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Shelby Cnty Judge of Probate, AL
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STATE OF Alabama)

COUNTY OF Shelby)

AFFIDAVIT OF DEATH

Before me, the undersigned authority, on this day personally appeared Inez R. Nason ("Affiant") who, being first duly sworn, upon her oath did depose and state as follows:

1. My name is Inez R. Nason, and I live at 104 Pemberton Place, Pelham, AL. I am the surviving spouse of Kenneth M. Nason. ("Decedent"), and I have personal knowledge of the facts stated in this affidavit.

2. I was married to the decedent from February 1973 until July 20, 2005. Decedent died on July 20, 2005.
Decedent's place of death was Shelby Baptist Medical Center.
At the time of decedent's death, decedent's residence was
104 Pemberton Place.

3. In further support of the facts surrounding my spouse's demise, a copy of the Death Certificate is attached hereto as Exhibit "A."

4. Decedent left no debts that are unpaid.

5. There are no unpaid estate or inheritance taxes.

6. I give this affidavit for the purpose of establishing for the public record the facts of my spouse's death. This affidavit is not intended to establish the heirs of my deceased spouse.

Signed this 27th day of January, 2010.

Inez R. Nason

State of Alabama

County of Jefferson

Sworn to and subscribed to before me on January 27, 2010 by Inez R. Nason.

Notary Public

Seal

NOTARY PUBLIC STATE OF ALABAMA AT LARGE
MY COMMISSION EXPIRES: June 12, 2013
BONDED THRU NOTARY PUBLIC UNDERWRITERS

Jennifer L. Banik

My commission expires: _____

This instrument was prepared by:

Stewart & Associates, P.C.
3595 Grandview Parkway
Birmingham, AL 35243

THE FRONT OF THIS DOCUMENT IS PINK - THE BACK OF THIS DOCUMENT IS BLUE AND HAS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

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

ALABAMA

CERTIFICATE OF DEATH

County File Number —

State File Number 101

1. DECEASED—NAME First: Kenneth	Middle: Marl	Last (Type last name all capitals): NASON	2. DATE OF DEATH (Month, Day, Year): July 20, 2005	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, DOA): ER	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: Male	
11. AGE: 67 YRS.	12. UNDER 1 YEAR: MOS. / DAYS	UNDER 1 DAY: HOURS / MINS.	13. DATE OF BIRTH (Month, Day, Year): June 24, 1938	14. DECEASED'S SOCIAL SECURITY NUMBER: [redacted]
15. EDUCATION (Specify ONLY highest grade completed below): Elementary or High School (0-12)	College (1-4 or 5+): 4	16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced): Married	17. SURVIVING SPOUSE (If wife, give maiden name): Harriette Inez Rowell	18. Was Decedent ever in Armed Forces (Specify Yes or No): Yes
19. STATE OF BIRTH (If not in USA, name country): Mississippi	20. RESIDENCE—STATE: Alabama	21. COUNTY: Shelby	22. CITY, TOWN, OR LOCATION AND ZIP CODE: Pelham, AL. 35124	
23. INSIDE CITY LIMITS (Specify Yes or No): Yes	24. STREET AND NUMBER: 104 Pemberton Place	25. INFORMANT—Name and Address: Inez Nason 104 Pemberton Place Pelham, AL. 35124		
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Self-employed/co-owner		27. KIND OF BUSINESS OR INDUSTRY: Dry Cleaning		
28. FATHER—NAME First: Frederick Eugene	Middle:	Last: Nason	29. MAIDEN NAME OF MOTHER— First: Willie	Middle: Mae Last: Marsh
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other): Burial	31. DATE OF DISPOSITION (Month, Day, Year): July 24, 2005	32. CEMETERY OR CREMATORY—Name: Southern Heritage	33. LOCATION—(City or Town—State): Pelham, AL.	
34. FUNERAL HOME—Name and Address: Southern Heritage 475 Cahaba Valley Rd. Pelham, AL. 35124		35. FUNERAL DIRECTOR—Signature: Douglas Yborock	36. DATE SIGNED BY FUNERAL DIRECTOR: July 26, 2005	
37. ☑ Certifying Physician ☐ Medical Examiner ☐ Coroner — (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." "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: [signature] MD			38. DATE SIGNED (Month, Day, Year): JULY 20, 2005	
39. TIME AND DATE OF DEATH: 1828 hrs 20 JULY 2005	40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only)	41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46): JOHN M. CROUSHORN MD		
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46): 1000 1st STREET NORTH, ALABASTER, AL 35007			43. CERTIFIER LICENSE NUMBER: 25971	
44. REGISTRAR— Signature: Sheila Keller	For State or County use only		45. DATE FILED (Month, Day, Year): July 29, 2005	

DECEASED

BURIAL

CERTIFIER

ANY ALTERATIONS VOID THIS DOCUMENT

SSN: [redacted]

Nason, Kenneth M.

NAME OF DECEASED

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. Heart Disease

DUE TO (OR AS A CONSEQUENCE OF):

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

b. DUE TO (OR AS A CONSEQUENCE OF):

c. DUE TO (OR AS A CONSEQUENCE OF):

d.

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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 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)
Natural Cause	NO	

52. HOW INJURY OCCURRED (Enter nature of injury in item 46, Part 1 or Item 47, Part II)	53. DATE OF INJURY (Month, Day, Year)	54. HOUR OF INJURY
		M.

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)

CAUSE

46. _____
_____
_____
_____
49. _____
55. _____

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

ADPH-HS 2/Rev. 11-93

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

Sheila Keller
Signature of Local Registrar

July 29, 2005
Date of Issue