When Recorded Return To:
Indecomm Global Services
2925 Country Drive
St. Paul, MN 55117

十十十十十十十つ50 RECORDING REQUESTED BY

Old Republic Title Company

WHEN RECORDED MAIL TO

Name: Old Republic Title Company

Address: 530 South Main Street, Suite 1031

City, State Zip: Akron, OH 44311

Title Order No. 01-12028483

20120604000195930 1/3 \$18.00 Shelby Cnty Judge of Probate, AL 06/04/2012 02:46:33 PM FILED/CERT

## AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF ALABAMA COUNTY OF SHELBY) ss.

Being first duly sworn according to law, the undersigned (hereinafter "Affiant"), does hereby state under penalties of perjury as follows:

- 1. My full legal name is: PHILLIP M. LASSITER
- 2. By virtue of instrument dated 07/16/1997, recorded 07/21/1997, in Volume 1997, Page 22795 of SHELBY County Records, title was conveyed to PHILLIP M. LASSITER and PEGGY S. LASSITER as Joint Tenants with the right of survivorship to the following described real estate:

## See Exhibit "A" Attached

- 3. As evidenced by the certified copy of the death certificate attached PEGGY S. LASSITER is now deceased.
- 4. The purpose of this Affidavit is to transfer record title of the above described premises to the survivor PHILLIP M. LASSITER.

Further, the Affiant sayeth naught.

AFFIANT:

PHILLIP M. LASSITER

Sworn to before me and subscribed in my presence this  $-19^{777}$  day

mAy, 2012, by PHILLIP M. LASSITER

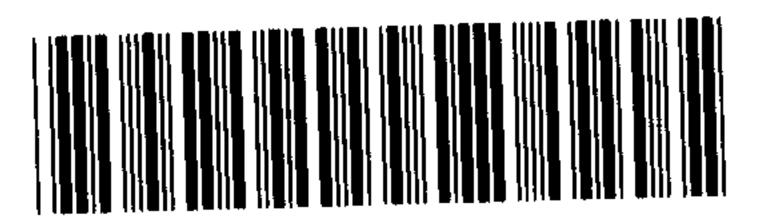
**Notary Public** 

EXHIBIT "A"

PUBLIC

LOT 134, ACCORDING TO THE SURVEY OF FOURTH ADDITION RIVER CHASE WEST, RESIDENTIAL SUBDIVISION, AS RECORDED IN MAP BOOK 7, PAGE 156, IN THE OFFICE OF THE JUDGE OF PROBATE OF SHELBY COUNTY, ALABAMA.

TAX ID NO: 11 7 25 0 004 064.000



+U02684395+ 7753 5/29/2012 77727038/1

> 20120604000195930 2/3 \$18.00 Shelby Cnty Judge of Probate, AL 06/04/2012 02:46:33 PM FILED/CERT

October 31, 2007

Date of Issue

## 20120604000195930 3/3 \$18.00

Shelby Cnty Judge of Probate, AL 06/04/2012 02:46:33 PM FILED/CERT

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

## ALABAMA

CFRTIFICATE OF DEATH

| County<br>File  | CERTIFICATE OF DEATH   |  |   |  |  |   |  |                                       |   |  |
|---|--|--|---|--|--|---|--|---------------------------------------|---|--|
| Number —  | State File Number 101  |  |   |  |  |   |  |                                       |   |  |
| 1. DECEASED—NAME  | First  | Middle   | Last (Type last n   |  | 2. DATE OF DEATH (Month, D                       | DATE OF DEATH (Month, Day, Year)  3. COUNTY OF DEATH              |  |                                       |   |  |
|   | Peggy  | Sue  | LASSITE   | lR.  |  | October   | 20, 200                                | 7 She                                 | elby  |  |
| 4. CITY, TOWN, OR LOCATION  | ON OF DEATH AND ZIP  | CODE   |   | 5. INSIDE CIT  |  | 6. PLACE OF DEATH—HOSP  | ITAL OR OTHER INSTITU                  | TION—(If not in either, o             | give street and number)                                   |  |
| Alabaster 35007   |  |  | (Specify Yes or No) Yes   |  | יסאו זוט פּי                                     | Shelby Baptist Medical Center                                     |  |                                       |   |  |
| 7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA)   |  |  | 8. OF HISPANIC ORIGIN (Specify Yes or No) If Yes, Specify Mexican, Puerto Rican, etc. |  | f Yes, Specify Cu                                | an, 9. RACE—(Specify American Indian, Black, White, etc.) 10. SEX |  | · · · · · · · · · · · · · · · · · · · |   |  |
| ER  |  |  | NO  | l <b>l.</b>  |  | W   | nite                                   |                                       | Female  |  |
| 11. AGE   | 12. UNDER 1 YEAR   |  | JNDER 1 DAY   | 1:   | 3. DATE OF BIRT                                  | H (Month, Day, Year)  | 14. Di                                 | ECEASED'S SOCIAL SEC                  | · · · · · · · · · · · · · · · · · · ·                     |  |
| 66 YRS.   | MOS.   | DAYS   | IOURS MINS.   |  | Septe  | mber 12,  | · · · · · ·                            |                                       |   |  |
| 15. EDUCATION (Specify ON   | · · · · · · · · · · · · · · · · · · ·                          | pleted below)  | 16. MARITAL STATUS (Specify   |  | <del></del>                                      | 17. SURVIVING SPOUSE  |  | nal                                   | 19 Man Donadage suga in Armad                             |  |
| Elementary or High School   | ool (0-12)   | College (1-4 or 5+)  | Widowed, Divorced<br>Marrie   |  | riari ( <b>ou</b> )                              |   | •                                      | ·                                     | 18. Was Decedent ever in Armed Forces (Specify Yes or No) |  |
| 19. STATE OF BIRTH (If not i  | n USA, name country)   | 20. RESIDENC   | <u></u>   |  | OUNTY  | Phillip   |  | OCATION AND ZIP COD                   | No  |  |
|   |  |  |   | f  |  | <b>▼ -</b>  |  |                                       | 1 <b>C</b> ,  |  |
| 23. INSIDE CITY LIMITS  | Arkansas Alabama  23. INSIDE CITY LIMITS 24. STREET AND NUMBER |  |   |  | She1b  |   |  | r 35244                               | 1   |  |
| (Specify Yes or No) Yes   | 2062   | Wildflow   | var Dr  |  |  | lip Lassit  |  |                                       | Lower Dr.   |  |
| 26. USUAL OCCUPATION (G   |  |  |   |  | <del>/</del>                                     | O OF BUSINESS OR INDUSTRY   | ······································ | ver, AL                               | 33244   |  |
| Homemaker   |  |  |   |  |  | Home  |  |                                       |   |  |
| 28. FATHER—NAME   | First  | Middle   | Last  | <del></del>  | 29. MAI  | DEN NAME OF MOTHER—   | First                                  | Middle                                | Last  |  |
|   | Joe1   |  | Ziegler   | •  |  |   | Oma                                    |                                       | Cain  |  |
| 30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical 31. DATE OF DISPOSITION 32. CEMETERY OR CREMATORY—Name Toff Company 33   OCATION—(City or Town—State)   |  |  |   |  |  |   |  |                                       |   |  |
| Burial Oct.24,2007 Memorial Gardens, South Hoover, Alabama  |  |  |   |  |  |   |  |                                       |   |  |
| 34. FUNERAL HOME—Name   | and Address Cu   | ırrie-Je   | fferson F.  |  | <del>, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del> | RECTOR—Signature  |  |                                       | 36. DATE SIGNED BY FUNERAL DIRECTOR                       |  |
| 2701 John   | Hawkir   | s Pkwy.I   | Hoover, AL 3  | 5244   | 100  | ende h  | nes                                    |                                       | Oct.26,2007   |  |
| 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 causels) and manner stated " 38. DATE SIGNED (Month, Day, Year) |  |  |   |  |  |   |  |                                       |   |  |
| — Medical Examiner - Coroner on the basis of examination and/or investigation, in my prohiph, death occurred at the time, date, place, and due to the cause(s)  |  |  |   |  |  |   |  |                                       |   |  |
| Signature:  |  | - Marky  | Mon   | A Party of the same of the sam |  |   | and manner stated.                     |                                       | 2-20-07   |  |
| 39. TIME AND DATE OF DEA  | TH   | 40) D  | ATE AND TIME PRONOUNCED DE  | AD (For Coroner  | M.E. use only)                                   | <del></del>   | E OF PERSON WHO CO                     | MPLETED CAUSE OF DE                   | EATH (Item 46)  |  |
| 2010 10-20-07 ()  |  |  |   |  |  |   |  |                                       |   |  |
| 42. ADDRESS OF PERSON W   | HO COMPLETED CAU   | ISE OF DEATH (Item 46)   | 1.1.1   | DA 1   | ,          |   | <u> </u>                               | 43. CERTIFIER L                       | LICENSE NUMBER  |  |
| 1000 Fil  |  | T. /V /19  | tiabaste  |  |  |   |  |                                       | To the second second                                      |  |
| 44. REGISTRAR— S  | Signature \  |  | For Star  | te or Cou  | nty use o  | nly   |  | •                                     | (Month, Day, Year)  |  |
|   |  | <u>Je</u>  | 300)  |  |  | <u> </u>  |  | Octo                                  | ber 30,2007   |  |
|   |  | The same of the sa | 0 0 5   | 2  |  |   |  |                                       |   |  |

MEDICAL CERTIFICATION

| 46. PART I. Enter the diseases, injuries, or complic   | ations that caused the death. Do not enter the mode of dying, such as cardiac or respira | atory arrest, shock, or heart failure. LIST ONLY ONE CAUSE ON EACH LINE. | APPROXIMATE INTERVAL BETWEEN ONSET                                       |  |  |  |  |
|--|--|--|--|--|--|--|--|
| IMMEDIATE CAUSE (Final disease or condition resulting in death)  | MMEDIATE CAUSE (Final is east) a.  |  |  |  |  |  |  |
|  | DUE TO JOR AS A CONSEQUENCE OF:  DUE TO JOR AS A CONSEQUENCE OF:                         | anti- anima  | 1 hr   |  |  |  |  |
| Sequentially list conditions, if any,leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events | C  |  |  |  |  |  |  |
| resulting in death) LAST   | DUE TO (OR AS A CONSEQUENCE OF):  - d.   |  |  |  |  |  |  |
| Marcoloson   | ng to death but not resulting in the underlying cause given in Part I.                   |  | 48. WAS THERE A PREGNANCY IN LAST<br>42 DAYS? (Specify Yes, No, or Unk.) |  |  |  |  |
|  | cide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause)         | 50. AUTOPSY (Specify Yes or No) (Specify Yes or No)                      | gs considered in determining cause of death?                             |  |  |  |  |
| 52. HOW INJURY OCCURRED (Enter nature of injur   | ry in Item 46, Part 1 or Item 47, Part II)   | 53. DATE OF INJURY (Month, Day, Year)                                    | 54. HOUR OF INJURY   |  |  |  |  |
| 55. INJURY AT WORK (Specify Yes or No) 56. PLA   | CE 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)       |  |  |  |  |  |