

20130412000151810 1/4 \$21.00
Shelby Cnty Judge of Probate, AL
04/12/2013 02:32:18 PM FILED/CERT

JOINT TENANCY AFFIDAVIT

State of Alabama)
County of Shelby) ss.

On this 30th day of MARCH, 2013, before me personally appeared Carolyn J. Brantley to me personally known, who being duly sworn on oath did say:

Affiant is the owner of the following property:

Legal Description

The following described real estate, situated in Shelby County, Alabama, to-wit:

From the Northwest corner of the NE 1/2 of the SE 1/2 of Section 2, Township 22, South, Range 4 West for 280.0 feet to the point of beginning of the land herein described and conveyed; thence continue Southerly along the West boundary line of the NE 1/2 of the SE 1/2 of Sec. 2, Tsp 22 S., R 4 W. for 150.0 feet; thence turn an angle of 90° 00 minutes to the left and run Easterly 202.9 feet; thence turn an angle of 90°, 20 minutes, 40 seconds to the left and run Northerly 150.0 feet; thence turn an angle of 89° 39 minutes, 20 seconds to the left and run Westerly 201.85 feet, more or less, to the point of beginning.

This land being a part of the NE 1/4 of the SE 1/4 of Section 2, Township 22 South, Range 4 West and being .597 acres, more or less.

Excepted however, from the above described land the Right of Way of a County Road as now located

Being the same property conveyed to Joe B. Brantley and wife Carolyn J. Brantley in deed dated 7/27/1963, recorded 8/8/1963 in Book 226 and Page 483 in the County of Shelby and the State of Alabama.



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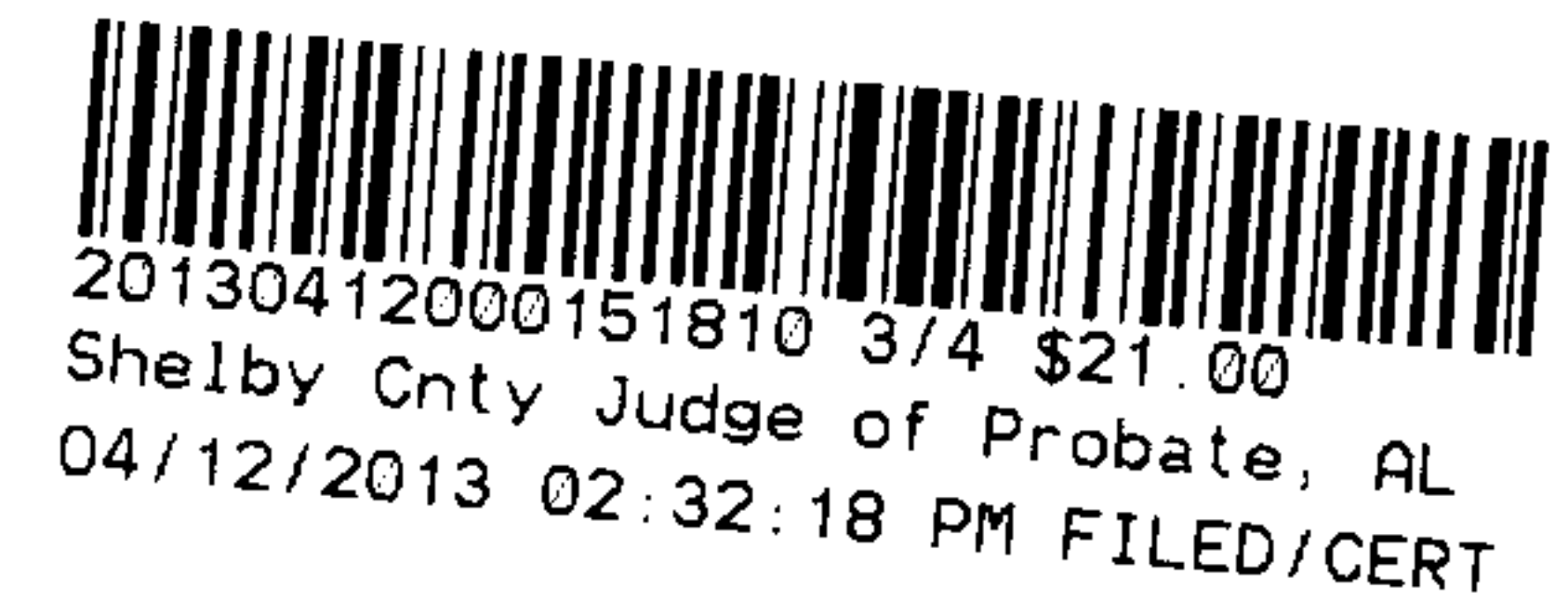
Commonly known as: 5331 Highway 10, Montevallo, AL 35115

Tax ID: 26-1-02-0-001-071.000

And that said property was formerly owned as joint tenants with right of survivorship by Joe B. Brantley and wife Carolyn J. Brantley and that said: Joe B. Brantley died on the July 31, 2003. A copy of the death certificate is attached.

That the value of the estate of the deceased was less than \$600,000.00 including joint tenancies, tenancies by the entireties, individual ownerships and insurance, and that the joint tenancy had not been severed prior to the death of said deceased.

Carolyn J. Brantley
Carolyn J. Brantley



(SEAL) James A. Mabrine
NOTARY PUBLIC

Return to:
Real Advantage, LLC
1000 Commerce Dr., 5th Floor
Pittsburgh, PA 15275

ALABAMA

Center for Health Statistics



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ALABAMA

CERTIFICATE OF DEATH

County
File
Number

State File Number **101**

03-25311

1. DECEASED—NAME First Middle Last (Type last name all capitals) Joe B BRANTLEY			2. DATE OF DEATH (Month, Day, Year) July 31, 2003		3. COUNTY OF DEATH Shelby		
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Alabaster 35007			5. INSIDE CITY LIMITS (Specify Yes or No) Yes		6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in shelter, give street and number) Shelby Baptist Medical Center		
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA) Inpatient			8. OF HISPANIC ORIGIN (Specify Yes or No. If Yes, Specify Cuban, Mexican, Puerto Rican, etc.) No		9. RACE—(Specify American Indian, Black, White, etc.) White		
10. SEX Male			11. AGE 64 YRS.		12. UNDER 1 YEAR MOS. DAYS HOURS MINS.		
13. DATE OF BIRTH (Month, Day, Year) September 10, 1938			14. DECEASED'S SOCIAL SECURITY NUMBER [REDACTED]		15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (K-12) 12 College (1-4 or 5+) 12		
16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married			17. SURVIVING SPOUSE (If wife, give maiden name) Carolyn Jarvis		18. Was Decedent ever in Armed Forces (Specify Yes or No) No		
19. STATE OF BIRTH (If not in USA, name country) Alabama		20. RESIDENCE—STATE Alabama		21. COUNTY Shelby		22. CITY, TOWN, OR LOCATION AND ZIP CODE Montevallo 35115	
23. INSIDE CITY LIMITS (Specify Yes or No) No		24. STREET AND NUMBER 5331-Hwy. 10		25. INFORMANT—Name and Address Carolyn J. Brantley 5331-Hwy. 10 Montevallo, AL 35115			
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Coal Miner				27. KIND OF BUSINESS OR INDUSTRY Coal			
28. FATHER—NAME First Middle Last Clarke D Brantley			29. MAIDEN NAME OF MOTHER—First Middle Last Willie Frances Underwood				
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial		31. DATE OF DISPOSITION (Month, Day, Year) 08-03-2003		32. CEMETERY OR CREMATORY—Name Macedonia Cemetery		33. LOCATION—(City or Town—State) Montevallo, AL	
34. FUNERAL HOME—Name and Address Rockco Funeral Home P.O. Box 647 Montevallo, AL 35115			35. FUNERAL DIRECTOR—Signature <i>Stone Parker</i>		36. DATE SIGNED BY FUNERAL DIRECTOR 08-02-2003		
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: <i>Shula Vellu</i>					38. DATE SIGNED (Month, Day, Year) 7/31/03		
39. TIME AND DATE OF DEATH 0900 7/31/03		40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only) 7/31/03		41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) Ginger Alfred MD			
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) 1004 1st N. Suite 270 Alabaster, AL 35007					43. CERTIFIER LICENSE NUMBER 4325		
44. REGISTRAR—Signature <i>Shula Vellu</i>			45. DATE FILED (Month, Day, Year) August 6, 2003		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		

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) → Chronic Lung Disease	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	
Asbestosis	
Polycystic Kidney/Renal Failure, Bipolar Disease	
47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	
48. WAY OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) Natural Cause	49. AUTOPSY (Specify Yes or No) No
50. HOW INJURY OCCURRED (Enter nature of injury in Item 46, Part I or Item 47, Part II)	51. If yes, were findings considered in determining cause of death? (Specify Yes or No)
52. DATE OF INJURY (Month, Day, Year)	53. HOUR OF INJURY
54. INJURY AT WORK (Specify Yes or No)	55. PLACE OF INJURY (Specify at home, farm, street, factory, office building, etc.)
56. 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.

Aug 08 2003

ADPH-HS 2/Rev. 11-93

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2013-183-728-1

Catherine M. Donald

Catherine Molchan Donald
State Registrar of Vital Statistics

March 14, 2013