STATE OF ALABAMA

DOMESTIC FOR-PROFIT CORPORATION
ARTICLES OF DISSOLUTION

INSTRUCTIONS:

STEP 1: FILE ORIGINAL AND TWO COPIES WITH THE JUDGE OF PROBATE IN THE COUNTY WHERE THE ORIGINAL ARTICLES OF INCORPORATION ARE FILED WITH SECRETARY OF STATE AND JUDGE OF PROBATE FEES ATTACHED. THE JUDGE OF PROBATE'S FILING FEE IS $10 AND THE SECRETARY OF STATE'S FILING FEE IS $20.

PURSUANT TO THE PROVISIONS OF THE ALABAMA BUSINESS CORPORATION ACT, THE UNDERSIGNED FOR-PROFIT CORPORATION SUBMITS THE FOLLOWING ARTICLES OF DISSOLUTION.

Article I The name of the corporation:
Marvin Narz, P.C.

Article II The dissolution was authorized on Nov. 2, , 20 11 .

Article III The total number of shareholder votes entitled to be cast is _____. The number of No shareholder votes for the dissolution was _____ and the number of shareholder Shareholders votes against the dissolution was _____. Marvin Narz Deceased

Article IV If voting by groups, the information required by ***Article III*** above must be separately provided for each group entitled to vote.

Article V If the dissolution was approved by written consent of all shareholders, a statement to that effect may be substituted for requirements in ***Articles III & IV*** above when a copy of such signed consent is attached.

Nov. 2, 2011
Date

Marvin Narz P.C.
Type or Print Corporate Officer's Name and Title

Signature of Officer

Printed Name and Business Address of Person Preparing this Document:

Julie Narz, wife
5408 Queensferry CT.
Birmingham, AL 35242
(205)249-8310

20111104000333370 1/2 $156.00
Shelby Cnty Judge of Probate, AL
11/04/2011 03:20:11 PM FILED/CERT

Rev. 7/03

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

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: Marvin Middle:	Last (Type last name all capitals): NARZ	2. DATE OF DEATH (Month, Day, Year): July 24,. 2009	3. COUNTY OF DEATH: Shelby
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE: Alabaster, 35007	5. INSIDE CITY LIMITS (Specify Yes or No): Yes	6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number): Shelby Baptist Medical Center	
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA): Inpatient	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: 72 YRS.	12. UNDER 1 YEAR: MOS. / DAYS — UNDER 1 DAY: HOURS / MINS.	13. DATE OF BIRTH (Month, Day, Year): August 31, 1936	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+): 5+	16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced): Married	17. SURVIVING SPOUSE (If wife, give maiden name): Julia A. Hester	18. Was Decedent ever in Armed Forces (Specify Yes or No): No
19. STATE OF BIRTH (If not in USA, name country): New York	20. RESIDENCE—STATE: Alabama	21. COUNTY: Shelby	22. CITY, TOWN, OR LOCATION AND ZIP CODE: Birmingham, 35242
23. INSIDE CITY LIMITS (Specify Yes or No): No	24. STREET AND NUMBER: 5408 Queensferry Ct.	25. INFORMANT—Name and Address: Julia Narz, 5408 Queensferry Ct., Birmingham, Alabama 35242	
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): College Professor		27. KIND OF BUSINESS OR INDUSTRY: Education	
28. FATHER—NAME First: Benjamin Middle: Last: Narzemsky		29. MAIDEN NAME OF MOTHER— First: Pearl Middle: Last: Kaufman	
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other): Cremation	31. DATE OF DISPOSITION (Month, Day, Year): Jul.27,2009	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: [signature]	36. DATE SIGNED BY FUNERAL DIRECTOR: Aug.12, 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: [signature]			38. DATE SIGNED (Month, Day, Year): 7/24/09
39. TIME AND DATE OF DEATH: 2705 7/24/09	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): JONES - SURGEON	
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46): 1022 North 1st Street Alabaster AL 35007			43. CERTIFIER LICENSE NUMBER: 10315
44. REGISTRAR— Signature: Sheila Keller	For State or County use only		45. DATE FILED (Month, Day, Year): Aug 13, 2009

NAME OF DECEASED Marvin Narz SSN:

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. Cardiorespiratory Arrest.	
DUE TO (OR AS A CONSEQUENCE OF): b. Cardiac Failure.	
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. Valvular Heart Disease - S/P open heart	
DUE TO (OR AS A CONSEQUENCE OF): d. Surgery.	
47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Pulmonary Renal Failure	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): 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 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)

46. _____ 49. _____ 55. _____

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

Sheila Keller — Signature of Local Registrar

Aug 13, 2009 — Date of Issue

20111104000333370 2/2 $156.00
Shelby Cnty Judge of Probate, AL
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