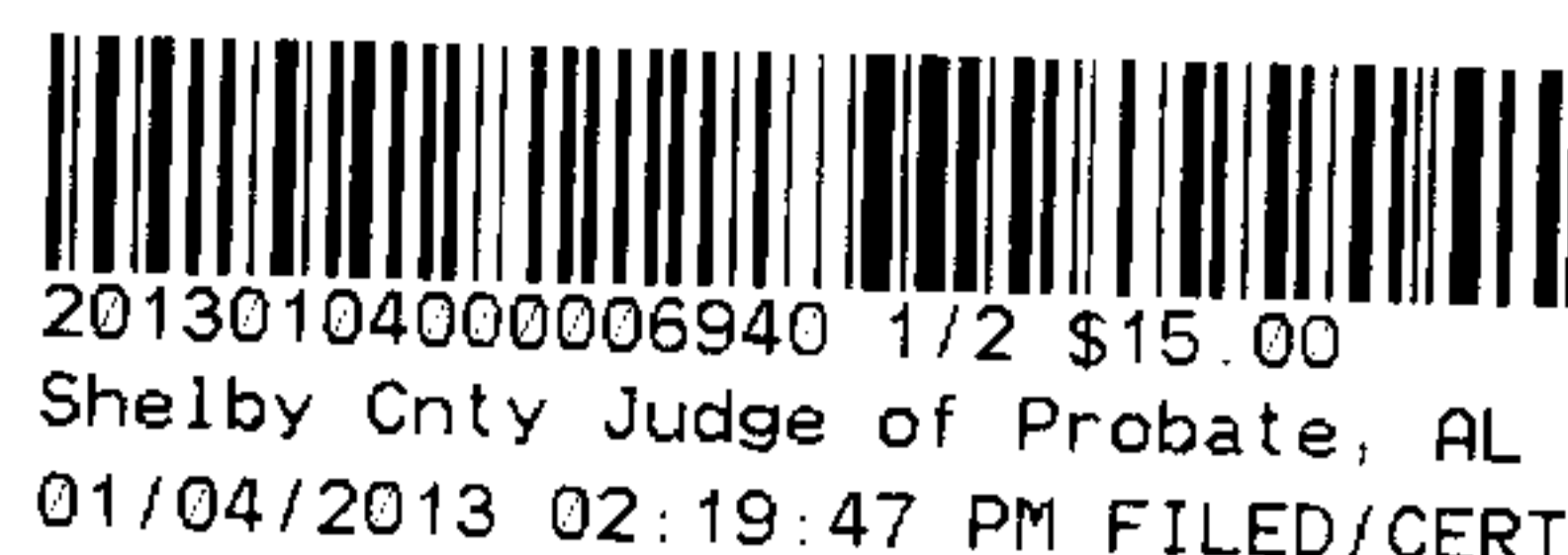


STATE OF ALABAMA )  
COUNTY OF JEFFERSON )



AFFIDAVIT OF DEATH

Before me, the undersigned authority, on this day personally appeared Wilma J. Stewart ("Affiant") who, being first duly sworn, upon her oath did depose and state as follows:

1. My name is Wilma J. Stewart and I live at 627 Round Road Maylene, AL 35114, \_\_\_\_\_, \_\_\_\_\_. I am the surviving spouse of Larry D. Stewart ("Decedent"), and I have personal knowledge of the facts stated in this affidavit.
2. I was married to the decedent from May 1975 until December 2011. Decedent died on December 26, 2011. Decedent's place of death was 413 Dogwood Cove, Alabaster, Alabama 35007. At the time of decedent's death, decedent's residence was 413 Dogwood Cove, Alabaster, Alabama 35007.
3. We owned, as joint tenants with right of survivorship, the following described property which we acquired by deed dated July 8<sup>th</sup>, 1994 and recorded in Instrument No. 1994-21992..
4. In further support of the facts surrounding my spouse's demise, a copy of the Death Certificate is attached hereto as Exhibit "A."
5. Decedent left no debts that are unpaid.
6. There are no unpaid estate or inheritance taxes.
7. I give this affidavit for the purpose of establishing for the public record the facts of my spouse's death. This affidavit is not an attempt to establish the heirs of my deceased spouse.

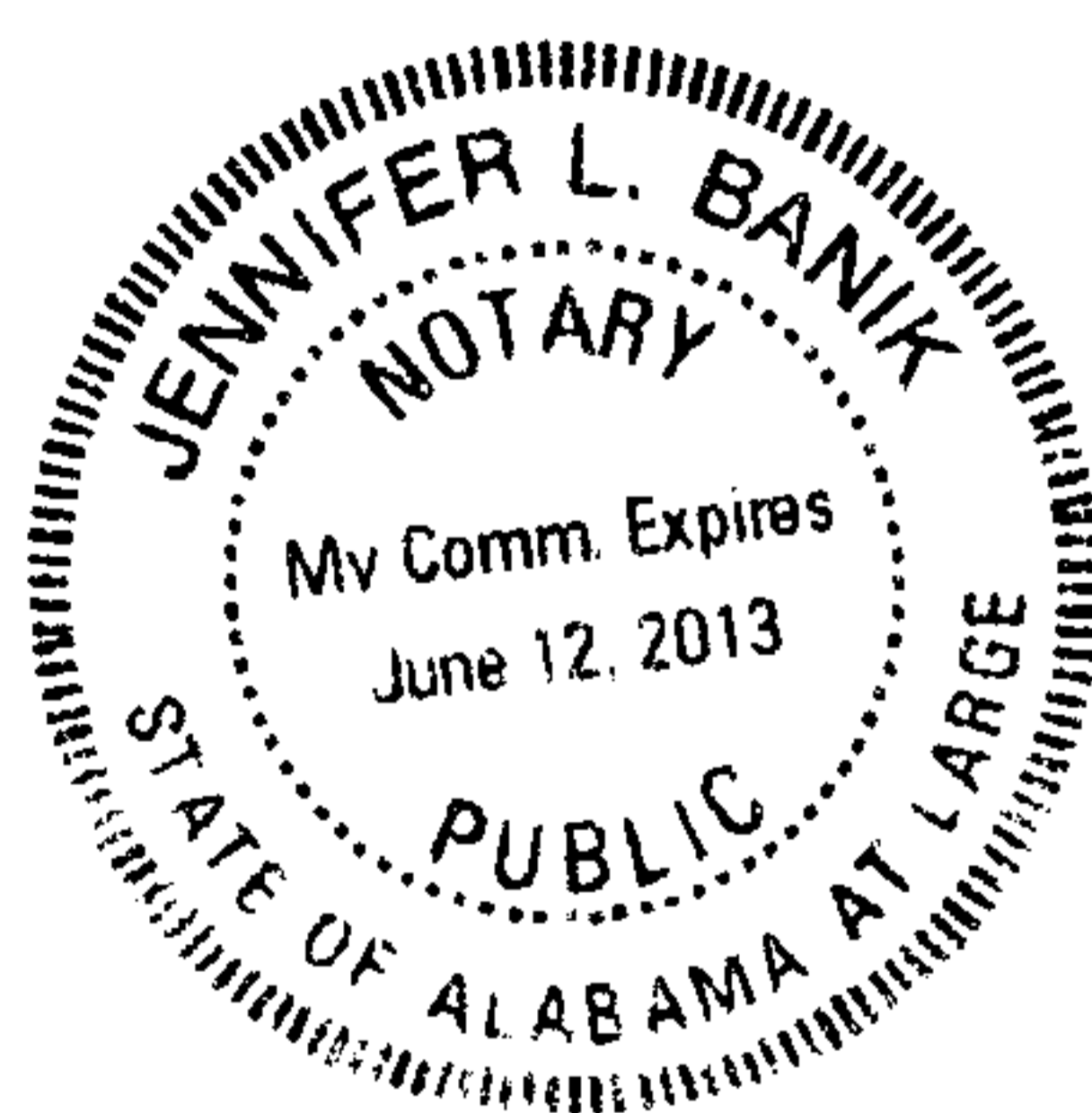
Signed this 2nd day of January, 2013.

Wilma J. Stewart  
Wilma J. Stewart, Affiant

State of Alabama

County of Jefferson

Sworn to and subscribed to before me on January 2, 2013 by Wilma J. Stewart.



[Signature]  
Notary Public

Printed Name: Jennifer L. Banik

My commission expires: 06/12/2013

This instrument was prepared by:  
S. Kent Stewart  
Stewart & Associates, P.C.  
3595 Grandview Parkway  
Birmingham, AL 35243

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

EXHIBIT "A"

ALABAMA  
CERTIFICATE OF DEATHCounty  
File  
Number

State File Number 101

1. DECEASED—NAME First Middle Last (Type last name all capitals) <b>Larry Donnell STEWART</b>			2. DATE OF DEATH (Month, Day, Year) <b>December 26, 2011</b>		3. COUNTY OF DEATH <b>Shelby</b>	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE <b>Alabaster 35007</b>			5. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number) <b>413 Dogwood Cove</b>	
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. <b>No</b>		9. RACE—(Specify American Indian, Black, White, etc.) <b>Black</b>	
10. SEX <b>Male</b>			11. AGE <b>57 YRS.</b>		12. UNDER 1 YEAR MOS. DAYS HOURS MINS.	
13. DATE OF BIRTH (Month, Day, Year) <b>June 28, 1954</b>			14. DECEASED'S SOCIAL SECURITY NUMBER <b>[REDACTED]</b>			
15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) College (1-4 or 5+) <b>2</b>			16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) <b>Married</b>		17. SURVIVING SPOUSE (If wife, give maiden name) <b>Wilma Jones</b>	
18. Was Decedent ever in Armed Forces (Specify Yes or No) <b>No</b>			19. STATE OF BIRTH (If not in USA, name country) <b>Alabama</b>			
20. RESIDENCE—STATE <b>Alabama</b>			21. COUNTY <b>Shelby</b>		22. CITY, TOWN, OR LOCATION AND ZIP CODE <b>Alabaster 35007</b>	
23. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			24. STREET AND NUMBER <b>413 Dogwood Cove</b>		25. INFORMANT—Name and Address <b>Wilma Jones Stewart 413 Dogwood Cove Alabaster, AL 35007</b>	
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>Business Administration</b>			27. KIND OF BUSINESS OR INDUSTRY <b>Engineering Construction</b>			
28. FATHER—NAME First Middle Last <b>Hezekiah Stewart</b>			29. MAIDEN NAME OF MOTHER— First Middle Last <b>Lillian Shell</b>			
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) <b>Burial</b>			31. DATE OF DISPOSITION (Month, Day, Year) <b>Dec 31, 2011</b>		32. CEMETERY OR CREMATORY—Name <b>Shelby Memory Gardens</b>	
33. LOCATION—(City or Town—State) <b>Calera, AL</b>			34. FUNERAL HOME—Name and Address <b>Bushelon Funeral Home, Inc 800 14th Street SW, B'ham., AL 35211</b>			
35. FUNERAL DIRECTOR—Signature <b>Annie Bushelon Holt</b>			36. DATE SIGNED BY FUNERAL DIRECTOR <b>Dec 29, 2011</b>			
37. <input checked="" type="checkbox"/> 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." <b>Medical Examiner — Coroner</b> Signature: <b>[Signature]</b>			38. DATE SIGNED (Month, Day, Year) <b>12/27/11</b>			
39. TIME AND DATE OF DEATH <b>1:20am 12/26/11</b>			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) <b>Anjanetta Foster, MD</b>	
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) <b>2435 1st Ave S. Irondale, AL 35210</b>			43. CERTIFIER LICENSE NUMBER <b>18217</b>			
44. REGISTRAR—Signature <b>Rosula Jukes</b>			45. DATE FILED (Month, Day, Year) <b>Dec. 29, 2011</b>			

## 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) → <b>Malignant Neoplasm Brain</b>			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
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				
DUE TO (OR AS A CONSEQUENCE OF):				
DUE TO (OR AS A CONSEQUENCE OF):				
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.				
49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) <b>Natural Cause</b>			50. AUTOPSY (Specify Yes or No) <b>NO</b>	
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				
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 Jefferson County Department of Health

Signature of Local or Deputy Registrar

December 30 2011

Date of Issue

JAN 13 2012