20100601000171960 1/3 $35.00
Shelby Cnty Judge of Probate, AL
06/01/2010 01:15:00 PM FILED/CERT

STATE OF ALABAMA §
§
SHELBY COUNTY §

KNOW ALL MEN BY THESE PRESENTS, that for and in consideration of Eighteen Thousand and NO/100 ($18,000.00) Dollars to the undersigned **KATHY REUSE, AN UNMARRIED WOMAN,** herein referred to as Grantor, in hand paid by **MICHAEL BURTON AND WIFE, LISA BURTON,** whose mailing address is 11609 Kingsville Drive, Frisco, Texas 75035, herein referred to as Grantees, the receipt whereof is hereby acknowledged, the said Grantor does hereby grant, bargain, sell and convey unto the said Grantees, as joint tenants, with right of survivorship, all her right, title and interest in and to the following described real estate, situated in Talladega County, Alabama:

Lot 84, according to the survey of Weatherly, King's Crest, Sector 3, Phase 3, as recorded in Map Book 18, Page 38 A & B, Shelby County, Alabama Records.

Subject to any and all restrictions, reservations, easements and rights of way of public record.

TO HAVE AND TO HOLD unto the said Grantees as joint tenants, with right of survivorship, their heirs and assigns, forever; it being the intention of the parties to this conveyance that (unless the joint tenancy hereby created is severed or terminated during the joint lives of the Grantees herein), in the event one Grantee herein survives the other, the entire interest in fee simple shall pass to the surviving Grantee, and if one Grantee does not survive the other, then the heirs and assigns of the Grantees herein shall take as tenants in common.

And the Grantor does for herself and for her heirs, executors and administrators, covenant with the Grantee, his heirs and assigns that she is lawfully seized in fee simple of said premises, that it is free from all encumbrances, except as herein stated, that she has a good right to sell and convey the same as is done hereby, that she will and her heirs, executors and administrators shall warrant and defend the same to the said Grantee, his heirs and assigns forever against the lawful claims of all persons except any who claim under this instrument or any

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matter herein stated.

Wherever used herein, the singular number shall include the plural, the plural shall include the singular, the use of any gender shall include other genders, when applicable, and related words shall be changed to read as appropriate.

IN WITNESS WHEREOF, the said Grantor has hereunto set her hand and seal on this the 28 day of May, 2010.

Kathy Reuse

STATE OF ALABAMA §
§
Talladega COUNTY §

I, the undersigned authority in and for said County, in said State, hereby certify that Kathy Reuse, whose name is signed to the foregoing instrument and who is known to me, acknowledged before me on this day that, being informed of the contents of this instrument, she executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this the 28 day of May, 2010.

Notary Public

THIS INSTRUMENT PREPARED BY:
PROCTOR & VAUGHN, LLC
Post Office Box 2129
Sylacauga, Alabama 35150
File: 45.2837

State of Alabama
Deed Tax : $18.00

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: Clayton Middle: Victor Last: Reuse (Type last name all capitals)
2. DATE OF DEATH (Month, Day, Year): September 23, 2006
3. COUNTY OF DEATH: Shelby
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE: Calera 35040
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 County Airport
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.: No
9. RACE—(Specify American Indian, Black, White, etc.): White
10. SEX: Male
11. AGE: 62 YRS.
12. UNDER 1 YEAR: MOS. DAYS
UNDER 1 DAY: HOURS MINS.
13. DATE OF BIRTH (Month, Day, Year): February 1, 1944
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): Kathy Prueitt
18. Was Decedent ever in Armed Forces (Specify Yes or No): No
19. STATE OF BIRTH (If not in USA, name country): Ohio
20. RESIDENCE—STATE: Alabama
21. COUNTY: Shelby
22. CITY, TOWN, OR LOCATION AND ZIP CODE: Indian Springs 35124
23. INSIDE CITY LIMITS (Specify Yes or No): Yes
24. STREET AND NUMBER: 470 Highgate Hill Road
25. INFORMANT—Name and Address: Kathy Reuse
470 Highgate Hill Rd.; Indian Springs,AL35124
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Sales Engineer
27. KIND OF BUSINESS OR INDUSTRY: Self Employed
28. FATHER—NAME First: Lester Middle: Last: Reuse
29. MAIDEN NAME OF MOTHER— First: Leona Middle: Last: Hopson
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other): Burial
31. DATE OF DISPOSITION (Month, Day, Year): Sept. 28,2006
32. CEMETERY OR CREMATORY—Name: Southern Heritage
33. LOCATION—(City or Town—State): Pelham, Alabama
34. FUNERAL HOME—Name and Address: Ridout's Southern Heritage
475 Cahaba Valley Rd.;Pelham,AL 35124
35. FUNERAL DIRECTOR—Signature: Bobby C. Potts 4444
36. DATE SIGNED BY FUNERAL DIRECTOR: 10-02-06
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 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: Doug Ballard Jr.
38. DATE SIGNED (Month, Day, Year): October 4, 2006
39. TIME AND DATE OF DEATH: 13:19 09/23/2006
40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only): 09/23/2006 13:19
41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46): Doug Ballard, Jr. Coroner
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46): P. O. Box 1321 Columbiana, Alabama 35051
43. CERTIFIER LICENSE NUMBER:
44. REGISTRAR— Signature: Sheila Keller
For State or County use only
45. DATE FILED (Month, Day, Year): Oct 12,2006

DECEASED

BURIAL

CERTIFIER

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. Blunt Force Injuries, due to plane crash. — Seconds

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

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

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

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

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.)

CAUSE

49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause): Accident

50. AUTOPSY (Specify Yes or No): Yes

51. If yes, were findings considered in determining cause of death? (Specify Yes or No): Yes

52. HOW INJURY OCCURRED (Enter nature of injury in Item 46, Part 1 or Item 47, Part II): Plane crashed when taking off from Shelby Co. AP

53. DATE OF INJURY (Month, Day, Year): 09/23/2006

54. HOUR OF INJURY: 13:00 M

55. INJURY AT WORK (Specify Yes or No): No

56. PLACE OF INJURY—(Specify at home, farm, street, factory, office building, etc.): So. End of Shelby Co Airport

57. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State): S End of Shelby Co Airport, Calera, AL

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

Stephanie Hudson
Signature of Local Registrar

OCT 13 2006
Date of Issue

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ANY ALTERATIONS VOID THIS DOCUMENT

NAME OF DECEASED

SSN:

3. _____
6. _____
19. _____
20. _____
26. _____
27. _____
34. _____
46. _____
49. _____
55. _____