

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.

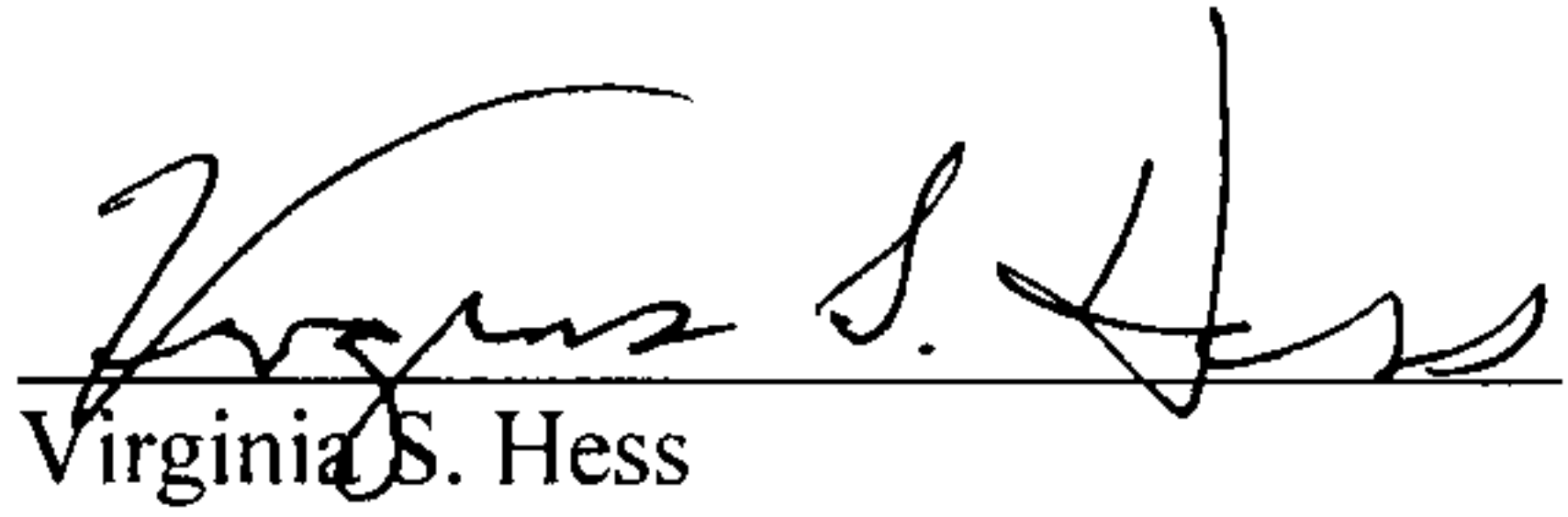
Subject to existing easements, current taxes, restrictions and covenants, set-back lines and rights of way, if any, of record.

Address: 187 Marlstone Drive, Helena, AL 35080

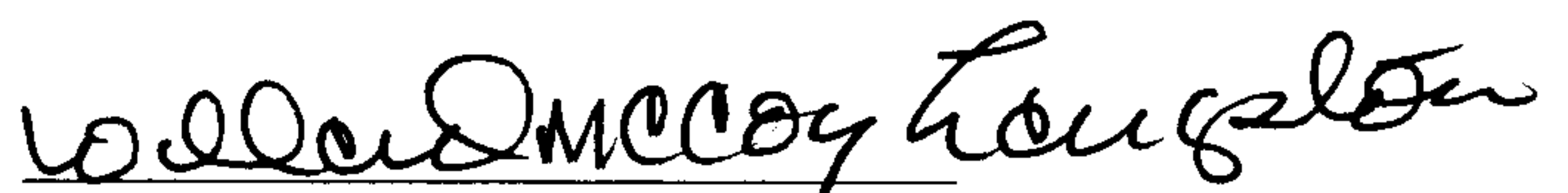
2. THAT Affiant was married to the above named spouse prior to the date of acquisition of the aforesaid property, and they remained continuously married from that date up to and including, the date of death of said spouse.
3. THAT Affiant's spouse died of natural causes in East Baton Rouge Parish, State 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.



Typed Name:

Title or Rank: Notary Public

My Commission #:

Expires: 4-10-2014

STATE OF LOUISIANA

THIS RECORD IS VALID FOR DEATH ONLY



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IMPORTANT: 1251249
PRINT or TYPE, black ink
or ribbon mandatory

STATE OF LOUISIANA CERTIFICATE OF DEATH

BIRTH No.

FILE No. 117

1A. LAST NAME OF DECEDENT Hess		1B. FIRST NAME Aaron		1C. MIDDLE NAME Alan		2A. DATE OF DEATH (Month, Day, Year) Jan. 25, 2008	
2B. HOUR OF DEATH 0931		3. SEX Male		4. RACE (Specify White, Black, etc.) White		5. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married	
6. SURVIVING SPOUSE (If wife, give Maiden Name) Virginia Overton							
7. DATE OF BIRTH (Month, Day, Year) September 30, 1948		8A. AGE YEARS 59		8B. UNDER 1 YEAR MONTHS _____ DAYS _____		9. BIRTHPLACE (City and State or Foreign Country) Anniston, Alabama	
10. USUAL OCCUPATION (Kind of work done during most of working life. NEVER specify retired) Minister of Music		11. KIND OF BUSINESS/INDUSTRY Baptist Association		12. OF HISPANIC ORIGIN? No			
13. EVER IN U.S. ARMED FORCES? (YES or NO) No		14. SOCIAL SECURITY NUMBER		15. DECEDENT'S EDUCATION (Specify ONLY HIGHEST grade completed) ELEMENTARY/SECONDARY (0-12) _____ COLLEGE (1-4, 5+) 5+			
16A. PLACE OF DEATH (Check ONLY one, if death in NON-LISTED facility check OTHER and specify on line BELOW) HOSPITAL <input type="checkbox"/> INPATIENT <input type="checkbox"/> ER / OUTPATIENT <input checked="" type="checkbox"/> OOA <input type="checkbox"/> NON-HOSPITAL <input type="checkbox"/> NURSING HOME <input type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER <input type="checkbox"/>							
16B. NAME OF FACILITY (If not in Facility, give street address or location) Our Lady of The Lake Regional Med. Cntr.						16C. PLACE OF DEATH IN CITY LIMITS? (YES or NO) Yes	
17A. CITY, TOWN OR LOCATION OF DEATH Baton Rouge						17B. PARISH OF DEATH East Baton Rouge	
18A. STREET ADDRESS (If rural specify rural route number or location) 187 Marlstone Drive				18B. PARISH OF RESIDENCE Shelby		18C. STATE OF RESIDENCE Alabama	
18D. USUAL RESIDENCE OF DECEDENT (City, town or location) Helena				18E. ZIP CODE 35080		18F. RESIDENCE INSIDE CITY LIMITS? (YES or NO) Yes	
19A. FATHER'S LAST NAME Hess		19B. FATHER'S FIRST NAME Aaron		19C. FATHER'S MIDDLE NAME Adkins		19D. FATHER'S PLACE OF BIRTH Anniston	
20A. MOTHER'S MAIDEN NAME Thrower		20B. MOTHER'S FIRST NAME Ivanear		20C. MOTHER'S MIDDLE NAME Nell		20D. MOTHER'S PLACE OF BIRTH Chulafinne	
20E. MOTHER'S STATE Alabama							
21A. TYPE OR PRINT NAME OF INFORMANT Virginia Hess				21B. INFORMANT'S ADDRESS 187 Marlstone Drive Helena AL 35080		21C. DATE (Month, Day, Year) 01/25/2008	
22A. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> BURIAL 2 <input type="checkbox"/> CREMATION 3 <input type="checkbox"/> REMOVAL 4 <input type="checkbox"/> OTHER				22B. DATE THEREOF (Month, Day, Year) Jan 29, 2008		22C. NAME AND LOCATION OF CEMETERY OR CREMATORIUM Elmwood Cemetery Birmingham, AL	
23A. SIGNATURE AND ADDRESS OF FUNERAL DIRECTOR RABENHORST FUNERAL HOME, L.L.C. Charles R. Rabenhorst POST OFFICE BOX 2666 BATON ROUGE, LA 70821				23B. FACILITY NUMBER 2609		23C. LICENSE NUMBER E1615	
24. ALTERATIONS							
25A. BURIAL TRANSIT PERMIT BB161		25B. PARISH OF ISSUE BBR		25C. DATE OF ISSUE 1-26-08		26. SIGNATURE OF LOCAL REGISTRAR Deborah Kuhns PTC	
27. MANNER OF DEATH 1 <input checked="" type="checkbox"/> NATURAL 2 <input type="checkbox"/> ACCIDENT 3 <input type="checkbox"/> SUICIDE 4 <input type="checkbox"/> HOMICIDE 5 <input type="checkbox"/> PENDING INVESTIGATION 6 <input type="checkbox"/> UNDETERMINED							
28A. DATE OF INJURY (Month, Day, Year)		28B. TIME OF INJURY		28C. INJURY AT WORK (YES or NO)		28D. DESCRIBE HOW INJURY OCCURRED	
28E. PLACE OF INJURY (Specify at home, farm, factory, street, etc.)				28F. LOCATION (Street, Number or Rural Route, City Parish, State)			
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.		29B. SIGNATURE OF PHYSICIAN OR CORONER <i>E. Shannon Cooper</i>		29C. DATE (Month, Day, Year) 2/12/08	
29D. TYPE OR PRINT NAME AND TITLE OF PHYSICIAN OR CORONER E. Shannon Cooper, MD, Coroner		29E. ADDRESS OF PHYSICIAN OR CORONER 4030 TB Hearndon Ave., Baton Rouge, LA 70807					
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							
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. <input type="checkbox"/> Tobacco <input type="checkbox"/> Other				31. IF DECEDENT WAS FEMALE 10-49 WAS SHE PREGNANT IN THE LAST 90 DAYS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk.		32A. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				32B. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> 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

FEB 13 2008



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