

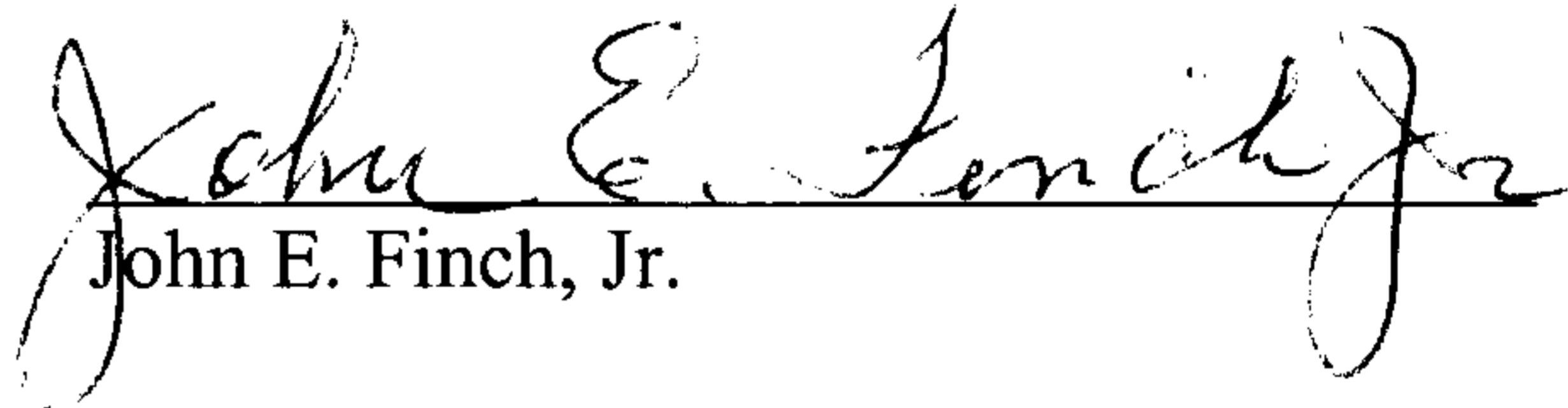
STATE OF ALABAMA
JEFFERSON COUNTY

AFFIDAVIT

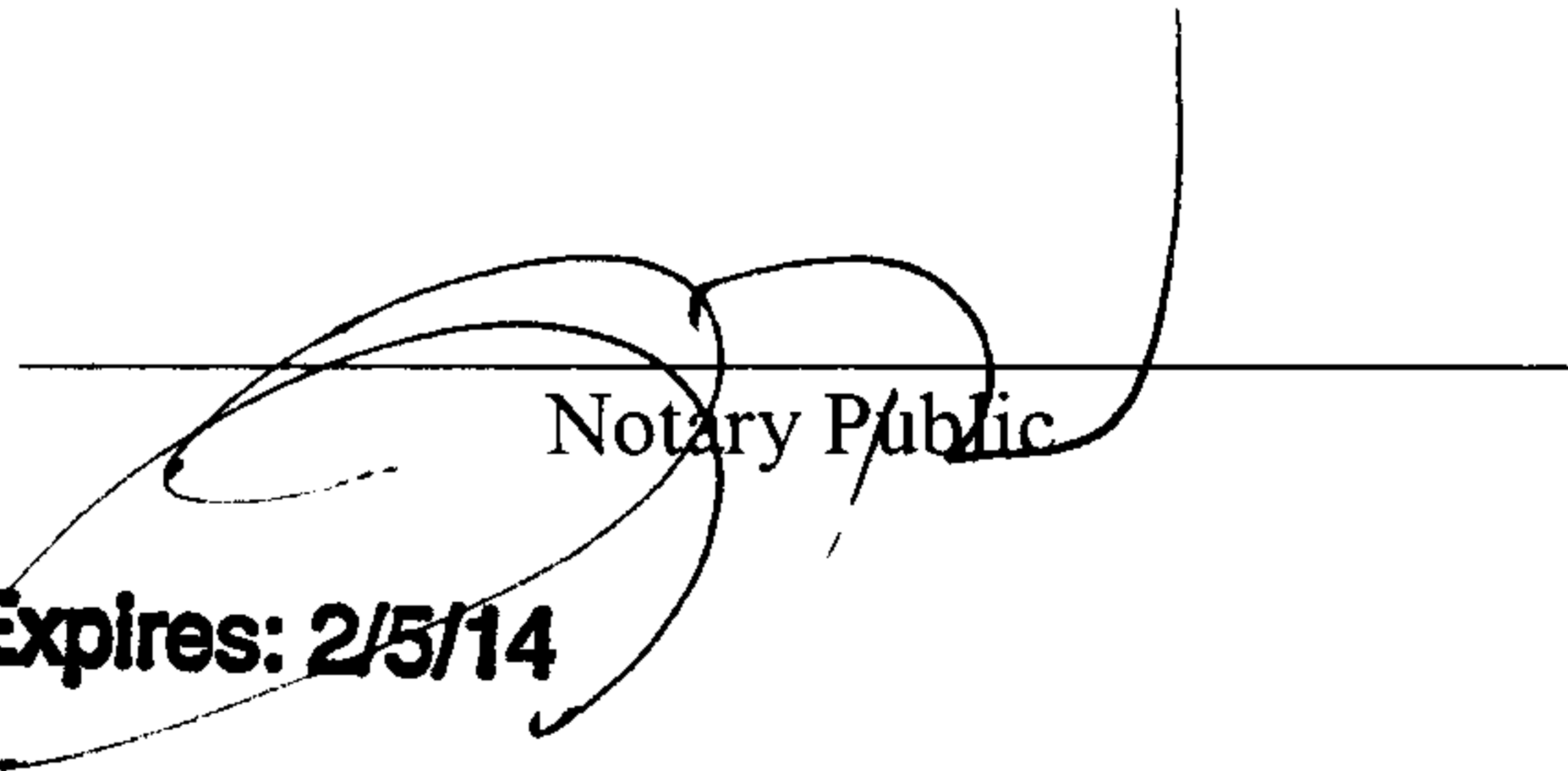
Comes now the undersigned, after being duly sworn, to depose and state the following:

My name is John E. Finch, Jr. I have personal knowledge of the deaths of John E. Finch, Sr. and Julia A. Finch. John E. Finch, Sr. died on or about 10-24-74 in Alabama. Julia A. Finch died on December 24, 2011 in Talladega County, Alabama.


The purpose of this affidavit is to induce Alabama Title to issue its final title policy under Binder #212-38726F.


John E. Finch, Jr.

Sworn to and subscribed before me this 4th day of May, 2012.


Notary Public

My Commission Expires: **My Commission Expires: 2/5/14**


20120515000173390 1/2 \$15.00
Shelby Cnty Judge of Probate, AL
05/15/2012 12:29:43 PM FILED/CERT

THIS IS A TRUE AND EXACT COPY OF THE RECORD ON FILE WITH THE
TALLADEGA COUNTY HEALTH DEPARTMENT.

Darlene Bradford
Darlene Bradford, Registrar

1-18-12
Date of Issue



20120515000173390 2/2 \$15.00
Shelby Cnty Judge of Probate, AL
05/15/2012 12:29:43 PM FILED/CERT

ALABAMA
CERTIFICATE OF DEATH

State File Number 101

TYPE IN PERMANENT
BLACK INK. DO NOT
USE GREEN, RED, OR
BLUE INK.County
File
Number —

3. _____	1. DECEASED—NAME First Middle Last (Type last name all capitals) Julia Allan FINCH			2. DATE OF DEATH (Month, Day, Year) December 24, 2011		3. COUNTY OF DEATH Talladega			
6. _____	4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Sylacauga 35150			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) Coosa Valley Medical Center			
19. _____	7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA) Inpatient			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			
20. _____	10. SEX Female			11. AGE 96 YRS.		12. UNDER 1 YEAR MOS. _____ DAYS _____ HOURS _____ MINS _____			
26. _____	13. DATE OF BIRTH (Month, Day, Year) September 21, 1915			14. DECEASED'S SOCIAL SECURITY NUMBER [REDACTED]		15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) 12 College (1-4 or 5+) _____			
27. _____	16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Widowed			17. SURVIVING SPOUSE (If wife, give maiden name) [REDACTED]		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 Talladega		22. CITY, TOWN, OR LOCATION AND ZIP CODE Sylacauga, AL 35151		
	23. INSIDE CITY LIMITS (Specify Yes or No) Yes		24. STREET AND NUMBER 830 Old Ceder Creek Road		25. INFORMANT—Name and Address John Finch 35151 830 Old Ceder Creek Road, Sylacauga, AL				
	26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Homemaker				27. KIND OF BUSINESS OR INDUSTRY Own Home				
	28. FATHER—NAME First Middle Last James Madison Allan			29. MAIDEN NAME OF MOTHER— First Middle Last Jessie Craven Sorrell					
	30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial			31. DATE OF DISPOSITION (Month, Day, Year) Dec 29, 2011		32. CEMETERY OR CREMATORY—Name Allan Cemetery		33. LOCATION—(City or Town—State) Pelham, AL	
	34. FUNERAL HOME—Name and Address Southern Heritage 475 Cahaba Valley Rd, Pelham, AL 35124			35. FUNERAL DIRECTOR—Signature <i>[Signature]</i>		36. DATE SIGNED BY FUNERAL DIRECTOR Jan 4, 2012		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: <i>[Signature]</i>	
	38. TIME AND DATE OF DEATH DEC 24 2011 10:05			39. DATE AND TIME PROCLAIMED DEAD (For Coroner/M.E. use only) SAME AS BOWEN		40. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) SR BOWEN MD		41. DATE SIGNED (Month, Day, Year) DEC 24 2011	
	42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) 209 WEST SPRING ST. SYLACAUGA, AL			43. CERTIFIER LICENSE NUMBER A110458		44. REGISTRAR—Signature <i>[Signature]</i>		45. DATE FILED (Month, Day, Year) January 18, 2012	

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. <i>Concertine cardiomyopathy</i>		10 YRS	
b. <i>Hypertension</i>		10 YRS	
c. <i>Dementia</i>		10 YRS	
d. <i>atrial fibrillation</i>		10 YRS	
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)		50. AUTOPSY (Specify Yes or No)	
51. HOW INJURY OCCURRED (Enter nature of injury in Item 46, Part I or Item 47, Part II)		52. DATE OF INJURY (Month, Day, Year)	
53. INJURY AT WORK (Specify Yes or No)		54. PLACE OF INJURY—(Specify at home, farm, street, factory, office building, etc.)	
55. INJURY AT WORK (Specify Yes or No)		56. 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

ANY ALTERATIONS VOID THIS DOCUMENT

SSN: _____

NAME OF DECEASED Finch, Julia A.

ANY ALTERATIONS VOID THIS DOCUMENT