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:
Janie Caperton
5068 Greystone Way
Birmingham, AL 35242

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,

JANIE CAPERTON, Trustee, under the CAPERTON LIVING TRUST, dated August 27, 2007

(herein referred to as Grantor, whether one or more), grants, bargains, sells, and conveys unto

JANIE CAPERTON

(herein referred to as Grantee, whether one or more), the following described real estate, situated in Shelby County, Alabama, to-wit:

Lot 13, according to the Map and Survey of Greystone, 4th Sector, as recorded in Map Book 16, Page 89 A, B & C, in the Probate Office of Shelby County, AL. Subject to taxes, restrictions, rights-of-way, exceptions, conditions, covenants and easements of record.

JANIE CAPERTON is the surviving Trustee in that certain warranty deed recorded at Instrument number 20070927000453760 dated September 24, 2007. The other, Trustee, MARK CAPERTON died on or about July 23, 2010 **. A copy of his death certificate is attached.**

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

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 3 day of Sept., 2010.

Janie Caperton

JANIE CAPERTON, Trustee under the CAPERTON LIVING TRUST dtd 08/27/2007

STATE OF ALABAMA)
JEFFERSON COUNTY) **GENERAL ACKNOWLEDGEMENT:**

I, Jennifer Q. Griffin, a Notary Public in and for said County, in said State, hereby certify that JANIE CAPERTON, Trustee under the CAPERTON LIVING TRUST, dated August 27, 2007, whose name(s) 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 3 day of September, 2010.

Jennifer Q. Griffin

Notary Public

My Commission Expires: 10/4/2010

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

ALABAMA
Center for Health Statistics

20100903000285960 2/2 $25.00
Shelby Cnty Judge of Probate, AL
09/03/2010 01:20:48 PM FILED/CERT

MO

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

3. 059150
6. 000
19. 44
20. 059150
26.
27.
34. 59402

ANY ALTERATIONS VOID THIS DOCUMENT

SSN: ___ #6 added per Joan at FH SK 8/6/10

NAME OF DECEASED

46.
49.
55.

ALABAMA
CERTIFICATE OF DEATH

10-26336

County File Number —

State File Number 101

1. DECEASED—NAME First	Middle	Last (Type last name all capitals)	2. DATE OF DEATH (Month, Day, Year)	3. COUNTY OF DEATH
Mark	Alton	CAPERTON	July 23, 2010	Shelby

4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE	5. INSIDE CITY LIMITS (Specify Yes or No)	6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number)
Birmingham 35242	Yes	5068 Greystone Way

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.	9. RACE—(Specify American Indian, Black, White, etc.)	10. SEX
	No	White	Male

11. AGE	12. UNDER 1 YEAR MOS.	DAYS	UNDER 1 DAY HOURS	MINS.	13. DATE OF BIRTH (Month, Day, Year)	14. DECEASED'S SOCIAL SECURITY NUMBER
58 YRS.					January 28, 1952	

15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12)	College (1-4 or 5+)	16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced)	17. SURVIVING SPOUSE (If wife, give maiden name)	18. Was Decedent ever in Armed Forces (Specify Yes or No)
	4	Married	Janie Horsley	No

19. STATE OF BIRTH (If not in USA, name country)	20. RESIDENCE—STATE	21. COUNTY	22. CITY, TOWN, OR LOCATION AND ZIP CODE
Texas	Alabama	Shelby	Birmingham, AL 35242

23. INSIDE CITY LIMITS (Specify Yes or No)	24. STREET AND NUMBER	25. INFORMANT—Name and Address
Yes	5068 Greystone Way	Janie Caperton 5068 Greystone Way, Birmingham, AL 35242

26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	27. KIND OF BUSINESS OR INDUSTRY
Construction	Oil

28. FATHER—NAME First	Middle	Last	29. MAIDEN NAME OF MOTHER— First	Middle	Last
Troy	Alton	Caperton	Virginia		Ware

30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other)	31. DATE OF DISPOSITION (Month, Day, Year)	32. CEMETERY OR CREMATORY—Name	33. LOCATION—(City or Town—State)
Cremation	July 27, 2010	Johns-Ridout's	Birmingham, AL

34. FUNERAL HOME—Name and Address	35. FUNERAL DIRECTOR—Signature	36. DATE SIGNED BY FUNERAL DIRECTOR
Southern Heritage 475 Cahaba Valley Road, Pelham, AL 35124	Jonathan T. Whitten	July 27, 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 X 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: Diana S. Hawkins

38. DATE SIGNED (Month, Day, Year): 08-02-2010

39. TIME AND DATE OF DEATH	40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only)	41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)
06:30 07-23-10	07-23-10 06:30	Diana S. Hawkins-Coroner

42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)	43. CERTIFIER LICENSE NUMBER
P.O. Box 1321 Columbiana, AL. 35051	

44. REGISTRAR— Signature	For State or County use only	45. DATE FILED (Month, Day, Year)
Sheila Keller		Aug 6, 2010

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: minutes

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. ___ DUE TO (OR AS A CONSEQUENCE OF):

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.

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

52. HOW INJURY OCCURRED (Enter nature of injury in Item 46, Part I or Item 47, Part II)	53. DATE OF INJURY (Month, Day, Year)	54. HOUR OF INJURY
	unknown	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)
No	Home	5068 Greystone Way Birmingham, AL.

CAUSE

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

AUG 09 2010

ADPH-HS 2/Rev. 11-93

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2010-336-563-8

August 11, 2010

Catherine M. Donald

Catherine Molchan Donald
State Registrar of Vital Statistics