20120807000288530 1/2 $15.00
Shelby Cnty Judge of Probate, AL
08/07/2012 08:31:24 AM FILED/CERT

STATE OF Alabama)
COUNTY OF Shelby) ss.

AFFIDAVIT OF FACTS RELATING TO TITLE

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

1. My full legal name is: Betty Sue Barnett

2. By virtue of instrument dated 03/31/1970, recorded 04/06/1970, in Volume 261, Page 825 Document of the Shelby County Records, title was conveyed from THE FIVE T'S, INC. to BETTY SUE BARNETT, AND HER HUSBAND DOYLE A. BARNETT, FOR AND DURING THEIR JOINT LIVES AND UPON THE DEATH OF EITHER OF THEM, THEN TO THE SURVIVOR OF THEM to the following described real estate:

   SITUATED IN THE COUNTY OF SHELBY, STATE OF ALABAMA:

   LOT 11, BLOCK 2, ACCORDING TO THE SURVEY OF INDIAN VALLEY SUBDIVISION, FIRST SECTOR AS RECORDED IN MAP BOOK 5, PAGE 43 IN THE OFFICE OF THE PROBATE JUDGE OF SHELBY COUNTY, ALABAMA.

   TAX ID NO: 10-5-16-0-003-056.000

   BEING THE SAME PROPERTY CONVEYED BY DEED
   GRANTOR: THE FIVE T'S, INC.
   GRANTEE: BETTY SUE BARNETT, AND HER HUSBAND DOYLE A. BARNETT, FOR AND DURING THEIR JOINT LIVES AND UPON THE DEATH OF EITHER OF THEM, THEN TO THE SURVIVOR OF THEM
   DATED: 03/31/1970
   RECORDED: 04/06/1970
   DOC#/BOOK-PAGE: 261-825

   ADDRESS: 5041 VALE LN, BIRMINGHAM, AL 35244

3. As evidenced by the certified copy of the death certificate attached, Doyle A. Barnett is now deceased.

4. The purpose of this Affidavit is to transfer record title of the above described premises to the survivor, Betty Sue Barnett.

Further, the Affiant sayeth naught.

AFFIANT:
Betty Sue Barnett Betty Sue Barnett
SIGN AND PRINT NAME

Sworn to before me and subscribed in my presence this 3 day of August, 2012 by Betty Sue Barnett.

Shanté Reené Ross
Notary Public

SHANTÉ REENÉ ROSS
NOTARY PUBLIC
STATE OF ALABAMA
COMM. EXP. 3-7-2015

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

ALABAMA

CERTIFICATE OF DEATH

County File Number —

State File Number 101

3. _____
6. _____
19. _____
20. _____
26. _____
27. _____
34. _____

[redacted]

SSN: [redacted]

Doyle Austin Barnett

NAME OF DECEASED

46. _____
49. _____
55. _____

DECEASED

1. DECEASED—NAME First	Middle	Last (Type last name all capitals)	2. DATE OF DEATH (Month, Day, Year)	3. COUNTY OF DEATH
Doyle	Austin	BARNETT	May 13, 2005	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)
Birmingham 35244	Yes	5041 Vale Lane

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		UNDER 1 DAY		13. DATE OF BIRTH (Month, Day, Year)	14. DECEASED'S SOCIAL SECURITY NUMBER
79 YRS.	MOS.	DAYS	HOURS	MINS.	September30,1925	[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)
12		Married	Betty Mills	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	Birmingham 35244

23. INSIDE CITY LIMITS (Specify Yes or No)	24. STREET AND NUMBER	25. INFORMANT—Name and Address
Yes	5041 Vale Lane	Betty M.Barnett 5041 Vale Lane Birmingham,Al.35244

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

28. FATHER—NAME First	Middle	Last	29. MAIDEN NAME OF MOTHER— First	Middle	Last
Austin		Barnett	Bessie		Sims

BURIAL

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	05-15-2005	Montevallo Cemetery	Montevallo,Al.

34. FUNERAL HOME—Name and Address	35. FUNERAL DIRECTOR—Signature	36. DATE SIGNED BY FUNERAL DIRECTOR
Rockco Funeral Home P.O.Box 647 Montevallo,Al.35115	James W. Bush	05-14-2005

CERTIFIER

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: V Blackburn MD

38. DATE SIGNED (Month, Day, Year): 05/19/05

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)
19:30 05/13/05		Vance Blackburn MD

42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)	43. CERTIFIER LICENSE NUMBER
2520 Valleydale Rd Birmingham AL 35244	13452

44. REGISTRAR— Signature	For State or County use only	45. DATE FILED (Month, Day, Year)
Sheila Keller		June 2, 2005

MEDICAL CERTIFICATION

CAUSE

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. Small cell lung cardinama	9 months
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. Alzheumar's dementia, hypertension renal insufficancy

48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unk.): no

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	—	—

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)
—	—	—

This is a legal record and must be filed within five (5) days after death.

ADPH-HS 2/Rev. 11-93

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

Sheila Keller
Signature of Local Registrar

June 7, 2005
Date of Issue