THIS INSTRUMENT PREPARED BY:

NAME: **Robert C. Ledbetter**
ADDRESS: **P.O. Box 530391**
Birmingham, Alabama 35253

20111208000371310 1/2 $20.00
Shelby Cnty Judge of Probate, AL
12/08/2011 02:11:47 PM FILED/CERT

QUIT CLAIM DEED:

$5,000.00

The State of Alabama)
Shelby County)

KNOW ALL MEN BY THESE PRESENTS,

That in consideration of the sum of TEN & 00/100---------- DOLLARS ($10.00) in hand paid to the undersigned, the receipt whereof is hereby acknowledged, the undersigned, **Joe McMillan Hall, Jr.**, hereby remises, releases, quit claims, grants, sells, and conveys to **Michael Hall and Joel Hall** (hereinafter called Grantees), as Joint Tenants in Common, all his right, title, interest and claim in or to the following described real estate, situated in ~~Jefferson~~ Shelby County, to-wit:

Begin at the Northeast corner of the SW 1/4 of the NE 1/4 of Section 23, Township 20 South, Range 4 West, and run thence South 277.5 feet to the point of beginning; thence run South a distance of 982.1 feet; thence run North 40 degrees, 30 minutes East, a distance of 457.1 feet; thence run North 68 degrees, 44 minutes a distance of 200.4 feet; thence run North 40 degrees 30 minutes a distance of 352.8; thence run North 49 degrees, 30 minutes West for a distance 447.2 feet back to the point of beginning. Mineral and mining rights excepted.

Subject to existing easements, current taxes, restrictions, set-back lines and rights of way, if any, of record.

TO HAVE AD TO HOLD to said **GRANTEES** as Joint Tenants in Common forever.

Grantor, Joe McMillan Hall, Jr., does hereby reserve for himself a life estate in and to the subject property for his use, occupancy and control for and during his natural life.

Grantor is a widower, his wife, Charlotte G. Hill, deceased, having departed this life on July 28, 2011.

Given under my hand and seal this 8th day of December, 2011

Joe McMillan Hall, Jr.
JOE MCMILLAN HALL, JR.

State of Alabama)
Jefferson County)

I, the undersigned authority, a Notary Public in and for said County, in said State, hereby certify that Joe McMillan Hall, Jr whose name is signed to the foregoing conveyance, and who is known to me, acknowledged before me on this day, that, being informed of the contents of the conveyance, he executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this 8th day of December, 2011.

Peggy West
NOTARY PUBLIC
Commission expires: 10-19-15

Shelby County, AL 12/08/2011
State of Alabama
Deed Tax:$5.00

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

20111208000371310 2/2 $20.00
Shelby Cnty Judge of Probate, AL
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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, Middle, Last (Type last name all capitals)) Charlotte Darlene HALL		2. DATE OF DEATH (Month, Day, Year) July 28, 2011	3. COUNTY OF DEATH Shelby
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Helena 35080	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) 1681 Highway 93	
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 67 YRS.	12. UNDER 1 YEAR: MOS. / DAYS — UNDER 1 DAY: HOURS / MINS.	13. DATE OF BIRTH (Month, Day, Year) December 05, 1943	14. DECEASED'S SOCIAL SECURITY NUMBER [redacted]
15. EDUCATION (Specify ONLY highest grade completed) Elementary or High School (0-12) 12 / College (1-4 or 5+)	16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married	17. SURVIVING SPOUSE (If wife, give maiden name) Joe M. Hall Jr.	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 Helena 35080
23. INSIDE CITY LIMITS (Specify Yes or No) No	24. STREET AND NUMBER 1681 Highway 93	25. INFORMANT—Name and Address Joe M. Hall Jr. P.O.Box 57 Helena, AL 35080	
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Bookkeeper		27. KIND OF BUSINESS OR INDUSTRY Religious Newspaper	
28. FATHER—NAME (First, Middle, Last) Vernon Leon Goodwin		29. MAIDEN NAME OF MOTHER— (First, Middle, Last) Elna Lorene Davis	
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial	31. DATE OF DISPOSITION (Month, Day, Year) 07/30/2011	32. CEMETERY OR CREMATORY—Name Providence Cemetery	33. LOCATION—(City or Town—State) Montevallo, Alabama
34. FUNERAL HOME—Name and Address Rockco Funeral Home P.O Box 647 Montevallo, AL 35115		35. FUNERAL DIRECTOR—Signature Judy Q Miller	36. DATE SIGNED BY FUNERAL DIRECTOR 08/05/2011
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: Susan Ferguson MD			38. DATE SIGNED (Month, Day, Year) Aug 2, 2011
39. TIME AND DATE OF DEATH 5:15 PM 7/28/2011	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) SUSAN FERGUSON MD	
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) 1024 FIRST ST. NORTH ALABASTER, AL 35007			43. CERTIFIER LICENSE NUMBER AL 4175
44. REGISTRAR—Signature Sheila Keller	For State or County use only		45. DATE FILED (Month, Day, Year) Aug 9, 2011

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. Non Alcoholic Cirrhosis	2 yrs
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.) 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 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)

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

ADPH-HS 2/Rev. 11-93

NAME OF DECEASED CHARLOTTE HALL SSN: [redacted]

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 10, 2011
Date of Issue