

This instrument was prepared by:
Mike T. Atchison, Attorney
PO Box 822
Columbiana, AL 35186

AFFIDAVIT

My name is Odell Vines, and I am 82 years old. I reside at 88 Thorny Lane, Calera, Alabama 35040.

It has been brought to my attention that there exists a deed dated June 2002 recorded in Shelby County Probate Office Instrument #2002072300034354. This is a deed from Joe C. Vines and wife, Odell Vines to Eric Vines. Eric is my son. My name and my husbands name appears on the signature line of this deed. I did not sign this deed in 2002 or any other deed into Eric Vines. In 2002 my husband, Joe C. Vines had been deceased since 1986. I have never been to the office of Douglas W. Ingram, Attorney at 623 Redlane Road, Birmingham, Alabama. A copy of this Deed is attached as Exhibit A. A copy of my husband's death certificate is attached as Exhibit B.

My husband and I bought this property from Lepra Williams and Rosa Williams in 1956, this deed is recorded in Deed Book 268, Page 30, which is shown as Exhibit C. I have resided on this property since that time.

Further the affiant sayeth not.

Odell Vines

Odell Vines

STATE OF ALABAMA SHELBY COUNTY

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

Given under my hand and official seal this 14th day of January 2010.

Mike T. Atchison
Notary Public

My Commission Expires: 10/16/12

20100629000205990 1/6 \$26.00
Shelby Cnty Judge of Probate, AL
06/29/2010 10:59:32 AM FILED/CERT



6-16-11 A



20020723000343540 Pg 1/2 15.00
Shelby Cnty Judge of Probate, AL
07/23/2002 15:05:00 FILED/CERTIFIED

QUITCLAIM DEED

STATE OF ALABAMA,

SHELBY COUNTY

KNOW ALL MEN BY THESE PRESENTS, that for and consideration of the sum of \$10.00 Ten Dollars and 00/100, and other valuable consideration in hand paid to the undersigned, the receipt whereof is hereby acknowledged, the undersigned **Joe C. Vines and wife, Odell Vines**, hereby remises, releases, quit claims, sells, and conveys to **Eric Vines**, (hereinafter called Grantee), all our right, title, interest and claim in or to the following described real estate, situated in **Shelby County, Alabama**, to-wit:

See Attached Exhibit "A"

TO HAVE AND TO HOLD to said GRANTEE forever.

Given under my hand and official seal, this day of **June**, 2002

Witnesses:

Joe C. Vines (SEAL)
Joe C. Vines
Odell Vines (SEAL)
Odell Vines

STATE OF ALABAMA

COUNTY OF SHELBY

I, the undersigned authority, a notary public in and for said County, in said State, hereby certify that **Joe C. Vines and wife Odell Vines** whose names are signed to the foregoing conveyance, and who are known to me, acknowledged before me on this day, that, being informed of the contents of the conveyance, they executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this day of **June**, 2002.

Shann Phillips
Notary Public

This instrument was prepared by:
Douglas W. Ingram
Attorney at Law
623 Red Lane Road, Suite 204
Birmingham, Alabama 35215

Send Tax Notice to:
Eric Vines

Home Address



20100629000205990 2/6 \$26.00
Shelby Cnty Judge of Probate, AL
06/29/2010 10:59:32 AM FILED/CERT

Exhibit "A"

20020723000343540 Pg 2/2 15.00
Shelby Cnty Judge of Probate, AL
07/23/2002 15:05:00 FILED/CERTIFIED

Shelby County

Alabama

Commence at a point of intersection of the east line of the SE1/4 of the SW1/4 of Section 4, Township 22 South, Range 2 West and the centerline of Shelby County Highway #84; thence run South along said east line 40.37 feet; thence 65°45'16" right run Southwesterly 930.54 feet to the Point of Beginning; thence 26°53'23" right run westerly 207.08 feet to an iron pin; thence 99°42'05" left run Southerly 105.0 feet; thence 80°00'54" left run Easterly 189.74 feet; thence 95°56'43" left run Northerly 105.0 feet to the Point of Beginning. Containing 0.49 Acres.



20100629000205990 3/6 \$26.00
Shelby Cnty Judge of Probate, AL
06/29/2010 10:59:32 AM FILED/CERT



20100629000205990 4/6 \$26.00
Shelby Cnty Judge of Probate, AL
06/29/2010 10:59:32 AM FILED/CERT

Ex 6 + B

STATE OF ALABAMA
CERTIFICATE OF DEATH

Pending

STATE FILE NUMBER

TYPE, OR PRINT IN
PERMANENT INK

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

PARENTS

CAUSE

IF NO PHYSICIAN
WAS IN
ATTENDANCE
MEDICAL
CERTIFICATION
SHOULD BE
COMPLETED
BY THE LOCAL
HEALTH
OFFICER, OR
CORONER

CERTIFIER

BURIAL

ADPH-FVS-2/Rev. 8-81

| | | | | | | | | | |
|---|--|------------|--|--|--|---|--|--|--|
| 1. DECEASED—NAME | | FIRST | | MIDDLE | | LAST | | 2. DATE OF DEATH (MONTH, DAY, YEAR) | |
| Joe | | Cephus | | Vines, Sr. | | | | Sept. 30, 1986 | |
| 3. RACE or COLOR | | 4. SEX | | 5. AGE—LAST BIRTHDAY (YEARS) | | 6. DATE OF BIRTH (MONTH, DAY, YEAR) | | 7. COUNTY OF DEATH | |
| Black | | Male | | 58 | | 5-16-28 | | Shelby | |
| 8. CITY, TOWN, OR LOCATION OF DEATH | | | | 9. INSIDE CITY LIMITS (SPECIFY YES OR NO) | | 10. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) | | | |
| Alabaster | | | | Yes | | Shelby Medical Center | | | |
| 11. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) | | | | 12. CITIZEN OF WHAT COUNTRY | | 13. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) | | 14. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) | |
| Alabama | | | | U.S.A. | | Married | | Odell Herndon | |
| 15. SOCIAL SECURITY NUMBER | | | | 16. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) | | 17. KIND OF BUSINESS OR INDUSTRY | | | |
| | | | | Welder | | Steel | | | |
| 18. RESIDENCE—STATE | | 19. COUNTY | | 20. CITY, TOWN, or LOCATION | | 21. INSIDE CITY LIMITS (SPECIFY YES OR NO) | | 22. STREET AND NUMBER | |
| Alabama | | Shelby | | Calera | | No | | Route 2, Box 652 | |
| 23. FATHER—NAME | | | | 24. MOTHER—NAME | | 25. MOTHER—MAIDEN NAME | | | |
| Will | | | | Vines | | Annie Mae Huguley | | | |
| 26. PHYSICIAN'S NAME (IF ANY) | | | | 27. INFORMANT—NAME | | 28. ADDRESS | | | |
| Dr. Gary Harrelson | | | | Mrs. Odell H. Vines | | Route 2, Box 652 Calera, Alabama 35040 | | | |
| 29. ADDRESS | | | | 30. ADDRESS | | 31. ADDRESS | | | |
| Shelby Medical Center | | | | Route 2, Box 652 Calera, Alabama 35040 | | | | | |
| PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)) | | | | | | | | | |
| 1. IMMEDIATE CAUSE | | | | | | | | | |
| (a) Respiratory arrest | | | | | | | | | |
| (b) Metastatic carcinoma of Lung | | | | | | | | | |
| (c) | | | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) | | | | | | | | | |
| 2. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) | | | | | | | | | |
| 3. DATE OF INJURY (MONTH, DAY, YEAR) | | | | | | | | | |
| 4. HOUR | | | | | | | | | |
| 5. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) | | | | | | | | | |
| 6. INJURY AT WORK (SPECIFY YES OR NO) | | | | | | | | | |
| 7. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) | | | | | | | | | |
| 8. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) | | | | | | | | | |
| 9. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM | | | | | | | | | |
| 10. MONTH DAY YEAR | | | | | | | | | |
| 11. AND LAST SAW HIM/HER | | | | | | | | | |
| 12. DID/DID NOT VIEW THE BODY AFTER DEATH | | | | | | | | | |
| 13. DEATH OCCURRED AT the place, on the date, and to the best of my knowledge, due to the cause(s) stated. | | | | | | | | | |
| 14. CERTIFICATION—CORONER OR HEALTH OFFICER: On the basis of the examination of the body and/or the investigation, in my opinion death occurred on the date and due to the cause(s) stated. | | | | | | | | | |
| 15. HOUR OF DEATH | | | | | | | | | |
| 16. THE DECEDENT WAS PRONOUNCED DEAD | | | | | | | | | |
| 17. MONTH DAY YEAR | | | | | | | | | |
| 18. HOUR | | | | | | | | | |
| 19. CERTIFIER—PHY., CORONER OR HEALTH OFFICER (TYPE OR PRINT) | | | | | | | | | |
| 20. SIGNATURE | | | | | | | | | |
| 21. DEGREE OR TITLE | | | | | | | | | |
| 22. DATE SIGNED (MONTH, DAY, YEAR) | | | | | | | | | |
| 23. MAILING ADDRESS—CERTIFIER | | | | | | | | | |
| 24. STREET OR R.F.D. NO. | | | | | | | | | |
| 25. CITY OR TOWN | | | | | | | | | |
| 26. STATE | | | | | | | | | |
| 27. ZIP | | | | | | | | | |
| 28. BURIAL, CREMATION, REMOVAL (SPECIFY) | | | | | | | | | |
| 29. CEMETERY OR CREMATORY—NAME | | | | | | | | | |
| 30. LOCATION | | | | | | | | | |
| 31. CITY OR TOWN | | | | | | | | | |
| 32. STATE | | | | | | | | | |
| 33. DATE (MONTH, DAY, YEAR) | | | | | | | | | |
| 34. FUNERAL HOME—NAME AND ADDRESS | | | | | | | | | |
| 35. STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP | | | | | | | | | |
| 36. FUNERAL DIRECTOR—SIGNATURE | | | | | | | | | |
| 37. REGISTRAR—SIGNATURE | | | | | | | | | |
| 38. DATE RECEIVED BY LOCAL REGISTRAR | | | | | | | | | |

STATE OF ALABAMA

COUNTY OF SHELBY

10-7 19 86

THIS IS AN OFFICIAL COPY OF THE RECORD THAT WAS TENDERED TO THE SHELBY COUNTY

HEALTH DEPARTMENT ON October 7 19 86

(not valid without seal-)

SHELBY COUNTY REGISTRAR

The State of Alabama

SHELBY

COUNTY

Know All Men by These Presents, That in consideration of

TEN (\$10.00)

DOLLARS

to the undersigned grantor.s, Leptra Williams and wife, Rosa Williams,

in hand paid by ^{C.}Joe ~~D.~~ Vines and wife, Odell Vines,the receipt whereof is acknowledged we the said

Leptra Williams and wife, Rosa Williams,

do grant, bargain, sell and convey unto the said

Joe ^{C.}~~D.~~ Vines and wife, Odell Vines,the following described real estate, to-wit a parcel of land situated in the SE¹/₄ of the SW¹/₄ of section 4, township 22, rance 2 west, more particularly described as follows:

"Begin at the southwest corner of the five-acre tract now owned by the grantors herein and run in an easterly direction, along the southern boundary of said five-acre tract, 70 yards; thence, run in a northerly direction, perpendicular to said southern boundary, 35 yards; thence run in a westerly direction, parallel with said southern boundary, 70 yards; thence run in a so thorny direction, along the western boundary of said five-acre tract, 35 yards, to the point of beginning", and containing one half acre, more or less.

situated in Shelby County, Alabama.To Have and to Hold, To the said ^{C.}Joe ~~D.~~ Vines and wife, Odell Vines, their

heirs and assigns forever.

And we do, for ourselves and for our heirs, executors and administrators, covenant with the said ^{C.}Joe ~~D.~~ Vines and wife, Odell Vines, theirheirs and assigns, that we are lawfully seized in fee simple of said premises; that they are free from all encumbrances; that we have a good right to sell and convey the same as aforesaid; thatwe will, and our heirs, executors and administrators shall, warrant and defend the same to the said ^{C.}Joe ~~D.~~ Vines and wife, Odell Vines, their

heirs and assigns forever, against the lawful claims of all persons.

In Witness Whereof, we have hereunto set our hand ^S and seal ^S, this 30 day of October, 1956

WITNESSES:

Mrs. Maurine HoglandLeptra ^{his} Williams (Seal.)Rosa Williams (Seal.)

(Seal.)

(Seal.)



20100629000205990 5/6 \$26.00
Shelby Cnty Judge of Probate, AL
06/29/2010 10:59:32 AM FILED/CERT

Spec. C. Venue
At 2 BN 73
Calicut

TO

Warranty Deed

THE STATE OF ALABAMA

County

I, _____

Judge of the Probate Court of said County, hereby

certify that the foregoing conveyance was filed for

registration in this office on the _____ day of _____, 19____, and was recorded

in Vol _____ Records of Deeds,

Page _____ on the _____

days of _____, 19____

Judge of Probate.

Recording Fee, \$ _____

State Tax \$ _____

PRINTED AND FOR SALE BY ZAC SMITH STATIONERY CO., B'HAM

THE STATE OF ALABAMA,

Shelby County

I, Hazel B. Green

a Notary Public in and for said County, in said State, hereby
certify that Lerra Williams and wife, Rosa Williams
whose names are _____ signed to the foregoing conveyance, and who are _____ known to me,
acknowledged before me on this day, that, being informed of the contents of this conveyance,
executed the same voluntarily on the day the same bears date.

Given under my hand and seal, this 13 day of October A. D. 1956

Hazel B. Green
Notary Public

THE STATE OF ALABAMA,

County

I, _____

a _____ in and for said County, in said State, hereby
certify that _____, a subscribing witness
to the foregoing conveyance, known to me, appeared before me this day, and, being duly sworn, stated
that _____, the Grantor
voluntarily executed the same in _____ presence, and in the presence of the other subscribing witness, on the
day the same bears date; that _____ attested the same in the presence of the Grantor, _____, and of the
other witness, and that such other witness subscribed _____ name as a witness in _____ presence.

Given under my hand, this _____ day of _____ A. D. 19____

THE STATE OF ALABAMA,

County

I, _____

a _____ in and for said County, in said State, hereby
certify that on the _____ day of _____ 19____, came before me the
within named _____ known to me (or made known to me),
to be the wife of the within named _____
who, being examined separate and apart from the husband, touching her signature to the within _____
acknowledged that she signed the same of her own
free will and accord, without fear, constraint or threats on the part of the husband.

In witness whereof, I hereunto set my hand, this _____ day of _____ A. D. 19____

I certify this to be a true and
correct copy

10/7/09 MR Probate Judge
Shelby County



20100629000205990 6/6 \$26.00
Shelby Cnty Judge of Probate, AL
06/29/2010 10:59:32 AM FILED/CERT

BOOK 268 PAGE 31

195