Parcel I.D. #: 58-14-4-20-2-001-020

Send Tax Notice To: Sdira Aide Vazquez
187 Green Park South
Pelham, AL 35124

WARRANTY DEED

Joint Tenancy With Right of Survivorship

STATE OF ALABAMA)
)
COUNTY OF SHELBY)

Know all men by these presents, that in consideration of the sum of Sixty Thousand Dollars and 00/100 ($ 60,000.00), the receipt of sufficiency of which are hereby acknowledged, that **Pamela L. Berry, the surviving widow of Donald E. Berry who died on or about 4-30-2001 without an estate being probated,** hereinafter known as GRANTOR, does hereby bargain, grant, sell and convey the following described real property being situated in Shelby County, Alabama, to **Saira Aide Vazquez-Arroyo,** hereinafter known as the GRANTEE;

Lot 21, according to the Survey of Deer Springs Estates, First Addition, as recorded in Map Book 5, Page 55, in the Probate Office of Shelby County, Alabama.

Subject to any and all easements, rights of way, covenants and restrictions of record.

This deed was prepared with the benefit of a title search by Shelby County Abstract & Title Company under policy number MV-12-19633, and a survey was not performed. The legal description was taken from that certain title policy instrument issued by Magic City Title Company under Owner's Policy Number 136-01-463516, on or about 17 September, 1998, under case number 33218.

TO HAVE AND TO HOLD to the said GRANTEE as joint tenants, with right of survivorship, their heirs and assigns, forever; it being the intention of the parties to this conveyance, that (unless the joint tenancy hereby created is severed or terminated during the joint lives of the grantees herein) in the event one grantee herein survives the other, the entire interest in fee simple shall pass to the surviving grantee, and if one does not survive the other, then the heirs and assigns of the grantees herein shall take as tenants in common, together with every contingent remainder and right of reversion.

20120605000196440 1/3 $78.00
Shelby Cnty Judge of Probate, AL
06/05/2012 09:18:24 AM FILED/CERT

Shelby County, AL 06/05/2012
State of Alabama
Deed Tax:$60.00

And we do for ourselves and for our heirs, executors, and administrators covenant with the said GRANTEES, their heirs, and assigns, that we are lawfully seized in fee simple of said premises; that they are free from all encumbrances, unless otherwise noted above; that we have a good right to sell and convey he same as aforesaid; that we will and our heirs, executors and administrators shall warrant and defend the same to the said GRANTEES, their heirs and assigns forever, against the lawful claims of all person.

IN WITNESS WHEREOF, we have hereunto set our hands and seals, on this the 30 Day of MAY, 2012.

Pamela L Berry

Pamela L. Berry
Grantor

STATE OF ALABAMA)
)
COUNTY OF SHELBY)

I, the undersigned, a Notary Pubic in and for said State, do hereby certify that *Pamela L. Berry, the surviving widow of Donald E. Berry who died on or about 30 April, 2001,* whose name is signed to the foregoing conveyance, and who is personally known to me, acknowledged before me and my official seal of office, that he did execute the same voluntarily on the day the same bears date.

Given under my hand and official seal of office on this the 30 Day of MAY, 2012.

NOTARY PUBLIC
My Commission Expires: 09 March, 2016

This Instrument Prepared By:

Clint C. Thomas, P.C.
Attorney at Law
P.O. Box 1422
Calera, AL 35040

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

Deborah McGhaye — May 11, 2001

Signature of Local or Deputy Registrar — **Date of Issue**

'PE IN PERMANENT
ACK INK. DO NOT
SE GREEN, RED, OR
UE INK.

ALABAMA

CERTIFICATE OF DEATH

County File Number —

State File Number 101

1. DECEASED—NAME First	Middle	Last (Type last name all capitals)	2. DATE OF DEATH (Month, Day, Year)	3. COUNTY OF DEATH
Donald	Eugene	BERRY	April 30, 2001	Jefferson

4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE	5. INSIDE CITY LIMITS (Specify Yes or No)	6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number)
Birmingham 35234	Yes	Carraway Methodist Medical Center

7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA)	8. OF HISPANIC ORIGIN (Specify Yes or No) If Yes, Specify Cuban, Mexican, Puerto Rican, etc.	9. RACE—(Specify American Indian, Black, White, etc.)	10. SEX
Inpatient	No	White	Male

11. AGE	12. UNDER 1 YEAR MOS.	DAYS	UNDER 1 DAY HOURS	MINS.	13. DATE OF BIRTH (Month, Day, Year)	14. DECEASED'S SOCIAL SECURITY NUMBER
61 YRS.					November 12, 1939	[redacted]

15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12)	College (1-4 or 5+)	16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced)	17. SURVIVING SPOUSE (If wife, give maiden name)	18. Was Decedent ever in Armed Forces (Specify Yes or No)
	2	Married	Pamela Loftin	Yes

19. STATE OF BIRTH (If not in USA, name country)	20. RESIDENCE—STATE	21. COUNTY	22. CITY, TOWN, OR LOCATION AND ZIP CODE
Arkansas	Alabama	Shelby	Pelham 35124

23. INSIDE CITY LIMITS (Specify Yes or No)	24. STREET AND NUMBER	25. INFORMANT—Name and Address
Yes	1456 Kelly Drive	Kellie Street 1456 Kelly Drive, Pelham, AL 35124

26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	27. KIND OF BUSINESS OR INDUSTRY
Tile Sub Contractor	Self Employed

28. FATHER—NAME First	Middle	Last	29. MAIDEN NAME OF MOTHER— First	Middle	Last
Carl		Berry	Maureen		Dickerson

30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other)	31. DATE OF DISPOSITION (Month, Day, Year)	32. CEMETERY OR CREMATORY—Name	33. LOCATION—(City or Town—State)
Burial	May 3, 2001	Highland Memorial Gardens	Brighton, Alabama

34. FUNERAL HOME—Name and Address	35. FUNERAL DIRECTOR—Signature	36. DATE SIGNED BY FUNERAL DIRECTOR
ANGWIN MORTUARY CENTER 3500 Avenue I, Birmingham, AL 35218	Ronald Eu. Bradley Sr.	May 7, 2001

37. X **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: C. L. Athanasuleas

38. DATE SIGNED (Month, Day, Year): 5/03/01

39. TIME AND DATE OF DEATH	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)
2:35 pm April 30, 2001		C. L. Athanasuleas, MD

42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)	43. CERTIFIER LICENSE NUMBER
1600 Carraway Boulevard, Birmingham, Alabama 35234	10576

44. REGISTRAR— Signature	For State or County use only	45. DATE FILED (Month, Day, Year)
Sherry L Myers		May 10, 2001

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. ventricular Arrhythmia	Same DAY
DUE TO (OR AS A CONSEQUENCE OF): b. S/P Coronary Bypass.	SAME DAY
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST — DUE TO (OR AS A CONSEQUENCE OF): c. Coronary Atherosclerosis	Unknown
d.	
47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. no	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. If yes, were findings considered in determining cause of death? (Specify Yes or No)
Natural	No	

52. HOW INJURY OCCURRED (Enter nature of injury in Item 46, Part 1 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)

DECEASED

BURIAL

CERTIFIER

CAUSE

ANY ALTERATIONS VOID THIS DOCUMENT

1303

2001