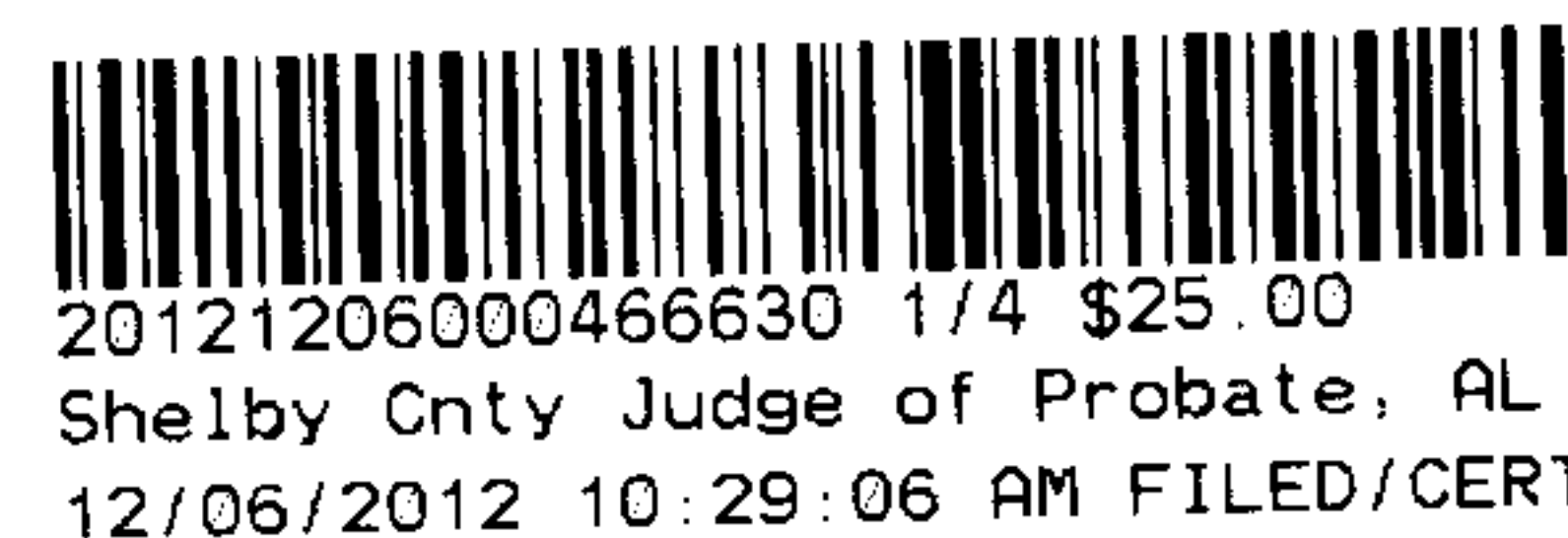


STATE OF ALABAMA }

COUNTY OF SHELBY }



SCRIVENER'S AFFIDAVIT

I, **BRENT E. HIERONYMI**, being a practicing attorney in Ardmore, Alabama, do hereby state the following, the same being true to my best information and belief:

1. That, I, in the normal course of my legal practice, acted as Settlement Agent for a transaction involving the subject real property, described as: **SEE EXHIBIT "A" ATTACHED FOR COPY OF LEGAL DESCRIPTION** . As such I prepared a deed for the conveyance of said real property. Said deed that was executed on the 21st day of June 2011 by **CATHERINE C. WALLS**, an unmarried woman, (as Grantor), to **KENNETH HIERONYMI** and **CYNTHIA HIERONYMI**, (as Grantees), the same was recorded on the 15th day of July 2011 in **Document No. 20110715000207610 1/1** of the Shelby County, Alabama Probate Records. Said **CATHERINE C. WALLS**, also known as, **CATHERINE C. WALLS**, took title to the subject property with **STEVE D. WALLS**, also known as **STEVIE DALE WALLS** with rights of survivorship in Deed Book **346**, page **17** of the Shelby County, Alabama Probate Records, however, no estate was found regarding the death of said **STEVE D. WALLS** or deed conveying property to **CATHERINE C. WALLS**.
2. That, in that regard, I was able to obtain a death certificate for said **STEVIE DALE WALLS**, **SEE EXHIBIT "B" ATTACHED FOR COPY OF DEATH CERTIFICATE**, who died prior to above conveyance.
3. Said Deed also carried forward a typographical error in the Grantors name. The correct spelling of the Grantors name is **CATHERINE C. WALLS**, who is one and the same as, **CATHERINE C. WALLS**.
4. That the purpose of this *Affidavit* is to clarify the title to the subject real property and the correct spelling of the Grantors name.
5. Further, the Affiant sayeth naught.

Done this the 27th day of November 2012.

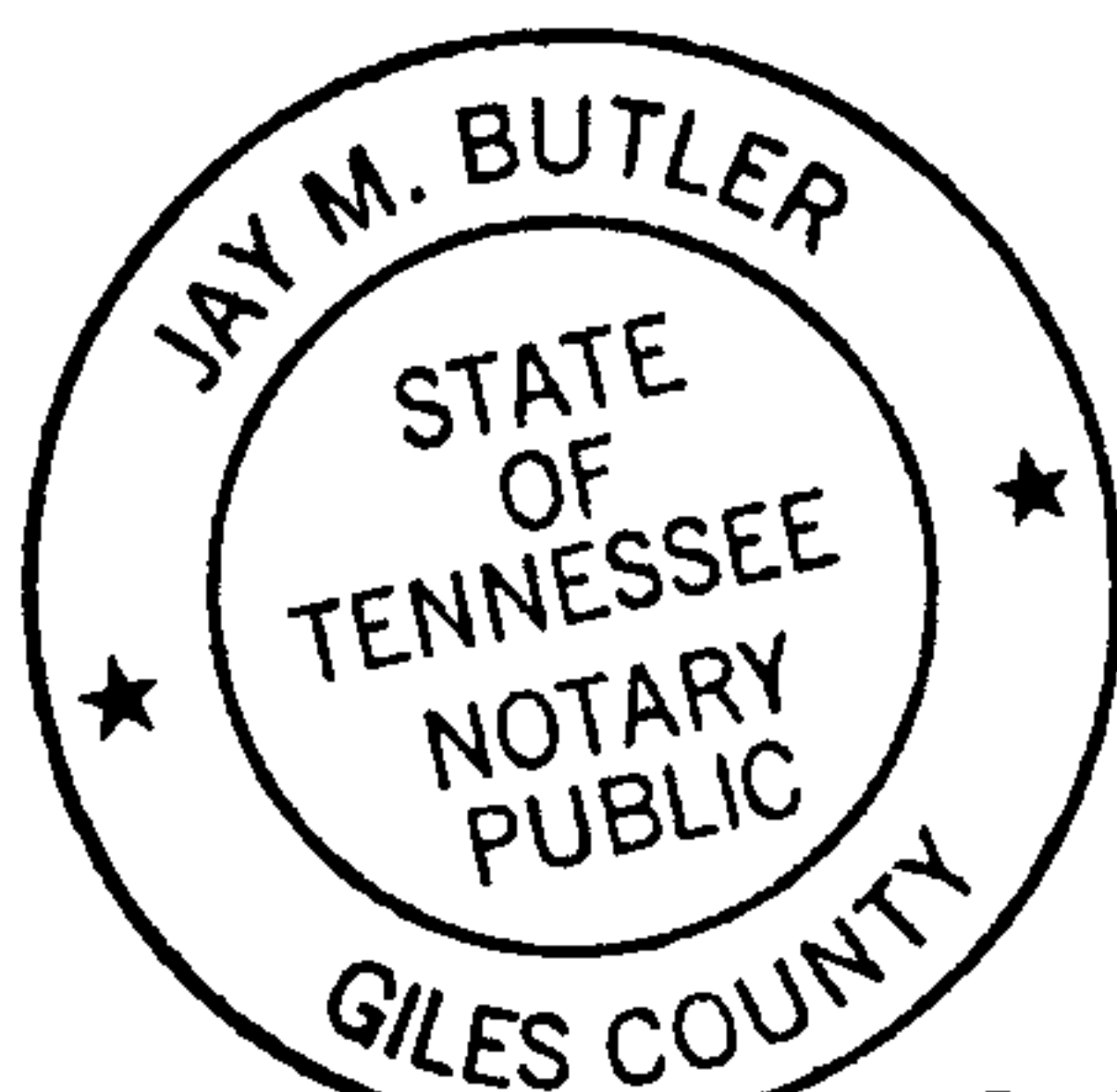

BRENT E. HIERONYMI

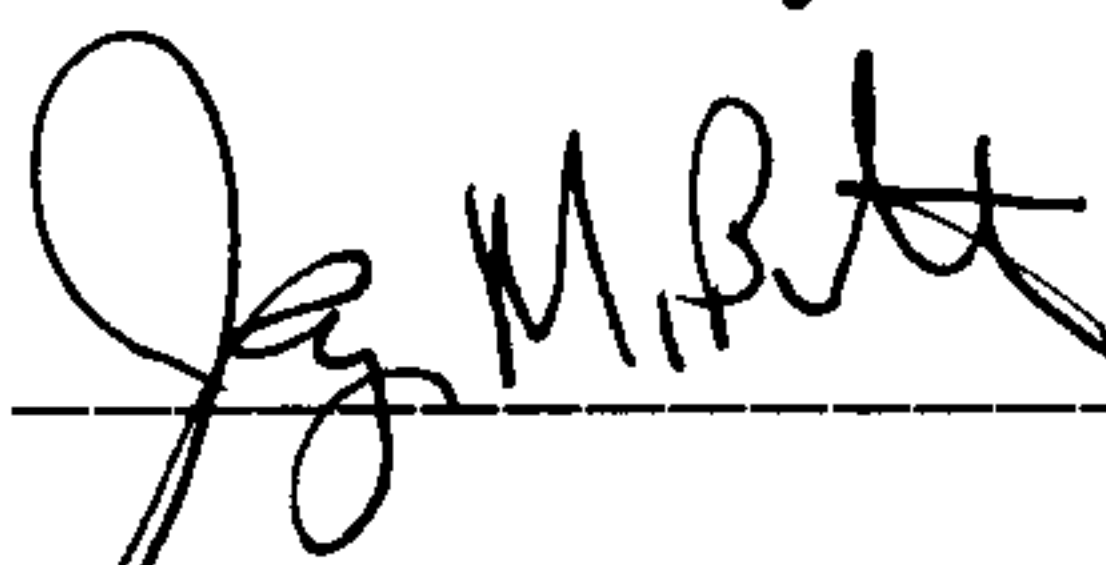
STATE OF TENNESSEE }

COUNTY OF GILES }

I, Jay M. Butler, the undersigned Notary Public in and for said County and State, hereby certify that BRENT E. HIERONYMI, whose name 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 this instrument, he executed the same voluntarily on the day the same bears date.

GIVEN under my hand and official seal this the ²⁷~~10~~th day of November 2012.





Notary Public

My Commission Expires: 9-23-13

NOTE TO RECORDING CLERK: Please index this *Affidavit* in *Direct* Indices under the name, STEVE D. WALLS a/k/a STEVIE DALE WALLS, and in the *Reverse* Indices under the names, KENNETH HIERONYMI and CINDY HIERONYMI.


THIS INSTRUMENT PREPARED BY AND AFTER RECORDING SHOULD BE RETURNED TO: Brent E. Hieronymi, Attorney-at-Law, P.O. Box 1116, Ardmore, TN 38449. (256) 539-6776 (095-P11A) \\BRENT-5BBA4729C\Data\Firm_Docs\BEHPCVAffidavits\Gen Scriv Aff - missing grantor and typo- survivor) Walls to Hieronymi.wpd (Rev. 11/27/12)

STATE OF ALABAMA

COUNTY OF SHELBY

EXHIBIT "A"
(Property Legal Description)

MAP 362032000 CODE1 03 CODE 2 SUBD 1 REYNOLDS ADDITION TO MONTEVALLO MB
03 PG 037 SUB 2 MB PG P-LOT 3, 4 S-LOT P-BLK 52 S-BLK S 03 T 24N R 12E S T R S LOT
DIM 150.00 BY 150.00 ACRES SQ FEET.


20121206000466630 3/4 \$25.00
Shelby Cnty Judge of Probate, AL
12/06/2012 10:29:06 AM FILED/CERT

ALABAMA

Center for Health Statistics

001943

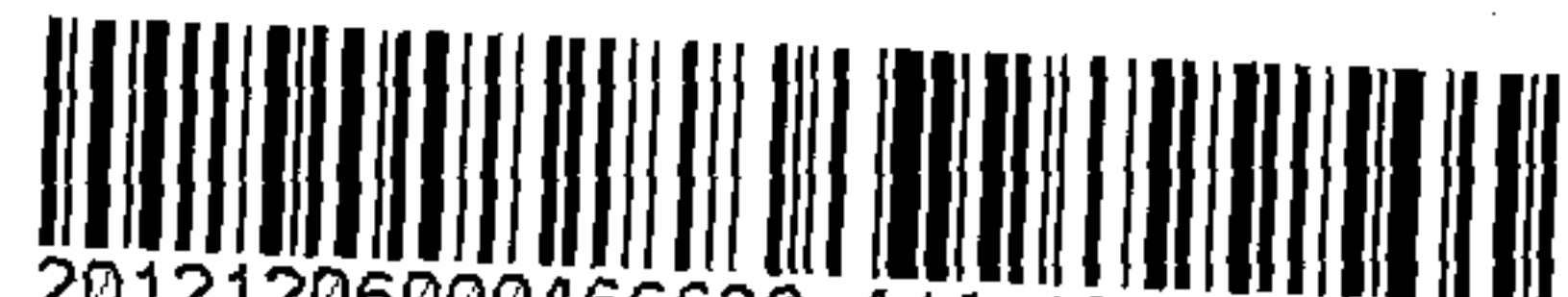
STATE OF ALABAMA CERTIFICATE OF DEATH

State
File
No. 101

-86 8081

DECEASED—NAME			DATE OF DEATH (MONTH, DAY, YEAR)		
1. Stevie Dale WALLS			2. March 15, 1986		
RACE or COLOR	SEX	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)
3. White	4. M	5a. 36	5b. MOS.	5c. DAYS	5d. HOURS
CITY, TOWN, OR LOCATION OF DEATH			COUNTY OF DEATH		
7b. Birmingham 037020			7a. Jefferson		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		
8. Alabama 01			7c. Yes 7d. Baptist Medical Center - Montclair 24		
CITIZEN OF WHAT COUNTRY			MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		
9. USA			10. Married 2		
SOCIAL SECURITY NUMBER			SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
12. [REDACTED]			11. Catherine Crawford Walls		
USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)			KIND OF BUSINESS OR INDUSTRY		
13a. Owner - Manager 243			13b. Antique Shop 682		
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER	
14a. Alabama 059045	14b. Shelby	14c. Montevallo	14d. Yes	14e. #8 East Boundary Street	
FATHER—NAME			MOTHER—MAIDEN NAME		
15. Velpeau Walls			16. Dorothy Snider		
PHYSICIAN'S NAME (IF ANY) Dr. Roy Stanton, Jr.			INFORMANT—NAME Mrs. S. D. Walls		
17a. ADDRESS 73 Church St., B'ham., AL			17b. ADDRESS #8 East Boundary Street Montevallo, AL.		
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))					
18. IMMEDIATE CAUSE <input checked="" type="checkbox"/> ADULT RESPIRATORY DISTRESS SYNDROME 3 WKS					
DUE TO, OR AS A CONSEQUENCE OF: <input checked="" type="checkbox"/> PNEUMOCYSTIS CARINII PNEUMONIA 3 WKS					
DUE TO, OR AS A CONSEQUENCE OF: <input checked="" type="checkbox"/> ADULT IMMUNE DEFICIENCY SYNDROME 5 YRS					
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					
HEPATITIS B CHRONIC					
AUTOPSY (YES OR NO) 19a. NO					
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b. X					
WAS THERE A PREGNANCY IN LAST SIX MONTHS (YES, NO, UNK.) 19c. 0					
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)					
DATE OF INJURY (MONTH, DAY, YEAR) HOUR					
20a. 20b. 20c. M. 20d.					
HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)					
INJURY AT WORK (SPECIFY YES OR NO)					
PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)					
LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)					
20e. 20f. 20g.					
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a. 2 17 86 TO 21b. 3 15 86					
AND LAST SAW HIM/HER ALIVE ON 21c. 3 15 86					
DID/DID NOT VIEW THE BODY AFTER DEATH. (HOUR) 21d. DID NOT 21e. 6:00P					
DEATH OCCURRED AT the place, on the date, and to the best of my knowledge, due to the cause(s) stated.					
CERTIFICATION—CORONER OR HEALTH OFFICER: On the basis of the examination of the body and/or the investigation, in my opinion death occurred on the date and due to the cause(s) stated.					
22a. 22b. 22c. 22d. 22e. 22f. 22g. 22h. 22i. 22j. 22k. 22l. 22m. 22n. 22o. 22p. 22q. 22r. 22s. 22t. 22u. 22v. 22w. 22x. 22y. 22z.					
CERTIFIER, PHY., CORONER OR HEALTH OFFICER (TYPE OR PRINT) 23a. ROY F. STANTON JR.					
SIGNATURE 23b. [Signature]					
DEGREE OR TITLE 23c. M.D.					
DATE SIGNED (MONTH, DAY, YEAR) 23d. 3/22/86					
MAILING ADDRESS—CERTIFIER 23e. 73 CHURCH ST.					
STREET OR R.F.D. NO. 23f. MT. BROOK					
CITY OR TOWN 23g. ALA					
STATE 23h. 35213					
ZIP					
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial					
CEMETERY OR CREMATORY—NAME 24b. Montevallo City Cemetery					
LOCATION 24c. Montevallo, Alabama					
DATE (MONTH, DAY, YEAR) 24d. March 17, 1986					
FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 24e. Johns-Ridout's 2116 University Boulevard B'ham., AL 328					
FUNERAL DIRECTOR—SIGNATURE 25a. John W. Davis					
REGISTRAR—SIGNATURE 25b. [Signature]					
DATE RECEIVED BY LOCAL REGISTRAR 25c. March 24, 1986					

DPH-FVS-2/Rev. 9-84



20121206000466630 4/4 \$25.00
Shelby Cnty Judge of Probate, AL
12/06/2012 10:29:06 AM FILED/CERT

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2012-436-661-1

November 20, 2012

Catherine M. Donald
Catherine Molchan Donald
State Registrar of Vital Statistics