

RECORDING REQUESTED BY

Old Republic Title Company

WHEN RECORDED MAIL TO

When Recorded Return To:

Indecomm Global Services

1

2925 Country Drive

St. Paul, MN 55117



20110208000045580 1/3 \$18.00

Shelby Cnty Judge of Probate, AL

02/08/2011 01:49:03 PM FILED/CERT

76957940

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF ALABAMA

COUNTY OF SHELBY) ss.

REC 15

Being first duly sworn according to law, the undersigned (hereinafter "Affiant"), does hereby state under penalties of perjury as follows:

1. My full legal name is: JAMES P. SNIDER,
2. By virtue of instrument dated 04/11/2006, recorded 04/12/2006, in Doc#/ Book- Page 20060412000171260 of SHELBY County Records, title was conveyed to JAMES P. SNIDER and LAURIE H. SNIDER, as Joint Tenants with the right of survivorship to the following described real estate:

See Exhibit "A" Attached
3. As evidenced by the certified copy of the death certificate attached LAURIE H. SNIDER, is now deceased.
4. The purpose of this Affidavit is to transfer record title of the above described premises to the survivor JAMES P. SNIDER.

Further, the Affiant sayeth naught.

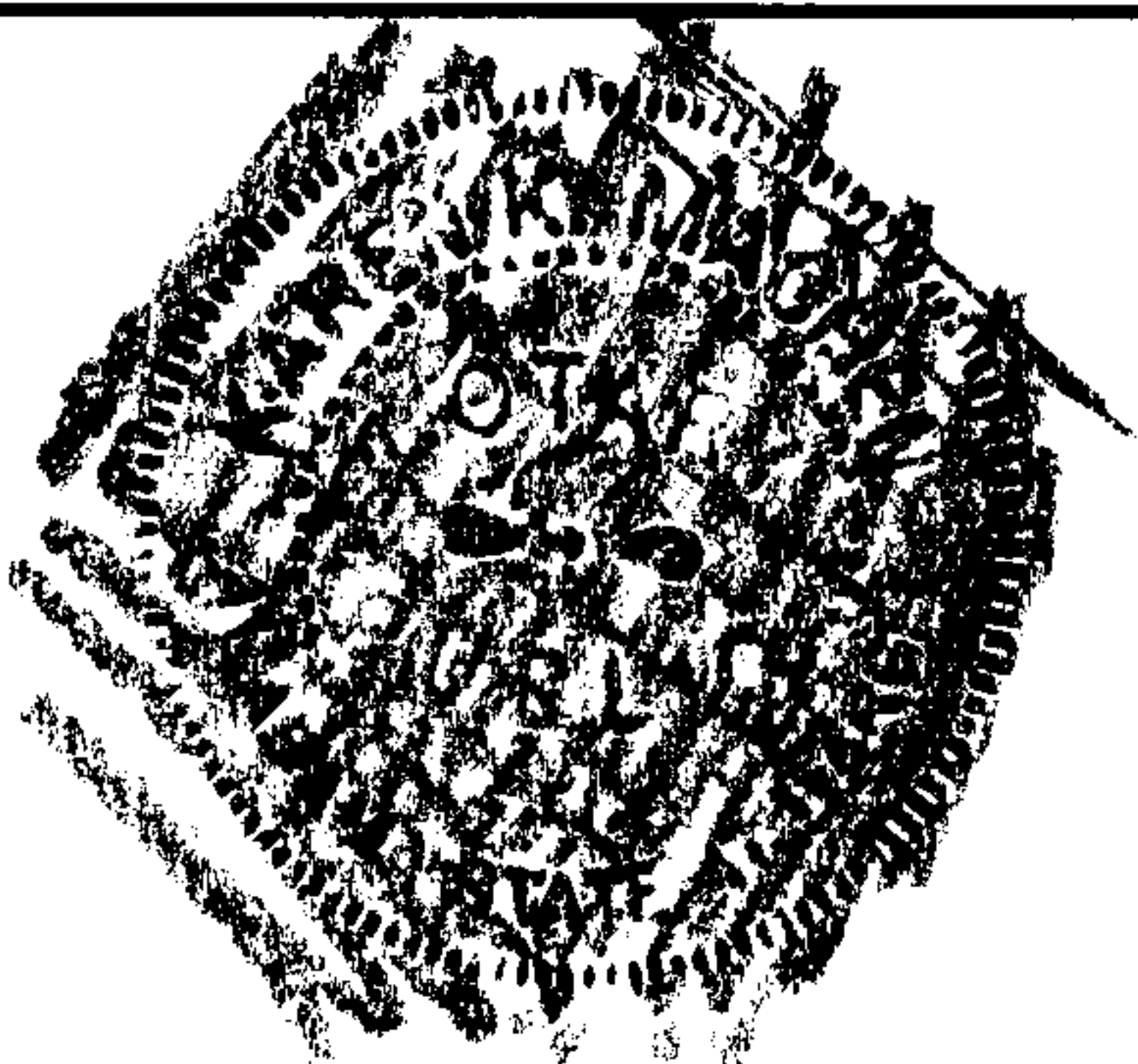
AFFIANT:

James P. Snider
JAMES P. SNIDER

Sworn to before me and subscribed in my presence this 25th day of

January, 2011, by James P. Snider.

Karen K. Machor
Notary Public Karen K. Machor



NOTARY PUBLIC STATE OF ALABAMA AT LARGE
MY COMMISSION EXPIRES: July 6, 2013
BONDED THRU NOTARY PUBLIC UNDERWRITERS

ALABAMA

CERTIFICATE OF DEATH

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

County
File
Number

State File Number **101**

1. DECEASED—NAME First Middle Last (Type last name all capitals) Laurie Hardy SNIDER			2. DATE OF DEATH (Month, Day, Year) September 5, 2009		3. COUNTY OF DEATH Shelby		
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Chelsea 35043			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) 101 Lakeland Ridge		
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 Female	
11. AGE 46 YRS.		12. UNDER 1 YEAR MOS. DAYS HOURS MINS.		13. DATE OF BIRTH (Month, Day, Year) October 8, 1962		14. DECEASED'S SOCIAL SECURITY NUMBER	
15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) College (1-4 or 5+) 4		16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married		17. SURVIVING SPOUSE (If wife, give maiden name) Jim Snider		18. Was Decedent ever in Armed Forces (Specify Yes or No) No	
19. STATE OF BIRTH (If not in USA, name country) Alabama		20. RESIDENCE—STATE Alabama		21. COUNTY Shelby		22. CITY, TOWN, OR LOCATION AND ZIP CODE Chelsea 35043	
23. INSIDE CITY LIMITS (Specify Yes or No) No		24. STREET AND NUMBER 101 Lakeland Ridge		25. INFORMANT—Name and Address Jim Snider 101 Lakeland Ridge, Chelsea, AL 35043			
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Teacher				27. KIND OF BUSINESS OR INDUSTRY Education			
28. FATHER—NAME First Middle Last Billy Clinton Hardy				29. MAIDEN NAME OF MOTHER—First Middle Last Janice Harrell			
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial		31. DATE OF DISPOSITION (Month, Day, Year) Sep. 8, 2009		32. CEMETERY OR CREMATORY—Name Liberty Baptist Church Cemetery		33. LOCATION—(City or Town—State) Chelsea, AL	
34. FUNERAL HOME—Name and Address Curtis and Son Funeral Home 1315 Talladega Highway, Sylacauga, AL 35150				35. FUNERAL DIRECTOR—Signature <i>[Signature]</i>		36. DATE SIGNED BY FUNERAL DIRECTOR Sep. 15, 2009	
37. <input checked="" type="checkbox"/> 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>Luigi F. Bertoli</i>						38. DATE SIGNED (Month, Day, Year) 11 SEPT 2009	
39. TIME AND DATE OF DEATH 9/5/09 @ 10:40AM		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) LUIGI F. BERTOLI, MD			
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) G105 ACC 2022 BROOKWOOD MED CTR DR BHM AL 35209				43. CERTIFIER LICENSE NUMBER AL10846			
44. REGISTRAR—Signature <i>Shula Keller</i>				45. DATE FILED (Month, Day, Year) Sept 23, 2009			

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. SMALL CELL CANCER OF THE CERVIX DUE TO (OR AS A CONSEQUENCE OF):			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 22 YEARS	
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. NONE			48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unk.) NO	
49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) NATURAL			50. AUTOPSY (Specify Yes or No) 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 I or Item 47, Part II)			53. DATE OF INJURY (Month, Day, Year)	
54. HOUR OF INJURY				
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

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

Shula Keller
Signature of Local Registrar

September 23, 2009
Date of Issue



20110208000045580 2/3 \$18.00
Shelby Cnty Judge of Probate, AL
02/08/2011 01:49:03 PM FILED/CERT

NAME OF DECEASED

SSN:

Snider, Laurie H.

DECEASED

BURIAL CERTIFIER

CAUSE

ANY ALTERATIONS VOID THIS DOCUMENT

EXHIBIT "A"

SITUATE IN THE COUNTY OF SHELBY, STATE OF ALABAMA:

LOT 49, ACCORDING TO THE SURVEY OF FINAL PLAT OF OAKLYN HILLS, PHASE 3,
AS RECORDED IN MAP BOOK 34 PAGE 52 IN THE OFFICE OF THE JUDGE OF PROBATE
OF SHELBY COUNTY, ALABAMA.

TAX ID NO: 141111005009000

BEING THE SAME PROPERTY CONVEYED BY GENERAL WARRANTY DEED
GRANTOR: KENDRICK BUILDERS, LLC, A LIMITED LIABILITY COMPANY
GRANTEE: JAMES P. SNIDER and LAURIE H. SNIDER, HUSBAND AND WIFE,
FOR AND DURING THEIR JOINT LIVES AND UPON THE DEATH OF EITHER, THEN TO
THE SURVIVOR OF THEM
DATED: 04/11/2006
RECORDED: 04/12/2006
DOC#/BOOK-PAGE: 20060412000171260

ADDRESS: 101 LAKELAND RIDGE DRIVE, PELHAM, AL 35124

END OF SCHEDULE A



U01809160

7753 2/1/2011 76957940/1



20110208000045580 3/3 \$18.00
Shelby Cnty Judge of Probate, AL
02/08/2011 01:49:03 PM FILED/CERT