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

Record 1st

77780654-01

20120628000228100 1/2 $16.00
Shelby Cnty Judge of Probate, AL
06/28/2012 12:04:20 PM FILED/CERT

RECORDING REQUESTED BY

Old Republic Title Company

WHEN RECORDED MAIL TO

Name: Old republic Title Company

Address: 320 Springside Drive, STE 320

City, State Zip: Akron, OH 44333

Title Order No. 01-12039968-03T

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: JANET J. BISHOP AND RONALD C. BISHOP

2. By virtue of instrument dated 05/25/2004, recorded 06/03/2005, in Volume 20040603000298100, Page of SHELBY County Records, title was conveyed to JANET J. BISHOP and RONALD C. BISHOP to the following described real estate:

SITUATE IN COUNTY OF SHELBY, STATE OF ALABAMA:
LOT 60 ACCORDING TO THE SURVEY OF VALLEY FORGE AS RECORDED IN MAP BOOK 6, PAGE 60, SHELBY COUNTY, ALABAMA RECORDS.
TAX ID NO: 13-8-34-1-003-018.000.

TAX ID NUMBER: 13-8-34-1-003-018.000.

3. As evidenced by the certified copy of the death certificate attached CARL BISHOP is now deceased.

4. The purpose of this Affidavit is to transfer record title of the above described premises to the survivor JANET J. BISHOP AND RONALD C. BISHOP.

Further, the Affiant sayeth naught.

AFFIANT:

Janet J Bishop Ronald C Bishop
JANET J. BISHOP AND RONALD C. BISHOP

Sworn to before me and subscribed in my presence this 14TH day of JUNE,
2012 by JANET J. BISHOP AND RONALD C. BISHOP.

Horace D Peters
Notary

U02748556
7753 6/21/2012 77780654/1

HORACE D. PETERS, JR.
NOTARY
PUBLIC
ALABAMA STATE AT LARGE

THE FRONT OF THIS DOCUMENT IS PINK - THE BACK OF THIS DOCUMENT IS BLUE AND HAS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

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

Sheila Keller
Signature of Local Registrar

SEP 0 8 2004
Date of Issue

20120628000228100 2/2 $16.00
Shelby Cnty Judge of Probate, AL
06/28/2012 12:04:20 PM FILED/CERT

TYPE IN PERMANENT BLACK INK. DO NOT USE GREEN, RED, OR BLUE 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
Carl	Lawson	BISHOP, Jr.	August 12, 2004	Shelby

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)
Alabaster 35007	Yes	1324 Old Boston Road

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
	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
82 YRS.					October 29, 1921	[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	Annelle Collins	Yes

19. STATE OF BIRTH (If not in USA, name country)	20. RESIDENCE—STATE	21. COUNTY	22. CITY, TOWN, OR LOCATION AND ZIP CODE
Alabama	Alabama	Shelby	Alabaster 35007

23. INSIDE CITY LIMITS (Specify Yes or No)	24. STREET AND NUMBER	25. INFORMANT—Name and Address
Yes	1324 Old Boston Road	1324 Old Boston Road Ronald C. Bishop Alabaster, AL 35007

26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	27. KIND OF BUSINESS OR INDUSTRY
Postal Clerk	U.S. Postal Office

28. FATHER—NAME First	Middle	Last	29. MAIDEN NAME OF MOTHER— First	Middle	Last
Carl	Lawson	Bishop, Sr.	Pearl		Hindman

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	Aug. 18, 2004	Jefferson Mem. Gardens	Hoover, AL

34. FUNERAL HOME—Name and Address	35. FUNERAL DIRECTOR—Signature	36. DATE SIGNED BY FUNERAL DIRECTOR
Ridout's Valley Chapel 1800 Oxmoor Road Homewood, AL 35209	Pamela Spradlin	Aug. 18, 2004

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: Michael Turner MD

38. DATE SIGNED (Month, Day, Year): 8.23.04

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)
12:48 PM 8.12.2004		Michael Turner MD

42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)	43. CERTIFIER LICENSE NUMBER
11206 Hwy 25 Calera AL	13261

44. REGISTRAR— Signature	For State or County use only	45. DATE FILED (Month, Day, Year)
Sheila Keller		Sept 7, 2004

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

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. If yes, were findings considered in determining cause of death? (Specify Yes or No)
Natural Cause		

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

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 ___ SK 9/7/04

#42 zip code is 35040

NAME OF DECEASED

DEATH

BURIAL

CERTIFIER

CAUSE

3. ___
6. ___
19. ___
20. ___
26. ___
27. ___
34. ___
46. ___
49. ___
55. ___