

  
20111104000332110 1/5 \$25.00  
Shelby Cnty Judge of Probate, AL  
11/04/2011 12:30:48 PM FILED/GERT

STATE OF GEORGIA :  
COUNTY OF COBB :

**PERSONAL REPRESENTATIVE'S DISTRIBUTION DEED**  
**(No Title Examination Rendered)**

THIS DEED is made this **26th** day of **October, 2011** by BRENDA TURPIN WALLACE, AS PERSONAL REPRESENTATIVE UNDER THE LAST WILL AND TESTAMENT OF VICTOR HUGO WALLACE, DECEASED (hereinafter the "Personal Representative"), which will has been duly admitted to probate by the Probate Court of Shelby County, Alabama, on September 12, 2011, Case No. PR-2011-000533, and under which will the Personal Representative is now acting.

RECITALS:

WHEREAS, Victor Hugo Wallace (the "Decedent") died testate on August 23, 2010 while an inhabitant of the City of Atlanta, County of Fulton, State of Georgia;

WHEREAS, the Last Will and Testament of the Decedent dated May 17, 2004 (the "Will") was duly admitted to probate and record in the Probate Court of Fulton County, Georgia, which Court granted Letters Testamentary to the Personal Representative on September 9, 2010, Case No. 218307;

WHEREAS, Personal Representative filed a Petition for Ancillary Letters Testamentary without Bond and Relieved of Filing Inventories and Reports with the Probate Court of Shelby County, Alabama on August 31, 2011;

WHEREAS, Ancillary Letters Testamentary were issued to the Personal Representative by the Probate Court of Shelby County, Alabama on September 12, 2011, and she is now acting in her capacity as Personal Representative;

WHEREAS, Item 8 of the Will directs that all of the residue of the Decedent's estate be devised and bequeathed to Brenda Turpin Wallace, Trustee of the Residuary Trust established under said Item 8 of the Will;

WHEREAS, at his death, the Decedent owned an interest in that certain real property located in Shelby County, Alabama, which is more particularly described on Exhibit "A" attached hereto and by reference made a part hereof (the "Property"); and

WHEREAS, the Decedent previously owned an undivided interest in the Property with Audrey Wallace, and Audrey Wallace has predeceased the Decedent;

WHEREAS, the Personal Representative desires to evidence hereby the distribution of the Property pursuant to the terms of the Will and the death of Audrey Wallace.



NOW, THEREFORE, in consideration of the premises and by virtue of the power, authority and directions given to the Personal Representative by the Will, the Personal Representative, as personal representative and executor under the Will does, subject to all matters hereinafter mentioned, hereby GRANT, DISTRIBUTE and CONVEY unto BRENDA TURPIN WALLACE, TRUSTEE OF THE RESIDUARY TRUST UNDER ITEM 8 OF THE WILL OF VICTOR HUGO WALLACE, DATED MAY 17, 2004 (the "Grantee").

This conveyance is subject to the following: To any utility and drainage easements, zoning restrictions, rights-of-way and easements affecting the Property, any prior reservations and conveyances of oil, gas and other minerals in, on and under the Property and to any and all matters of record affecting title to or use of the Property, or which would be shown by accurate survey or are visible on the surface, as well as to the lien for current ad valorem taxes, which taxes the Grantee assumes and agrees to pay when due.

AND attached hereto and made a part hereof as Exhibit "B" is the death certificate of Audrey Wallace who predeceased the Decedent.

AND Victor Hugo Wallace is one and the same person as Victor H. Wallace.

TO HAVE AND TO HOLD the same unto the Grantee, in her capacity as trustee, as tenant in common, and her respective heirs and assigns, forever.

[SIGNATURE FOLLOWS ON NEXT PAGE]



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IN WITNESS WHEREOF, the Personal Representative has hereunto affixed her name in her fiduciary capacity as aforesaid as of the date first set forth above.

Brenda Turpin Wallace  
Brenda Turpin Wallace, Executor and Personal Representative under the Last Will and Testament of Victor Hugo Wallace, Deceased

STATE OF GEORGIA:  
COUNTY OF COBB :

I, the undersigned authority in and for said county in said state, hereby certify that Brenda Turpin Wallace, whose name as executor and personal representative under the will of Victor Hugo Wallace, deceased, is signed to the foregoing instrument and who is known to me, acknowledged before me on this day that, being informed of the contents of the instrument, she, in her capacity as such executor and personal representative, executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this 26<sup>th</sup> day of October, 2011.

[Signature]  
Notary Public  
My Commission expires: 01/29/2013  
NOTARY PUBLIC  
EXPIRES  
GEORGIA  
JAN. 29, 2013  
FULTON COUNTY

Address of Grantee:  
Brenda Turpin Wallace, Trustee  
948 E. Rock Springs Road, NE  
Atlanta, Georgia 30306-3046

This Instrument Prepared By:  
Brent W. Herrin, Esq.  
Cohen, Pollock, Merlin & Small, P.C.  
3350 Riverwood Parkway, Suite 1600  
Atlanta, Georgia 30339  
770-858-1288  
722398



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**EXHIBIT "A"**  
**DESCRIPTION OF THE PROPERTY**

All that tract of parcel of land located in Shelby County, Alabama, to-wit:

The West One-Half of the Northwest Quarter of the Southwest quarter of the Northeast Quarter, Section 11, Township 24 North, Range 12 East.

Being the same property as described in that certain deed from Vesta L. Wallace to Audrey Wallace and Emma L. Wallace, as filed for record in the Office of the Judge of Probate of Shelby County, Alabama, in Deed Book 357, at Page 498, and in deed from Audrey Wallace to Audrey Wallace and Victor H. Wallace, as joint tenants with the right of survivorship, as filed for record in the Office of the Judge of Probate of Shelby County, Alabama, in Deed Book 620, Page 1.

CERTIFICATE OF DEATH/STATE OF GEORGIA

00852

IF TYPE TO EITHER 1, 2, 3, OR 4, PLEASE NOTIFY THE CORONER. IF THE COUNTY WHERE THE BODY WAS FOUND OR THE DEATH OCCURRED.

TYPE OR PRINT IN PERMANENT BLACK OR BLUE-BLACK INK

DECEASED

Usual Residence Where Decedent Lived, If Death Occurred In Institution, See Handbook Regarding Completion of Residence Name.

PARENTS

INFORMANT

DISPOSITION

Conditions, if Any, Which Gave Rise To Immediate Cause Stating The Underlying Cause Last.

CAUSE OF DEATH

If Infant Death, Indicate Birth Certificate No. of Mother.

CERTIFIER

TYPE OR PRINT

REGISTRAR

1a. DECEDENT'S NAME (First, Middle, Last) <b>AUDREY WALLACE</b>		1b. IF DECEDENT IS FEMALE, ENTER MAIDEN LAST NAME <b>WALLACE</b>		2. SEX <b>FEMALE</b>		3. DATE OF DEATH (Mo., Day, Year) <b>FEBRUARY 24, 2003</b>	
4. RACE (White, Black, Amer. Indian, etc.) <b>White</b>		5. ORIGIN OF DECEDENT (Italian, Mex., French, English, etc.) <b>American</b>		6. DATE OF BIRTH (Mo., Day, Year) <b>Oct. 11, 1933</b>		7a. AGE - Last Birthday (Year) <b>69</b>	
8. CITY, TOWN or LOCATION OF DEATH <b>Decatur</b>		9. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and No.) <b>DeKalb Medical Center</b>				10. IF HOSPITAL, OR INST. (Indicate DOA OPERER. If not, specify) (Specify) <b>DOA</b>	
11. STATE AND COUNTY OF BIRTH (If not in USA, name Country) <b>AL/Talladega</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		14. SPOUSE (If married or widowed, give spouse's name - If wife, give maiden name) <b>No</b>	
15. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Secretary</b>		17. KIND OF INDUSTRY OR BUSINESS <b>U. S. Governemnt</b>			
18a. RESIDENCE - STATE <b>Alabama</b>		18b. COUNTY <b>Talladega</b>		18c. CITY, TOWN or LOCATION <b>Sylacauga 35150</b>		18d. STREET AND NUMBER <b>1030 Oden Mill Road</b>	
18e. INSIDE CITY LIMITS? (Yes or No) <b>NO</b>		17. FATHER'S NAME (First, Middle, Last) <b>Vesta Lane Wallace</b>		18. MOTHER'S MAIDEN NAME (First, Middle, Last) <b>Loula Guy</b>			
19a. INFORMANT'S NAME (First, Middle, Last) <b>Mr. Victor H. Wallace</b>		19b. MAILING ADDRESS (Street, R.F.D. No., City or Town, State, Zip) <b>3692 Victoria Dr., Stone Mountain, GA 30083</b>				19c. RELATIONSHIP <b>Brother</b>	
20a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		20b. DISPOSITION DATE (Mo., Day, Year) <b>Feb. 26, 2003</b>		20c. CEMETERY OR CREMATORY NAME <b>Evergreen Cemetery</b>		20d. LOCATION (City or Town, State, Zip, County) <b>Sylacauga, Alabama, Talladega</b>	
21a. FUNERAL DIRECTOR (Signature) <i>[Signature]</i>		21b. FUN. DIR. LICENSE NO. <b>2775</b>		21c. NAME AND ADDRESS OF FACILITY (Street, R.F.D. No., City or Town, State, Zip) <b>A. S. Turner &amp; Sons P.O. Box 4000 Decatur, Georgia 30031-4000</b>		21d. EXT. LICENSE NO. <b>21</b>	
21e. EMBALMER (Signature) <b>Not Embalmed</b>		21f. EMBALMER LICENSE NO.		21g.			
22. IMMEDIATE CAUSE: (Order only one shade per line for A, B, and C) PART I A. <b>BREAST CANCER</b> (Due to, or as a consequence of) B. <b>14 YEARS</b> (Approximate interval between onset and death) C. <b>14 YEARS</b> (Approximate interval between onset and death)							
23. OTHER SIGNIFICANT CONDITIONS - conditions contributing to death but not related to cause given in Part I A. (If female, indicate if pregnant or birth occurred within 90 days of death.)				23a. AUTOPSY (Yes or No) <b>NO</b>		23b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (Yes or No)	
24. WAS OPERATION PERFORMED? (Yes or No) <b>NO</b>		24a. DATE OF OPERATION (Mo., Day, Year)		24b. CONDITIONS FOR WHICH OPERATION WAS PERFORMED (Specify)			
25. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify)		25a. DATE OF INJURY (Mo., Day, Year)		25b. DESCRIBE HOW INJURY OCCURRED		25c. HOUR OF INJURY	
26. INJURY AT WORK? (Yes or No)		26a. PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify)		26b. LOCATION (Street, R.F.D. No., City or Town, State, Zip, County)		26c.	
29a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i>				29b. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)			
29c. DATE SIGNED (Mo., Day, Year) <b>3.05.03</b>		29d. HOUR OF DEATH <b>10:19 AM</b>		30a. DATE SIGNED (Mo., Day, Year)		30b. HOUR OF DEATH	
29e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER				30c. DATE PRONOUNCED DEAD (Mo., Day, Year)		30d. HOUR PRONOUNCED DEAD	
31a. NAME, TITLE, AND LICENSE NO. OF CERTIFIER (Physician, Medical Examiner, or Coroner) <b>R. Martin York, M.D.</b>				31b. PHYS. LIC. NO. <b>13524</b>		31c. ADDRESS OF CERTIFIER (Street, R.F.D. No., City or Town, State, Zip) <b>95 Collier Road, NW Suite 5015 Atlanta, GA 30309</b>	
32a. REGISTRAR (Signature) <i>[Signature]</i>				32b. DATE RECEIVED BY REGISTRAR (Mo., Day, Year) <b>MAR 11 2003</b>			

# Certificate of Record

This is an exact copy of the death certificate received for filing in DeKalb County.

County custodian Wanda Cason  
Issued by Wanda Cason Date 3/11/03

