

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:
Earnest L. Gilliland
6580 Quail Run Dr.
Pelham, AL 35124


20110721000212800 1/2 \$26.00
Shelby Cnty Judge of Probate, AL
07/21/2011 03:38:11 PM FILED/CERT

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,

EARNEST L. GILLILAND, A MARRIED MAN

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

EARNEST L. GILLILAND AND ANN P. GILLILAND, TRUSTEES, OR THEIR SUCCESSORS IN TRUST, UNDER THE EARNEST L. GILLILAND LIVING TRUST, DATED JULY 18, 2011 AND ANY AMENDMENTS THERETO

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

Lot 11, Block 2, according to the map of Mullins Addition to Helena, as recorded in map book 3 page 56, in the Probate Office of Shelby County, Alabama. Subject to taxes, restrictions, rights-of-way, exceptions, conditions, covenants and easements of record.

Earnest L. Gilliland is the surviving Grantee in that certain warranty deed with right of survivorship recorded at Deed Book 343, Page 57 dated October 13, 1982. The other Grantee, Shirley Gilliland, died on or about January 25, 1995. A copy of her death certificate is attached.

The above mentioned property does not constitute the homestead of the Grantor or the Grantor's Spouse.

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 18 day of July, 2011.

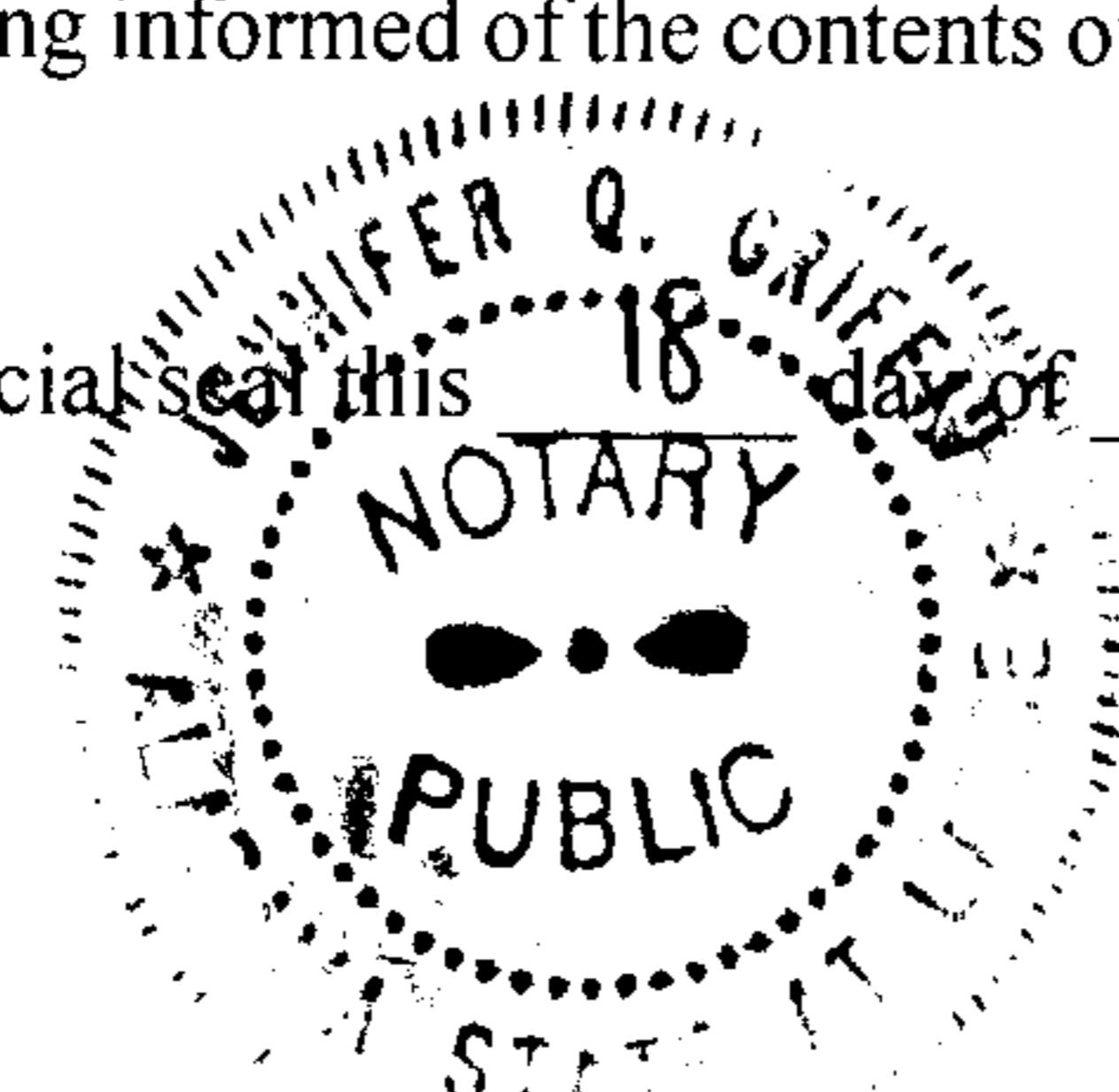

Earnest L. Gilliland

STATE OF ALABAMA)
JEFFERSON COUNTY)

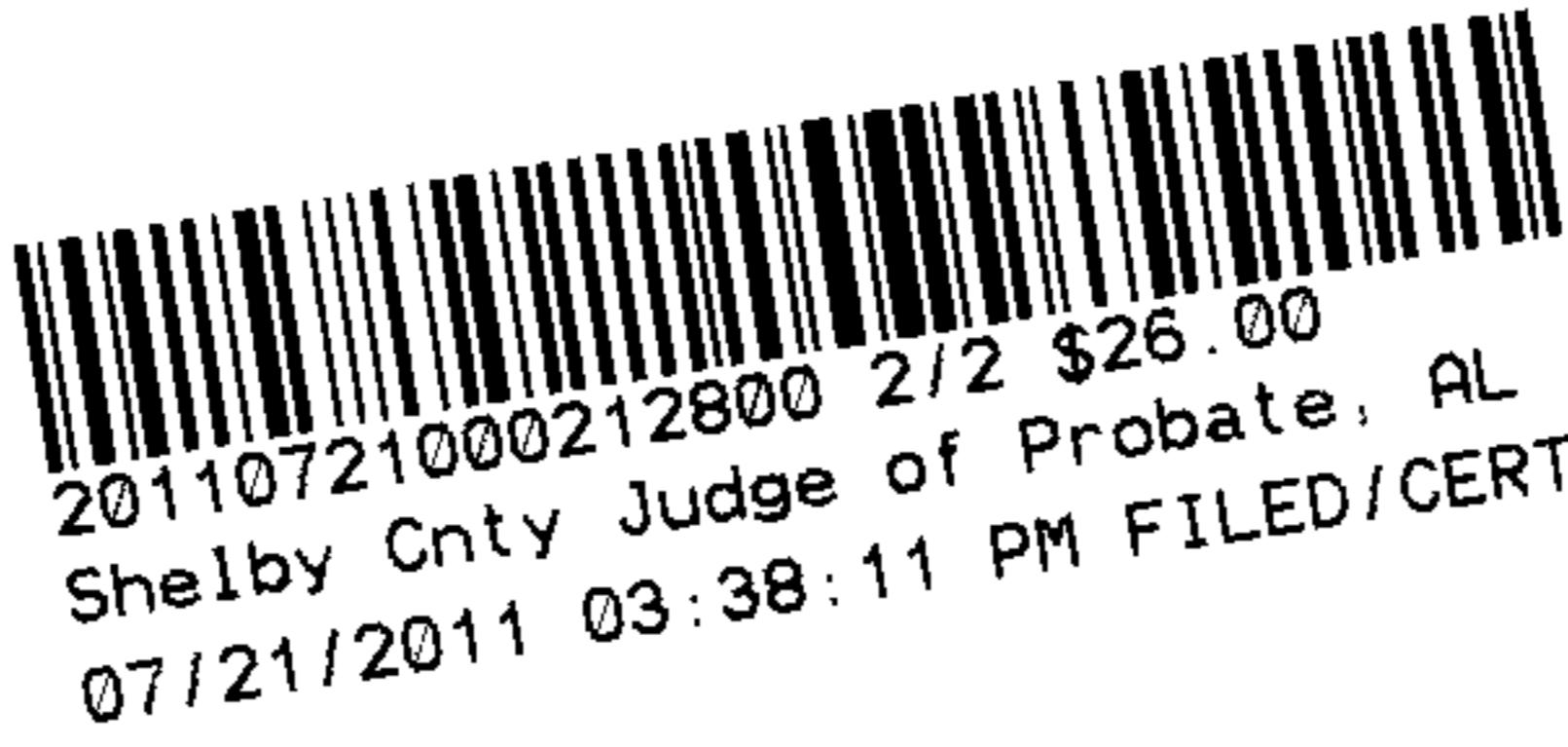
GENERAL ACKNOWLEDGEMENT:

I, Jennifer Q. Griffin, a Notary Public in and for said County, in said State, hereby certify that Earnest L. Gilliland, 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 18 day of July, 2011.



Notary Public
My Commission Expires: 10/11/2014



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

John S. McDonald

February 1, 1995
Date of Issue

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

ALABAMA CERTIFICATE OF DEATH

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	
Shirley Pugh				GILLILAND		January 25, 1995		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)			
Pelham, 35124				No		6580 Quail Run 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.		9. RACE—(Specify American Indian, Black, White, etc.)		10. SEX	
				No		White		Female	
11. AGE		12. UNDER 1 YEAR		13. DATE OF BIRTH (Month, Day, Year)		14. DECEASED'S SOCIAL SECURITY NUMBER			
67		YRS.	MOS.	DAYS	HOURS	MINS.	July 26, 1927		
15. EDUCATION (Specify ONLY highest grade completed below)			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)		
Elementary or High School (0-12)			College (14 or 5+)		Married		Earnest L. Gilliland		
19. STATE OF BIRTH (If not in USA, name country)			20. RESIDENCE—STATE		21. COUNTY		22. CITY, TOWN, OR LOCATION AND ZIP CODE		
Kentucky			Alabama		Shelby		Pelham 35124		
23. INSIDE CITY LIMITS (Specify Yes or No)		24. STREET AND NUMBER			25. INFORMANT—Name and Address		26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)		
No		6580 Quail Run Drive			Earnest Gilliland		Payroll		
27. KIND OF BUSINESS OR INDUSTRY		Alabama Power		28. FATHER—NAME		First	Middle	Last	
				Noah					
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other)		31. DATE OF DISPOSITION (Month, Day, Year)		32. CEMETERY OR CREMATORIUM—Name		33. LOCATION—(City or Town—State)			
Burial		Jan. 27, 1995		Southern Heritage		Pelham, Alabama			
34. FUNERAL HOME—Name and Address		35. FUNERAL DIRECTOR—Signature		36. DATE SIGNED BY FUNERAL DIRECTOR					
Ridout's Southern Heritage 475 Cahaba Valley Rd. Pelham, AL 35124		Buf C Taylor		Jan. 26, 1995					
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.		38. DATE SIGNED (Month, Day, Year)							
— 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.		39. TIME AND DATE OF DEATH							
Signature: Roy F. Dodson		~10:00 AM 1/25/95							
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)							
		Roy F. Dodson, M.D.							
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)		43. CERTIFIER LICENSE NUMBER							
2000 6th Ave. So. B'ham, Ala. 35233		2423							
44. REGISTRAR—Signature		45. DATE FILED (Month, Day, Year)							
S. M. M.		February 15, 1995							
For State or County use only									

MEDICAL CERTIFICATION

<p>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. <u>LIST ONLY ONE CAUSE ON EACH LINE.</u></p> <p>IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <u>Lung Carcinoma</u> DUE TO (OR AS A CONSEQUENCE OF)</p> <p>b. <u></u> 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</p> <p>c. <u></u> DUE TO (OR AS A CONSEQUENCE OF):</p> <p>d. <u></u></p>		<p>APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH</p> <p><u>12 months</u></p>
<p>47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.</p>		<p>48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unknown)</p>
<p>49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause)</p>		<p>50. AUTOPSY (Specify Yes or No)</p>
<p>52. HOW INJURY OCCURRED (Enter nature of injury in Item 46, Part I & Item 47, Part II)</p>		<p>51. If yes, were findings considered in determining cause of death? (Specify Yes or No)</p>
<p>55. INJURY AT WORK (Specify Yes or No)</p>		<p>53. DATE OF INJURY (Month, Day, Year)</p>
<p>56. PLACE OF INJURY—(Specify at home, farm, street, factory, office building, etc.)</p>		<p>54. HOUR OF INJURY</p>
<p>57. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State)</p>		