


Send tax notice to:
Katrina W. Dewar
5373 Meadow Brook Road
Birmingham, AL 35242
File No. BHM1200842

This instrument prepared by:
Stewart & Associates, P.C.
3595 Grandview Pkwy, #645
Birmingham, Alabama 35243

STATE OF ALABAMA
COUNTY OF SHELBY


20121128000453330 1/4 \$35.00
Shelby Cnty Judge of Probate, AL
11/28/2012 08:38:59 AM FILED/CERT

WARRANTY DEED

KNOW ALL MEN BY THESE PRESENTS:

That in consideration of Two Hundred Eighty Thousand and 00/100 Dollars (\$280,000.00) in hand paid to the undersigned, **John Patrick Caldwell, an unmarried man, by John Patrick Caldwell, Jr., as his attorney-in-fact** (hereinafter referred to as "Grantor"), by **Katrina W. Dewar** (hereinafter referred to as "Grantee"), the receipt and sufficiency of which are hereby acknowledged, Grantor does, by these presents, grant, bargain, sell, and convey unto Grantee, the following described real estate situated in Shelby County, Alabama, to-wit:

Lot 11, according to the Survey of Mountain Ridge Estates, First Sector, as recorded in Map Book 7, Page 100, in the Probate Office of Shelby County, Alabama.

John Patrick Caldwell is the surviving grantee of that Warranty Deed dated 12/7/1978 and recorded in Book 316, Page 747, in the Probate Office of Shelby County, Alabama. The other grantee, Jackleen O. Caldwell having died on or about the 1st day of December,

 **2012. 2002.**

Shelby County, AL 11/28/2012
State of Alabama
Deed Tax: \$14.00

SUBJECT TO:

- 1.) ADVALOREM TAXES DUE OCTOBER 01, 2013 AND THEREAFTER.
- 2.) BUILDING AND SETBACK LINES, RESTRICTIONS, COVENANTS AND CONDITIONS OF RECORD.
- 3.) MINERAL AND MINING RIGHTS NOT OWNED BY THE GRANTOR.

\$266,000.00 OF THE CONSIDERATION AS WAS PAID FROM THE PROCEEDS OF A MORTGAGE LOAN.

TO HAVE AND TO HOLD to Grantee, her heirs, executors, administrators and assigns forever.

The Grantor does for himself, his heirs and assigns, covenant with Grantee, her heirs, executors, administrators and assigns, that he is lawfully seized in fee simple of said premises; that he is free from all encumbrances except as noted above; that he has a good right to sell and convey the same as aforesaid; and that he will, and their heirs, executors, administrators shall warrant and

defend the same to the said Grantee, her heirs and assigns forever, against the lawful claims of all persons.

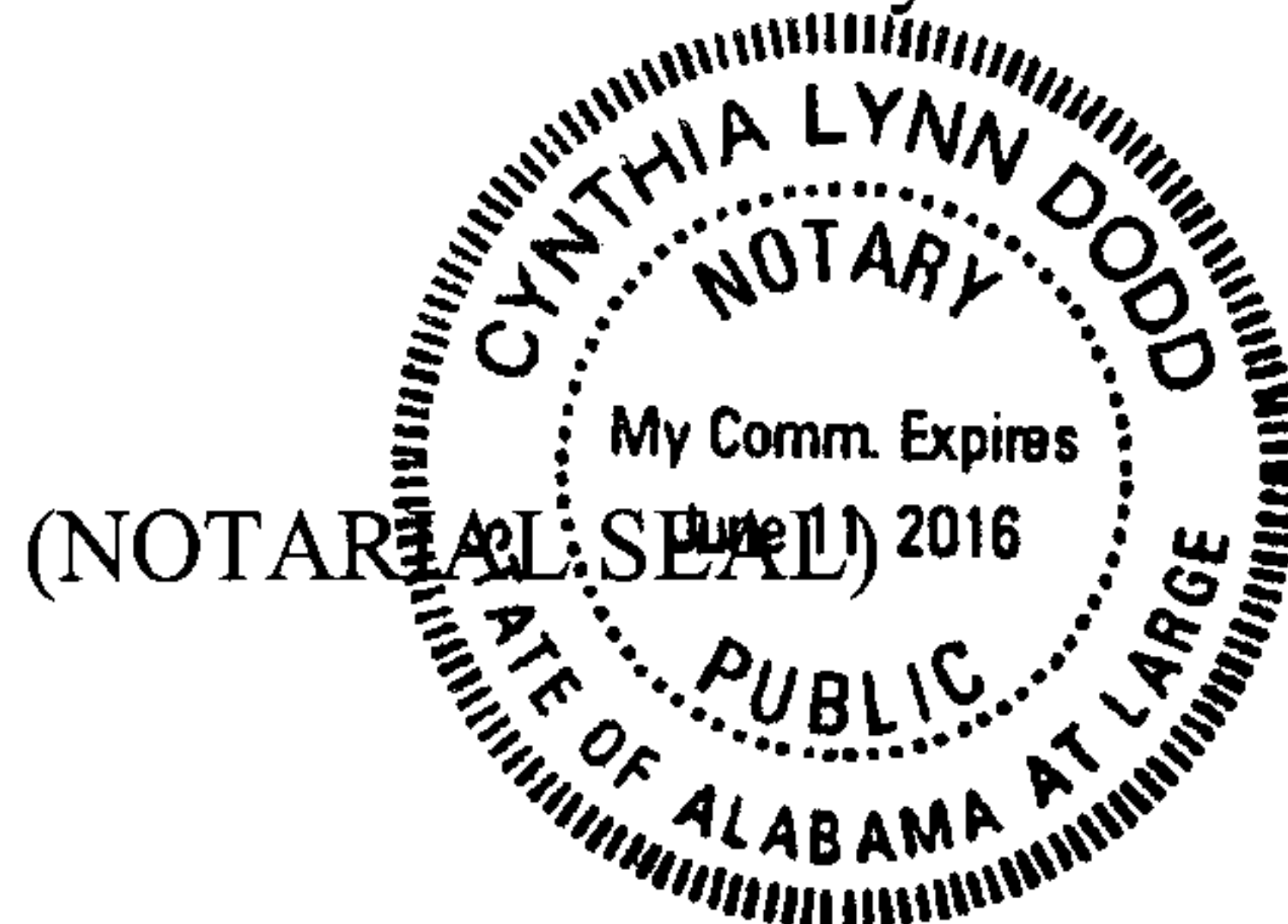
IN WITNESS WHEREOF, Grantor, John Patrick Caldwell, by John Patrick Caldwell, Jr., has hereunto set his signature and seal on November 16, 2012.

John Patrick Caldwell, Jr.
John Patrick Caldwell, by John Patrick
Caldwell, Jr., as his Attorney-in-Fact
*John Patrick Caldwell, Jr., as his
Attorney-in-Fact*

STATE OF ALABAMA)
 :
COUNTY OF JEFFERSON)

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that John Patrick Caldwell, Jr., whose name as attorney in fact for John Patrick Caldwell, is signed to the foregoing instrument and who is known to me, acknowledged before me on this day, that, being informed of the contents of the said instrument, he, in his capacity as such attorney in fact, and with full authority, executed the same voluntarily, for John Patrick Caldwell on the day the same bears date.

Given under my hand and official seal this the 16th day of November, 2012



[Signature]

Notary Public
Print Name: Cynthia Lynn Dodd
Commission Expires:

20121128000453330 2/4 \$35.00
Shelby Cnty Judge of Probate, AL
11/28/2012 08:38:59 AM FILED/CERT

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

Deborah M. Intyre
Signature of Local or Deputy Registrar

December 11, 2002

Date of Issue

20121128000453330 3/4 \$35.00
Shelby Cnty Judge of Probate, AL
11/28/2012 08:38:59 AM FILED/CERTALABAMA
CERTIFICATE OF DEATH

State File Number 101

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

| | | | | | |
|---|--|--|--|---|--|
| 1. DECEASED—NAME First Middle Last (Type last name all capitals) | | 2. DATE OF DEATH (Month, Day, Year) | | 3. COUNTY OF DEATH | |
| Artie Jackleen CALDWELL | | December 1, 2002 | | 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) | |
| Homewood 35209 | | Yes | | Brookwood 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.) | |
| Inpatient | | No | | White | |
| 10. SEX | | 11. AGE | | 12. UNDER 1 YEAR | |
| Female | | 72 YRS. | | MOS. DAYS HOURS MINS. | |
| 13. DATE OF BIRTH (Month, Day, Year) | | 14. DECEASED'S SOCIAL SECURITY NUMBER | | 15. EDUCATION (Specify ONLY highest grade completed below) | |
| January 22, 1930 | | | | 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) | |
| Married | | John Caldwell, Sr. | | No | |
| 19. STATE OF BIRTH (If not in USA, name country) | | 20. RESIDENCE—STATE | | 21. COUNTY | |
| Alabama | | Alabama | | Jefferson | |
| 22. CITY, TOWN, OR LOCATION AND ZIP CODE | | 23. INSIDE CITY LIMITS (Specify Yes or No) | | 24. STREET AND NUMBER | |
| Birmingham 35242 | | Yes | | 5373 Meadowbrook Road | |
| 25. INFORMANT—Name and Address | | 26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) | | 27. KIND OF BUSINESS OR INDUSTRY | |
| Gail Littleton | | Medical Assistant | | UAB Eye Foundation | |
| 28. FATHER—NAME First Middle Last | | 29. MAIDEN NAME OF MOTHER—First Middle Last | | 30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) | |
| Jackson O'Dell | | Bertha Vines | | Burial | |
| 31. DATE OF DISPOSITION (Month, Day, Year) | | 32. CEMETERY OR CREMATORY—Name | | 33. LOCATION—(City or Town—State) | |
| Dec. 3, 2002 | | Highland Mem. 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 | | David Angwin | | Dec. 10, 2002 | |
| 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." | | 38. DATE SIGNED (Month, Day, Year) | | 39. TIME AND DATE OF DEATH | |
| 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. | | 12/03/02 | | 07:32 12/1/02 | |
| 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) | | 42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) | |
| | | ANDERSON M. MORRIS, M.D. | | SUITE 510 ALL 2012 MEDICAL CENTER DRIVE, BIRMINGHAM ALABAMA | |
| 43. CERTIFIER LICENSE NUMBER | | 44. REGISTRAR—Signature | | 45. DATE FILED (Month, Day, Year) | |
| 9918 | | Sherry L Myers | | December 10, 2002 | |

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. ACUTE INTERLATERAL MYOCARDIAL INFARCTION | | 2 DAYS | |
| b. DUE TO (OR AS A CONSEQUENCE OF): | | | |
| CORONARY ARTERY OCCLUSION | | | |
| c. DUE TO (OR AS A CONSEQUENCE OF): | | | |
| d. DUE TO (OR AS A CONSEQUENCE OF): | | | |
| 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.) | |
| SMOKING | | NO | |
| 49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) | | 50. AUTOPSY (Specify Yes or No) | |
| NATURAL CAUSE | | NO | |
| 51. If yes, were findings considered in determining cause of death? (Specify Yes or No) | | 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) | | | |
| | | | |

NAME OF DECEASED

SSN: 3002 34403

Caldwell, Jackleen

Real Estate Sales Validation Form

This Document must be filed in accordance with Code of Alabama 1975, Section 40-22-1

Grantor's Name **John Patrick Caldwell**

Mailing Address 145 East Meadows Ct
Alpharetta, GA 30005

Grantee's Name **Katrina W. Dewar**

Mailing Address 5373 Meadow Brook Road
Birmingham, AL 35242

Property Address **5373 Meadow Brook Road**
Birmingham, AL 35242

Date of Sale **November 16, 2012**

Total Purchase Price \$ **280,000.00**



20121128000453330 4/4 \$35.00
Shelby Cnty Judge of Probate, AL
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or
Actual Value \$ _____

or
Assessor's Market Value \$ _____

The purchase price or actual value claimed on this form can be verified in the following documentary evidence: (check one) (Recordation of documentary evidence is not required)

☐ Bill of Sale
☒ Sales Contract
☐ Closing Statement

☐ Appraisal
☐ Other

If the conveyance document presented for recordation contains all of the required information referenced above, the filing of this form is not required.

Instructions

Grantor's name and mailing address - provide the name of the person or persons conveying interest to property and their current mailing address.

Grantee's name and mailing address - provide the name of the person or persons to whom interest to property is being conveyed.

Property address - the physical address of the property being conveyed, if available.

Date of Sale - the date on which interest to the property was conveyed.

Total purchase price - the total amount paid for the purchase of the property, both real and personal, being conveyed by the instrument offered for record.

Actual value - if the property is not being sold, the true value of the property, both real and personal, being conveyed by the instrument offered for record. This may be evidenced by an appraisal conducted by a licensed appraiser or the assessor's current market value.

If no proof is provided and the value must be determined, the current estimate of fair market value, excluding current use valuation, of the property as determined by the local official charged with the responsibility of valuing property for property tax purposes will be used and the taxpayer will be penalized pursuant to Code of Alabama 1975 § 40-22-1 (h).

I attest, to the best of my knowledge and belief that the information contained in this document is true and accurate. I further understand that any false statements claimed on this form may result in the imposition of the penalty indicated in Code of Alabama 1975 § 40-22-1 (h).

Date **Nov. 16, 2012**

Print **By: Cynthia Lynn Dodd**

☐ Unattested

Sign

(verified by)

Reli Settlement Solutions, LLC

(Grantor/Grantee/Owner/Agent) circle one

Form RT-1