20100701000209940 1/3 $29.00
Shelby Cnty Judge of Probate, AL
07/01/2010 11:18:46 AM FILED/CERT

THE PREPARER OF THIS DEED MAKES NO REPRESENTATION AS TO THE STATUS OF THE TITLE OF THE PROPERTY DESCRIBED HEREIN, OR AS TO THE ACCURACY OF THE DESCRIPTION CONTAINED IN PREVIOUSLY FILED DEEDS

This instrument was prepared by:
Kendall W. Maddox
Kendall Maddox & Associates, LLC
2550 Acton Road, Ste 210
Birmingham, AL 35243

Send Tax Notice To:
Margaret F. Littleton
151 South River Dr.
Shelby, AL 35143

WARRANTY DEED $10,000.00

STATE OF ALABAMA)
SHELBY COUNTY) **KNOW ALL MEN BY THESE PRESENTS:**

That in consideration of TEN DOLLARS AND OTHER GOOD AND VALUABLE CONSIDERATION to the undersigned grantor (whether one or more), in hand paid by the grantee herein, the receipt whereof is acknowledged, I or we,

THE ADVISORY TRUST COMPANY OF DELAWARE AND MARGARET F. LITTLETON, TRUSTEES UNDER THE LITTLETON LIVING TRUST, DATED AUGUST 25, 2008

(herein referred to as Grantor, whether one or more), grant, bargain, sell, and convey unto

THE ADVISORY TRUST COMPANY OF DELAWARE AND MARGARET F. LITTLETON, TRUSTEES, UNDER THE LITTLETON FAMILY TRUST CREATED UNDER THE LITTLETON LIVING TRUST, DATED AUGUST 25, 2008 AND ANY AMENDMENTS THERETO

(herein referred to as Grantee, whether one or more), an undivided one-half (1/2) interest in the following described real estate, situated in Shelby County, Alabama, to-wit:

Lot 36, according to the Survey of Lacoosa Estates, as recorded in Map Book 5, page 35, in the Probate Office of Shelby County, Alabama. Subject to taxes, restrictions, rights-of-way, exceptions, conditions, covenants and easements of record.

Ben P. Littleton, Trustee of the Littleton Living Trust, was a Grantee named in that certain warranty deed recorded at Instrument Number 20080916000367270 dated August 25, 2008 in the Probate Office of Shelby County, Alabama. Ben P. Littleton died on or about May 7, 2009. A copy of his death certificate is attached. According to the terms of the Trust, the Advisory Trust Company of Delaware and Margaret F. Littleton are now the trustees of the Trust and have the authority to execute this transfer.

TO HAVE AND TO HOLD to the said grantee, his, her or their successors and assigns forever.

THE GRANTOR herein grants full power and authority by this deed to the Trustee(s), and either of them, and all successor trustee(s) to protect, conserve, sell, lease, pledge, mortgage, borrow against, encumber, convey, transfer or otherwise manage and dispose of all or any portion of the property herein described, or any interest therein, without the consent or approval of any other party and without further proof of such authority; no person or entity paying money to or delivering property to any Trustee or successor trustee shall be required to see to its application; and all persons or entities relying in good faith on this deed and the powers contained herein regarding the Trustee(s) (or successor trustee(s)) and their powers over the property herein conveyed shall be held harmless from any resulting loss or liability from such good faith reliance.

And I (we) do for myself (ourselves) and for my (our) heirs, executors, and administrators covenant with the said **GRANTEE**, his, her or their successors and assigns, that I am (we are) lawfully seized in fee simple of said premises; that they are free from all encumbrances, unless otherwise noted above; that I (we) have a good right to sell and convey the same as aforesaid; that I (we) will and my (our) heirs, executors and administrators shall warrant and defend the same to the said **GRANTEE**, his, her or their successors and assigns forever, against the lawful claims of all persons

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 24th day of June, 2010.

Margaret F. Littleton, Trustee
MARGARET F. LITTLETON, TRUSTEE
UNDER THE LITTLETON LIVING TRUST, DATED AUGUST 25, 2008

THE ADVISORY TRUST COMPANY OF DELAWARE

BY: Edward M Leo
Signature
Print Name: Edward M. Leo
Title: Senior Trust Officer
TRUSTEE UNDER THE LITTLETON LIVING TRUST, DATED 08/25/08

Deed Tax : $10.00

20100701000209940 2/3 $29.00
Shelby Cnty Judge of Probate, AL
07/01/2010 11:18:46 AM FILED/CERT

STATE OF ALABAMA)

JEFFERSON COUNTY) **ACKNOWLEDGEMENT**

I, Jennifer Q Griffin, a Notary Public in and for said County, in said State, hereby certify Margaret F. Littleton, Trustee under the Littleton Living Trust, dated August 25, 2008, whose name is/are signed to the foregoing conveyance, and who is/are known to me, acknowledged before me on this date, that, being informed of the contents of the conveyance has/have executed the same voluntarily on the day the same bears date.

Given my hand and official seal this 24 day of June, 2010.

Notary Public Jennifer Q. Griffin

My Commission Expires: 10/4/2010

STATE OF Delaware)

COUNTY OF New Castle) **ACKNOWLEDGEMENT**

I, Sheila K Seidel, a Notary Public in and for said County, in said State, hereby certify that Edward Lee whose name as SR Trust Officer (title) of The Advisory Trust Company of Delaware, Trustee under the Littleton Living Trust, dated August 25, 2008, whose name is/are signed to the foregoing conveyance, and who is/are known to me, acknowledged before me on this date, that, being informed of the contents of the conveyance has/have executed the same voluntarily on the day the same bears date.

Given my hand and official seal this 24th day of June, 2010

Notary Public Sheila K Seidel

My Commission Expires: 6/29/13

SHEILA K. SEIDEL
NOTARY PUBLIC
STATE OF DELAWARE
My commission expires June 29, 2013

THE FRONT OF THIS DOCUMENT IS PINK - THE BACK OF THIS DOCUMENT IS BLUE AND HAS AN ARTIFICIAL WATERMAR

20100701000209940 3/3 $29.00
Shelby Cnty Judge of Probate, AL
07/01/2010 11:18:46 AM FILED/CERT

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: Ben Middle: Perry Last: LITTLETON (Type last name all capitals)		2. DATE OF DEATH (Month, Day, Year): May 7, 2009	3. COUNTY OF DEATH: Shelby
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE: Shelby, 35143	5. INSIDE CITY LIMITS (Specify Yes or No): No	6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number): 151 South River Drive	
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: 60 YRS.	12. UNDER 1 YEAR: MOS. / DAYS — UNDER 1 DAY: HOURS / MINS.	13. DATE OF BIRTH (Month, Day, Year): September 5, 1948	14. DECEASED'S SOCIAL SECURITY NUMBER: [redacted]
15. EDUCATION (Specify ONLY highest grade completed below): Elementary or High School (0-12): 12 / College (1-4 or 5+)	16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced): Married	17. SURVIVING SPOUSE (If wife, give maiden name): Margaret Ann Fallon	18. Was Decedent ever in Armed Forces (Specify Yes or No): Yes
19. STATE OF BIRTH (If not in USA, name country): South Carolina	20. RESIDENCE—STATE: Alabama	21. COUNTY: Shelby	22. CITY, TOWN, OR LOCATION AND ZIP CODE: Shelby, 35143
23. INSIDE CITY LIMITS (Specify Yes or No): No	24. STREET AND NUMBER: 151 South River Drive	25. INFORMANT—Name and Address: Margaret Ann Littleton, 151 South River Drive, Shelby, AL 35143	
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Instrumentation and Design Engineer		27. KIND OF BUSINESS OR INDUSTRY: Pulp and Paper	
28. FATHER—NAME First: John Middle: Freeman Last: Littleton		29. MAIDEN NAME OF MOTHER— First: Elizabeth Georgia Middle: Last: Jones	
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other): Cremation	31. DATE OF DISPOSITION (Month, Day, Year): May 8, 2009	32. CEMETERY OR CREMATORY—Name: Charter Crematory	33. LOCATION—(City or Town—State): Calera, Alabama
34. FUNERAL HOME—Name and Address: Charter Funeral Home, 2521 US Hwy 31, Calera, AL 35040		35. FUNERAL DIRECTOR—Signature: Kamuan Bowers	36. DATE SIGNED BY FUNERAL DIRECTOR: May16, 2009
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:			38. DATE SIGNED (Month, Day, Year): 5-12-09
39. TIME AND DATE OF DEATH: 6:45AM 5-7-09	40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only): 6:45AM 5-7-09	41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46): Thomas M. Nolen M.D.	
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46): 247 Walton St. Columbiana, AL 35051			43. CERTIFIER LICENSE NUMBER: 6659
44. REGISTRAR— Signature: Sheila Keller	For State or County use only		45. DATE FILED (Month, Day, Year): May 18, 2009

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. Respiratory Failure		
DUE TO (OR AS A CONSEQUENCE OF): b. Carcinomatosis		
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. Prostate CA		
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)	50. AUTOPSY (Specify Yes or No)	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 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)

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

ADPH-HS 2/Rev. 11-93

ANY ALTERATIONS VOID THIS DOCUMENT

SSN: [redacted]

NAME OF DECEASED Ben Littleton

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

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

Sheila Keller — Signature of Local Registrar

May 18, 2009 — Date of Issue