

## AFFIDAVIT OF CONTINUOUS MARRIAGE

STATE OF ALABAMA

COUNTY OF JEFFERSON

BEFORE ME, the undersigned authority, on this 17th day of May, 2010, personally appeared Julia T. Cartledge, who being duly sworn, deposes and says:

1. THAT Affiant along with Affiant's spouse, Liston E. Cartledge, Jr., obtained title to the following described property on August 31, 1998:

Lot 24, according to teh Survey of Brookhaven, Sector 2, as recorded in Map Book 11, Page 4, in the Probate Office of Shelby County, Alabama; being situated in Shelby County, Alabama.

Address: 2714 Stevens Creek Road, Birmingham, AL 35244

2. THAT Affiant was married to the above named spouse prior to the date of acquisition of the aforesaid property, and they remained continuously married from that date up to and including, the date of death of said spouse.
3. THAT Affiant's spouse died of natural causes in Jefferson County, Alabama.
4. That all Federal and State taxes on the Estate of the decedent have been paid in full.
5. That a certified copy of the death certificate is attached hereto.
6. That Affiant has not, since remarried.

FURTHER THE AFFIANT, SAYETH NOT.

DATED this 17 day of May, 2010

Julia T. Cartledge  
Julia T. Cartledge

Sworn to and Subscribed before me this 17 day of May, 2010, by Julia T. Cartledge, who is personally known to me or who has produced DRIVERS LICENSE as identification.

Julie Cossier  
Typed Name:  
Title or Rank: Notary Public  
My Commission #:  
Expires: JAN 19 2014

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

*Deborah M. Intyre*

Signature of Local or Deputy Registrar

May 1, 2003

Date of Issue



20100616000191220 2/2 \$14.00  
Shelby Cnty Judge of Probate, AL  
06/16/2010 12:41:27 PM FILED/CERT

# ALABAMA CERTIFICATE OF DEATH

County  
File  
Number —

State File Number **101**

1. DECEASED—NAME First Middle Last (Type last name all capitals) <b>Liston E. CARTLEDGE, JR</b>		2. DATE OF DEATH (Month, Day, Year) <b>April 22, 2003</b>		3. COUNTY OF DEATH <b>Jefferson</b>	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE <b>Homewood 35209</b>		5. INSIDE CITY LIMITS (Specify Yes or No) <b>yes</b>		6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number) <b>Brookwood</b>	
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA) <b>ER</b>		8. OF HISPANIC ORIGIN (Specify Yes or No) If Yes, Specify Cuban, Mexican, Puerto Rican, etc. <b>no</b>		9. RACE—(Specify American Indian, Black, White, etc.) <b>white</b>	
10. SEX <b>male</b>		11. AGE <b>44</b> YRS.		12. UNDER 1 YEAR <b>12</b> MOS.	
13. DATE OF BIRTH (Month, Day, Year) <b>January 19, 1959</b>		14. DECEASED'S SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) <b>4</b> College (1-4 or 5+) <b>4</b>	
16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) <b>married</b>		17. SURVIVING SPOUSE (If wife, give maiden name) <b>Julia Thomas</b>		18. Was Decedent ever in Armed Forces (Specify Yes or No) <b>no</b>	
19. STATE OF BIRTH (If not in USA, name country) <b>Florida</b>		20. RESIDENCE—STATE <b>Alabama</b>		21. COUNTY <b>Jefferson</b>	
22. CITY, TOWN, OR LOCATION AND ZIP CODE <b>Hoover 35244</b>		23. INSIDE CITY LIMITS (Specify Yes or No) <b>yes</b>		24. STREET AND NUMBER <b>2714 Stevens Creek Road</b>	
25. INFORMANT—Name and Address <b>Julia Cartledge</b>		26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>Vice President</b>		27. KIND OF BUSINESS OR INDUSTRY <b>Credit Union</b>	
28. FATHER—NAME First Middle Last <b>Liston E. Cartledge</b>		29. MAIDEN NAME OF MOTHER—First Middle Last <b>Alice R. O'Brien</b>		30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) <b>burial</b>	
31. DATE OF DISPOSITION (Month, Day, Year) <b>Apr. 25, 2003</b>		32. CEMETERY OR CREMATORY—Name <b>Southern Heritage</b>		33. LOCATION—(City or Town—State) <b>Pelham, AL</b>	
34. FUNERAL HOME—Name and Address <b>Southern Heritage</b>		35. FUNERAL DIRECTOR—Signature <i>Julia Skippis</i>		36. DATE SIGNED BY FUNERAL DIRECTOR <b>Apr. 25, 2003</b>	
37. <input checked="" type="checkbox"/> <b>Certifying Physician</b> (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." <b>Medical Examiner — Coroner</b> "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>[Signature]</i>		38. DATE SIGNED (Month, Day, Year) <b>04/23/2003</b>		39. TIME AND DATE OF DEATH <b>08:13 04/22/2003</b>	
40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only) <b>08:13 04/22/2003</b>		41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) <b>MARY R DODSON MD</b>		42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) <b>BROOKWOOD MEDICAL CENTER</b>	
43. CERTIFIER LICENSE NUMBER <b>14789</b>		44. REGISTRAR—Signature <i>Sherry L Myers</i>		45. DATE FILED (Month, Day, Year) <b>April 30, 2003</b>	

## 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>ACUTE MYOCARDIAL INFARCTION</b> DUE TO (OR AS A CONSEQUENCE OF): b. <b>CAD</b> DUE TO (OR AS A CONSEQUENCE OF): c. <b></b> DUE TO (OR AS A CONSEQUENCE OF): d. <b></b> Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>1 HR</b>	
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.) <b></b>	
49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) <b>NATURAL CAUSE</b>		50. AUTOPSY (Specify Yes or No) <b>YES</b>	
51. If yes, were findings considered in determining cause of death? (Specify Yes or No) <b>YES</b>		52. HOW INJURY OCCURRED (Enter nature of injury in Item 46, Part I or Item 47, Part II) <b></b>	
53. DATE OF INJURY (Month, Day, Year) <b></b>		54. HOUR OF INJURY <b></b>	
55. INJURY AT WORK (Specify Yes or No) <b></b>		56. PLACE OF INJURY—(Specify at home, farm, street, factory, office building, etc.) <b></b>	
57. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State) <b></b>		58. <b></b>	

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