


Prepared By and Return To:
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20120109000009480 1/2 \$15.00
Shelby Cnty Judge of Probate, AL
01/09/2012 12:43:31 PM FILED/CERT

AFFIDAVIT OF CONTINUOUS MARRIAGE

STATE OF ALABAMA

COUNTY OF SHELBY

BEFORE ME, the undersigned authority, on this 23rd day of December, 2011, personally appeared Adelia T. Rockett, who being duly sworn, deposes and says:

1. THAT Affiant along with Affiant's spouse, , obtained title to the following described property on: 6/30/2000.

LOT 6, ACCORDING TO THE SURVEY OF SOUTHERN HILLS SECTOR 6, PHASE II, AS RECORDED IN MAP BOOK 18 PAGE 79 IN THE PROBATE OFFICE OF SHELBY COUNTY, ALABAMA; BEING SITUATED IN SHELBY COUNTY, ALABAMA.

Address: 200 Milgray Hill, Calera, AL 35040

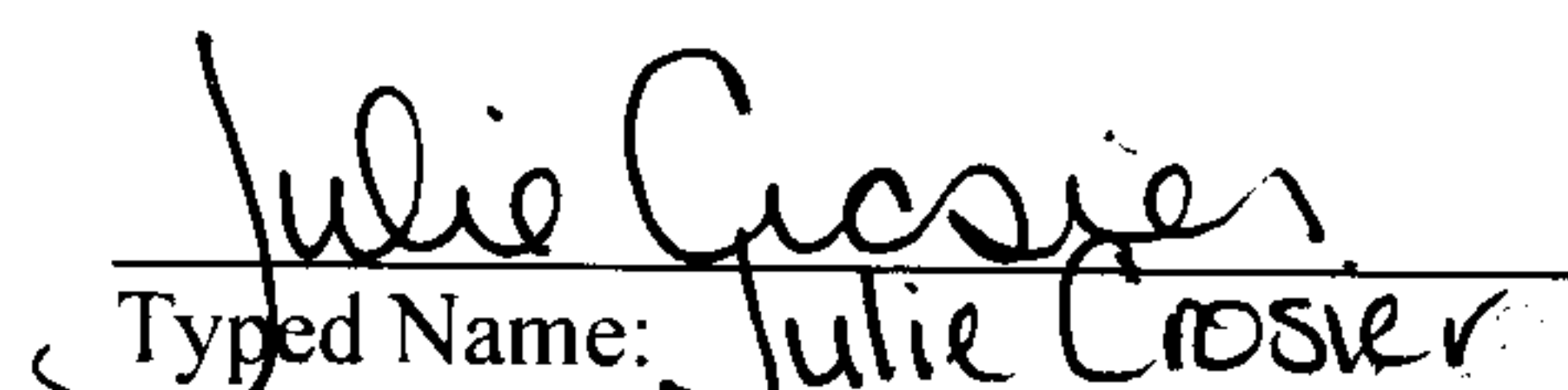
2. THAT Affiant was married to the above named spouse prior to the date of acquisition of the aforesaid property, and they remained continuously married from that date up to and including, the date of death of said spouse.
3. THAT Affiant's spouse died of natural causes in Shelby County, Alabama
4. That all Federal and State taxes on the Estate of the decedent have been paid in full.
5. That a certified copy of the death certificate is attached hereto.
6. That Affiant has not, since remarried.

FURTHER THE AFFIANT, SAYETH NOT.

DATED this 23 day of DECEMBER, 2011.


Adelia T. Rockett

Sworn to and Subscribed before me this 23 day of DECEMBER, 2011, by Adelia T. Rockett, who is personally known to me or who has produced Drivers License as identification.


Typed Name: Julie Crosier
Title or Rank: Notary Public
My Commission #:
Expires: JAN 19th 2014

TYPE IN PERMANENT
BLACK INK. DO NOT
USE GREEN, RED, OR
BLUE INK.ALABAMA
CERTIFICATE OF DEATHCounty
File
Number

State File Number 101

3.
6.
19.
20.
26.
27.
34.

1. DECEASED—NAME First Middle Last (Type last name all capitals) James Bruce ROCKETT			2. DATE OF DEATH (Month, Day, Year) June 16, 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) ER			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 65 YRS.		12. UNDER 1 YEAR MOS. DAYS HOURS MINS.	
13. DATE OF BIRTH (Month, Day, Year) August 8, 1943			14. DECEASED'S SOCIAL SECURITY NUMBER			
15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) 12			16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married		17. SURVIVING SPOUSE (If wife, give maiden name) Adelia Thompson	
18. Was Decedent ever in Armed Forces (Specify Yes or No) Yes			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 Calera 35040			
23. INSIDE CITY LIMITS (Specify Yes or No) Yes			24. STREET AND NUMBER 200 Milgray Hill		25. INFORMANT—Name and Address Adelia T. Rockett Calera, AL 35040	
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Railroad Engineer			27. KIND OF BUSINESS OR INDUSTRY Railroad			
28. FATHER—NAME First Middle Last Bruce Rockett			29. MAIDEN NAME OF MOTHER— First Middle Last Jimmye Tidmore			
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial			31. DATE OF DISPOSITION (Month, Day, Year) June 19, 2009		32. CEMETERY OR CREMATORY—Name Jefferson Memorial Gardens, South Hoover, AL	
33. LOCATION—(City or Town—State) Hoover, AL			34. FUNERAL HOME—Name and Address Currie-Jefferson F. H. 2701 John Hawkins Pkwy, Hoover, AL 35244		35. FUNERAL DIRECTOR—Signature Shirley Jones	
36. DATE SIGNED BY FUNERAL DIRECTOR June 26, 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) 6-16-09	
39. TIME AND DATE OF DEATH 2048 6-16-09			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) J. Tubbs MD	
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) 1000 1st Street N. Alabaster AL. 35007			43. CERTIFIER LICENSE NUMBER 26218			
44. REGISTRAR—Signature Shirley Kellen			45. DATE FILED (Month, Day, Year) July 8, 2009			

SSN:

NAME OF DECEASED

James Rockett

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. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <u>Cardiopulmonary failure</u> DUE TO (OR AS A CONSEQUENCE OF): prob. MI			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. <u>HTN, Hypercholesterolemia, prior MI.</u> DUE TO (OR AS A CONSEQUENCE OF): c. <u>lung CA.</u>					
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.)		
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

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

Shirley Kellen

Signature of Local Registrar

July 9, 2009

Date of Issue

20120109000009480 2/2 \$15.00
Shelby Cnty Judge of Probate, AL
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DECEASED

BURIAL CERTIFIER

CAUSE