SURVIVORSHIP AFFIDAVIT

20111222000388110 1/2 $15.00
Shelby Cnty Judge of Probate, AL
12/22/2011 12:22:02 PM FILED/CERT

STATE OF ALABAMA :

COUNTY OF SHELBY :

Before me, the undersigned authority, a Notary Public in and for said State and County, personally appeared Rebekah B. Harris known to me, and being by me first duly sworn on oath, deposes and says as follows:

My name is Rebekah B. Harris and I am over the age of nineteen years and am a resident of Baldwin County, Alabama. I am the surviving spouse of Stephen L. Harris, who departed this life in Jefferson County, Alabama on the 19th day of January, 2004. A copy of the death certificate of Stephen L. Harris is attached to this Affidavit.

I am the same Rebekah B. Harris listed as Grantee in those certain Deeds recorded as 1992121500301O3; 1993021138112 and 1996-34365 in the Judge of Probate, Shelby County, Alabama (the "Deeds") wherein Rebekah B. Harris and Stephen L. Harris were named Grantees, with a survivorship clause in the Deeds, conveying real property (the "Real Property") more fully described in the Deeds.

I now claim the fee simple title to the Real Property described in said deeds by virtue of the survivorship clause contained in the Deeds.

Further than that I saith not.

DONE this 12th day of December 2011.

Rebekah B. Harris (Seal)
Rebekah B. Harris

SUBSCRIBED AND SWORN to
before me this 12th day of December 2011.

Notary Public
My Commission Expires: 8/24/13

THIS INSTRUMENT PREPARED BY:

W. Kenneth Heard
Irby & Heard, P.C.
Attorneys at Law
Post Office Box 1031
Fairhope, Alabama 36533
(251)928-4555
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ALABAMA
Center for Health Statistics

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

ALABAMA
CERTIFICATE OF DEATH

County File Number — 04-03138

State File Number 101

3. 037020
6. 114
19. 01
20. 059888
26. ____
27. ____
34. 37436

1. DECEASED—NAME First	Middle	Last (Type last name all capitals)	2. DATE OF DEATH (Month, Day, Year)	3. COUNTY OF DEATH
Stephen	Lee	HARRIS	Jan. 19, 2004	Jefferson

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)
Birmingham 35209	Yes	Brookwood Hospital

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
Inpatient	No	White	Male

11. AGE	12. UNDER 1 YEAR MOS.	DAYS	UNDER 1 DAY HOURS	MINS.	13. DATE OF BIRTH (Month, Day, Year)	14. DECEASED'S SOCIAL SECURITY NUMBER
53 YRS.					December 21, 1950	[redacted]

15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12)	College (1-4 or 5+)	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)
12	8 years	Married	Rebekah Boone	No

19. STATE OF BIRTH (If not in USA, name country)	20. RESIDENCE—STATE	21. COUNTY	22. CITY, TOWN, OR LOCATION AND ZIP CODE
Alabama	Alabama	Shelby	Columbiana 35051

23. INSIDE CITY LIMITS (Specify Yes or No)	24. STREET AND NUMBER	25. INFORMANT—Name and Address
No	75 Spring Loop Road	Rebekah B. Harris 75 Spring Loop Road, Columbiana, AL 35051

26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	27. KIND OF BUSINESS OR INDUSTRY
Attorney	Law

28. FATHER—NAME First	Middle	Last	29. MAIDEN NAME OF MOTHER— First	Middle	Last
Irby	Lee	Harris	Rosa	Lee	Whittle

30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other)	31. DATE OF DISPOSITION (Month, Day, Year)	32. CEMETERY OR CREMATORY—Name	33. LOCATION—(City or Town—State)
Burial	Jan. 22, 2004	Jefferson Memorial GE	Trussville, AL

34. FUNERAL HOME—Name and Address	35. FUNERAL DIRECTOR—Signature	36. DATE SIGNED BY FUNERAL DIRECTOR
Jefferson Memorial FH 1591 Gadsden Hwy, Birmingham, AL 35235	[signature]	Feb. 4, 2004

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]

37a. DATE SIGNED (Month, Day, Year): 02-02-2004

38. TIME AND DATE OF DEATH	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)
15:44 1-19-04		Phillip A. Rybass, M.D.

42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 44)	43. CERTIFIER LICENSE NUMBER
2018 Brookwood Med. Ctr Dr, Suite 106-B [redacted] Bhm AL 35209	22083
44. REGISTRAR— Signature: [signature] For State or County use only	45. DATE FILED (Month, Day, Year): February 5, 2004

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. intracerebral hemorrhage	2 days
	DUE TO (OR AS A CONSEQUENCE OF): b. thrombocytopenia	weeks
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. T-cell lymphoma	months
	d.	

47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Acute Renal Failure hypokalemia

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)	51. If Yes, were findings considered in determining cause of death? (Specify Yes or No)
Natural	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.

FEB 09 2004

ADPH-HS 2/Rev. 11-83

NAME OF DECEASED Harris, Stephen L.

SSN [redacted] 2004 03632

12e 26

I, Dorothy S. Harshbarger, State Registrar of Health Statistics, certify this is a true and exact copy of the original certificate filed in the Center for Health Statistics, State of Alabama, Department of Public Health, Montgomery, Alabama, and have caused the official seal of the Center for Health Statistics to be affixed. 2006-463-229-0

November 6, 2006

Dorothy S. Harshbarger
Dorothy S. Harshbarger, State Registrar