Prepared By and Return To:
Deena Pfenning
Nations Direct Title Agency, LLC
1100 Ocean Shore Boulevard, Suite 5
Ormond Beach, FL 32176
877.236.2973

20120412000126500 1/2 $15.00
Shelby Cnty Judge of Probate, AL
04/12/2012 01:53:56 PM FILED/CERT

AFFIDAVIT OF CONTINUOUS MARRIAGE

STATE OF ALABAMA

COUNTY OF SHELBY

BEFORE ME, the undersigned authority, on this 23rd day of March, 2012, personally appeared Virginia S. Hess, who being duly sworn, deposes and says:

1. THAT Affiant along with Affiant's spouse, Aaron Alan Hess, obtained title to the following described property on September 1, 2005 :

   Lot 37, according to the Survey of Fieldstone Park, 4th Sector, as recorded in Map Book 30, Page 107 and rerecorded in Map Book 31, Page 3, in the Probate Office of Shelby County, Alabama; being situated in Shelby County, Alabama.

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

   Address: 187 Marlstone Drive, Helena, AL 35080
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 East Baton Rouge Parish, State of Louisiana on January 25, 2008.

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 MARCH, 2012.

Virginia S. Hess

Sworn to and Subscribed before me this 23 day of MARCH, 2012, by Virginia S. Hess, who is personally known to me or who has produced ALABAMA DRIVER LICENSE as identification.

Lollie McCoy Houghton
Typed Name:
Title or Rank: Notary Public
My Commission #:
Expires: 4-10-2014

STATE OF LOUISIANA

THIS RECORD IS VALID FOR DEATH ONLY

20120412000126500 2/2 $15.00
Shelby Cnty Judge of Probate, AL
04/12/2012 01:53:56 PM FILED/CERT

IMPORTANT: PRINT or TYPE, black ink or ribbon mandatory

1251249

STATE OF LOUISIANA
CERTIFICATE OF DEATH

BIRTH No. _____ FILE No. 117 _____

Name of decedent: _____ for use by physician or institution

DECEDENT

1A. LAST NAME OF DECEDENT	1B. FIRST NAME	1C. MIDDLE NAME	2A. DATE OF DEATH (Month, Day, Year)
Hess	Aaron	Alan	Jan. 25, 2008

2B. HOUR OF DEATH	3. SEX	4. RACE (Specify White, Black, etc.)	5. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced)	6. SURVIVING SPOUSE (If Wife, give Maiden Name)
0931	Male	White	Married	Virginia Overton

7. DATE OF BIRTH (Month, Day, Year)	8A. AGE YEARS	8B. UNDER 1 YEAR MONTHS	DAYS	8C. UNDER 1 DAY HOURS	MINUTES	9. BIRTHPLACE (City and State or Foreign Country)
September 30, 1948	59					Anniston, Alabama

10. USUAL OCCUPATION (Kind of work done during most of working life. NEVER specify retired)	11. KIND OF BUSINESS/INDUSTRY	12. OF HISPANIC ORIGIN?
Minister of Music	Baptist Association	No

13. EVER IN U.S. ARMED FORCES? (YES or NO)	14. SOCIAL SECURITY NUMBER	15. DECEDENT'S EDUCATION (Specify ONLY HIGHEST grade completed) ELEMENTARY/SECONDARY (0-12)	COLLEGE (1-4, 5+)
No			5+

PLACE OF DEATH

16A. PLACE OF DEATH (Check ONLY one, if death in NON-LISTED facility check OTHER and specify on line BELOW.
HOSPITAL 1 [ ] INPATIENT 2 [X] ER / OUTPATIENT 3 [ ] DOA NON-HOSPITAL 4 [ ] NURSING HOME 5 [ ] RESIDENCE 6 [ ] OTHER

16B. NAME OF FACILITY (If not in Facility, give street address or location)	16C. PLACE OF DEATH IN CITY LIMITS? (YES or NO)
Our Lady of The Lake Regional Med. Cntr.	Yes

17A. CITY, TOWN OR LOCATION OF DEATH	17B. PARISH OF DEATH
Baton Rouge	East Baton Rouge

RESIDENCE

18A. STREET ADDRESS (If rural specify rural route number or location)	18B. PARISH OF RESIDENCE	18C. STATE OF RESIDENCE
187 Marlstone Drive	Shelby	Alabama

18D. USUAL RESIDENCE OF DECEDENT (City, town or location)	18E. ZIP CODE	18F. RESIDENCE INSIDE CITY LIMITS? (YES or NO)
Helena	35080	Yes

PARENTS

19A. FATHER'S LAST NAME	FIRST	MIDDLE	19B. FATHER'S PLACE OF BIRTH	19C. STATE
Hess	Aaron	Adkins	Anniston	Alabama

20A. MOTHER'S MAIDEN NAME	FIRST	MIDDLE	20B. MOTHER'S PLACE OF BIRTH	20C. STATE
Thrower	Ivanear	Nell	Chulafinne	Alabama

INFORMANT

21A. TYPE OR PRINT NAME OF INFORMANT	21B. INFORMANT'S ADDRESS	21C. DATE (Month, Day, Year)
Virginia Hess	187 Marlstone Drive Helena AL 35080	01/25/2008

DISPOSITION

22A. METHOD OF DISPOSITION	22B. DATE THEREOF (Month, Day, Year)	22C. NAME AND LOCATION OF CEMETERY OR CREMATORIUM
1 [X] BURIAL 2 [ ] CREMATION 3 [ ] REMOVAL 4 [ ] OTHER	Jan 29, 2008	Elmwood Cemetery Birmingham, AL

23A. SIGNATURE AND ADDRESS OF FUNERAL DIRECTOR	23B. FACILITY NUMBER	23C. LICENSE NUMBER
RABENHORST FUNERAL HOME, L.L.C. POST OFFICE BOX 2666 BATON ROUGE, LA 70821 Charles R. Hewes	2609	E1615
	24. ALTERATIONS	

REGISTRAR

25A. BURIAL TRANSIT PERMIT	25B. PARISH OF ISSUE	25C. DATE OF ISSUE	26. SIGNATURE OF LOCAL REGISTRAR
866161	EBR	1-26-08	Deborah Kuhns PTC

MANNER OF DEATH

27. MANNER OF DEATH
1 [X] NATURAL 2 [ ] ACCIDENT 3 [ ] SUICIDE 4 [ ] HOMICIDE 5 [ ] PENDING INVESTIGATION 6 [ ] UNDETERMINED

28A. DATE OF INJURY (Month, Day, Year)	28B. TIME OF INJURY	28C. INJURY AT WORK (YES or NO)	28D. DESCRIBE HOW INJURY OCCURED

28E. PLACE OF INJURY (Specify at home, farm, factory, street, etc.)	28F. LOCATION (Street, Number or Rural Route, City Parish, State)

CERTIFIER

29A. I CERTIFY THAT I ATTENDED THE DECEDENT FROM TO AND THAT DEATH OCCURRED ON THE DATE AND HOUR STATED ABOVE DUE TO THE CAUSES AND IN THE MANNER SO STATED.

Coroner's Case

29B. SIGNATURE OF PHYSICIAN OR CORONER	29C. DATE (Month, Day, Year)
E. Shannon Cooper MD	2/12/08

29D. TYPE OR PRINT NAME AND TITLE OF PHYSICIAN OR CORONER	29E. ADDRESS OF PHYSICIAN OR CORONER
E. Shannon Cooper, MD, Coroner	4030 TB Hearndon Ave., Baton Rouge, LA 70807

CAUSE OF DEATH

30. 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 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. Myocardial Infarct	
	DUE TO (OR AS A CONSEQUENCE OF)	
Sequentially list conditions, if any, leading to immediate cause.	b.	
	DUE TO (OR AS A CONSEQUENCE OF)	
Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c.	
	DUE TO (OR AS A CONSEQUENCE OF)	
	d.	

30. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE IN PART I.	31. IF DECEASED WAS FEMALE 10-49, WAS SHE PREGNANT IN THE LAST 90 DAYS?	32A. WAS AN AUTOPSY PERFORMED?	32B. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
[ ] Tobacco [ ] Other	[ ] Yes [ ] No [ ] Unk.	[ ] Yes [X] No	[ ] Yes [ ] No

PHS 16 - (REV. 04/04)

OFFICE OF PUBLIC HEALTH - VITAL RECORDS REGISTRY

IN ACCORDANCE WITH LSA-R.S. 40:50 (C), I CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF A DEATH CERTIFICATE IN MY CUSTODY.
Deborah Kuhns
LOCAL REGISTRAR

DHH-OPH VITAL RECORDS REGISTRY LOUISIANA

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE OR DOCUMENT REGISTERED WITH THE VITAL RECORDS REGISTRY OF THE STATE OF LOUISIANA, PURSUANT TO LSA — R.S.40:32, ET SEQ.

Darlene W. Smith
STATE REGISTRAR

FEB 13 2008

American Bank Note Company
WARNING: It is illegal to alter or counterfeit this copy