE OF):		•		•		
AME OF		47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part L								48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No., or Link.)
Z. 46.		49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) 50. AUTOPSY (Specify Yes or No) (Specify Yes or No)								ings considered in determining cause of death?
	Suicide Suicid								54. HOUR OF INJURY	
	_									
		55. HUURY AT WORK (Specify Year or No)			ictory, office hullding	etc) K7	FOCATION OF M	June 6, 2 JURY (Street or R.F.D. No., City		Unknown *
49. EE			ſ		_	•		rookwood \		Mall
55.		_			•		· 	75		

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2009-358-383-0

This is a legal record and must be filed within five (5) days after death.



ADPH-H\$ 2/Rev. 71-93

REC'D JUN 1 5 2001

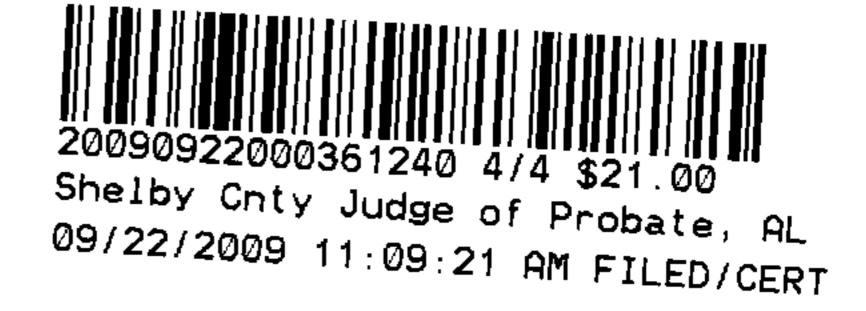


EXHIBIT A - LEGAL DESCRIPTION

Tax ID Number(s): 131122003029000

Land situated in the County of Shelby in the State of AL

LOT 54, AND THE WEST 5 FEET OF LOT 55, ACCORDING TO THE SURVEY OF CAHABA MANOR TOWN HOMES, AS RECORDED IN MAP BOOK 6, PAGE 105, IN THE PROBATE OFFICE OF SHELBY COUNTY, ALABAMA, BEING SITUATED IN SHELBY COUNTY ALABAMA.

Commonly known as: 621 Cahaba Manor, Pelham, AL 35124

+U00908893+

1632 9/14/2009 75967261/1