



20100608000181010 1/2 \$14.00
Shelby Cnty Judge of Probate, AL
06/08/2010 01:59:22 PM FILED/CERT

RECORDING REQUESTED BY

ServiceLink
4000 Industrial Blvd.
Aliquippa, PA 15001

(2)

2242469

WHEN RECORDED MAIL TO:

ELIZABETH SEIBERT
505 OVERHILL DR
PELHAM, AL 35124-1617
Order No: 2242469

Affidavit of Death of Joint Tenant

State of AL

County of SHELBY

Elizabeth Seibert, of legal age, being first duly sworn, deposes and says: That Horner Martin Seibert¹¹¹ the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Martin Seibert named as one of the parties in the certain Deed dated 5/31/07 executed by Russell W. Street to Martin + Elizabeth Seibert as joint tenants, recorded as Instrument No. 20070600000089650 on 6/20/07, records of SHELBY, AL, covering the following described real property situated in the City of PELHAM, County of SHELBY, State of AL.

See Exhibit "A" attached hereto and made a part hereof: Lot 19, Block 4, Oak Mountain Estates 2nd Sector, according to Map recorded in Map Book 5, Page 76, in the Probate Office of Shelby County, Alabama. Tax ID: 13-1-11-4-001-030.000

That the value of all real and personal property owned by said decedent at the date of death, including the full value of the property above described, did not exceed the sum of \$ N/A.

Dated May 24, 2010

Elizabeth Seibert
Elizabeth Seibert

SWORN AND SUBSCRIBED TO before me this 24 day of May, 20 10.

Francis N. Gable
Notary Public
My Commission expires: April 29, 2011

ALABAMA
CERTIFICATE OF DEATH

State File Number 101

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

3. _____	First Homer	Middle Martin	Last SEIBERT III	(Type last name all capitals)	2. DATE OF DEATH (Month, Day, Year) January 14, 2010	3. COUNTY OF DEATH Shelby			
6. _____	4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Pelham, 35124				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) 505 Overhill Drive			
19. _____	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			
20. _____	10. SEX Male		27. DECEASED						
26. _____	11. AGE 43 yrs	12. UNDER 1 YEAR MOS.	13. DATE OF BIRTH (Month, Day, Year) November 14, 1966	14. DECEASED'S SOCIAL SECURITY NUMBER					
27. _____	15. DAYS	16. HOURS	17. MINS.	18. Was Decedent ever in Armed Forces (Specify Yes or No) Yes					
34. _____	15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) 12		16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married		17. SURVIVING SPOUSE (If wife, give maiden name) Elizabeth Rogers				
SSN: _____	19. STATE OF BIRTH (If not in USA, name country) California		20. RESIDENCE—STATE Alabama		21. COUNTY Shelby				
23. INSIDE CITY LIMITS (Specify Yes or No) Yes	24. STREET AND NUMBER 505 Overhill Drive		25. INFORMANT—Name and Address Elizabeth Seibert 505 Overhill Dr., Pelham, AL 35124		22. CITY, TOWN, OR LOCATION AND ZIP CODE Pelham, 35124				
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Assistant Maintenance	27. KIND OF BUSINESS OR INDUSTRY Valleydale Baptist Church		28. FATHER—NAME First Homer M. Seibert, Jr.		29. MAIDEN NAME OF MOTHER— First Ruby				
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial	31. DATE OF DISPOSITION (Month, Day, Year) Jan. 16, 2010	32. CEMETERY OR CREMATORIAL—Name Forest Crest Cemetery		33. LOCATION—(City or Town—State) Birmingham, AL		34. FUNERAL HOME—Name and Address Patterson—Forest Grove FH 1498 5th Ave. PleasantGrove, AL 35127		35. FUNERAL DIRECTOR—Signature Jan. 20, 2010	36. DATE SIGNED BY FUNERAL DIRECTOR Jan. 20, 2010
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: <i>Diana S. Hawkins</i>	38. DATE SIGNED (Month, Day, Year) 01-22-2010								
39. TIME AND DATE OF DEATH 07:00 01-14-10	40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only) 01-14-10	41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) Diana S. Hawkins—Coroner	42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) P.O. Box 1321 Columbiana, ALA. 35051		43. CERTIFIER LICENSE NUMBER				
44. REGISTRAR—Signature <i>Sheila Miller</i>	45. DATE FILED (Month, Day, Year) Jan 27, 2010								

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 secs/min	
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Gunshot wound to head		
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. DUE TO (OR AS A CONSEQUENCE OF):	
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) Suicide	50. AUTOPSY (Specify Yes or No) tox	51. If yes, were findings considered in determining cause of death? (Specify Yes or No)
52. HOW INJURY OCCURRED (Enter nature of injury in Item 46, Part I or Item 47, Part II) Deceased shot himself	53. DATE OF INJURY (Month, Day, Year) 01-14-10	54. HOUR OF INJURY unknown 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) 505 Overhill Dr. Pelham, 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

SEAL
Sheila Miller

Signature of Local Registrar

Jan 28, 2010
Date of Issue

20100608000181010 2/2 \$14.00
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