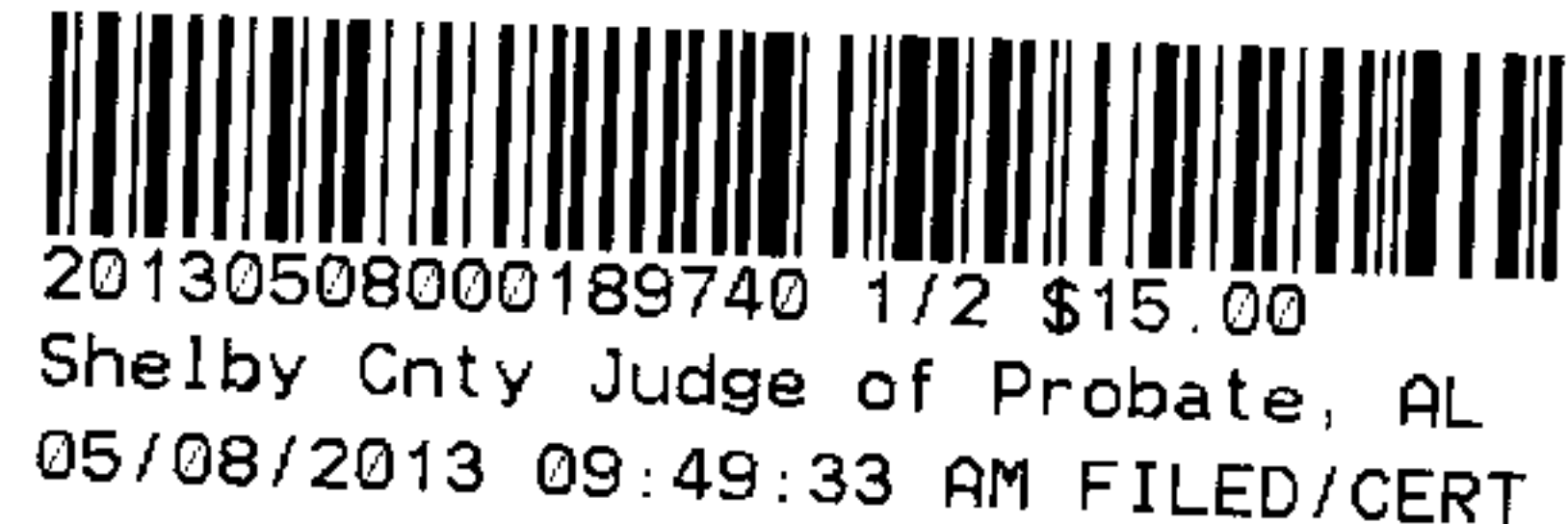


STATE OF ALABAMA)
)
COUNTY OF SHELBY)



AFFIDAVIT

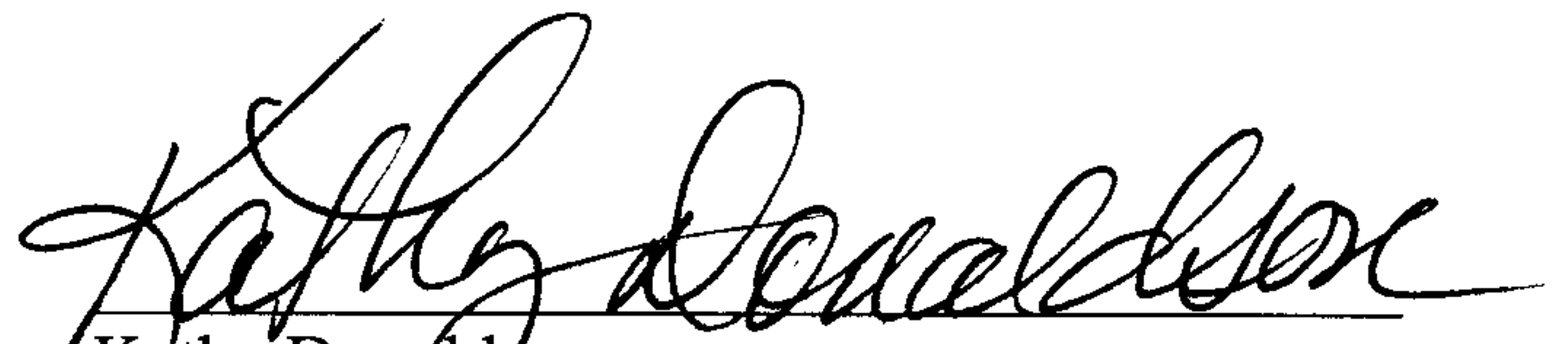
Before me, the undersigned, a Notary Public in and for said County and State, personally appeared Kathy Donaldson, who, after first being duly sworn, deposed and stated as follows:

My name is Kathy Donaldson. I am a resident of Montevallo, Alabama, and am over the age of twenty-one. I am the niece of Betty J. Kelly, one of the grantees in that certain Survivorship Warranty Deed recorded in Book 274, Page 814, in the Office of the Judge of Probate of Shelby County, Alabama.


Betty J. Kelly is my mother's sister. My family and Betty's family lived in the same general Shelby County area for many years. I grew up with her two sons, Lawrence Mitchell Kelly and Lance Allen Kelly, and I am familiar with their family. L. M. Kelly and Betty J. Kelly were married in 1960. There were two children born of their marriage: Lawrence Mitchell Kelly on August 1, 1966, and Lance Allen Kelly on October 4, 1967. There were no other children born of their marriage.

L. M. Kelly died on April 13, 1990 in Shelby County, Alabama, without a will. A copy of his death certificate is attached as Exhibit "A." The following day, April 14, 1990, Betty J. Kelly, a widow, conveyed the subject property to her two sons, Lawrence Mitchell Kelly and Lance Allen Kelly by Quitclaim Deed recorded in Book 310, at Page 27, in the Office of the Judge of Probate of Shelby County, Alabama. I understand that Betty married Harold Loyd Smith in 1996 or 1997. She died on October 17, 2010 in Shelby County, Alabama, without a will.

Further deponent saith not.


Kathy Donaldson

Sworn to and subscribed before me
on this the 26th day of April, 2013.


Notary Public
My commission expires: 3/7/2015

(SEAL)

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

STATE OF ALABAMA
CERTIFICATE OF DEATH

State
File
Number 101

Pending

1. DECEASED—NAME First Middle Last (Print last name all capitals)		2. DATE OF DEATH (Month, Day, Year)		3. COUNTY OF DEATH	
Lawrence Milton KELLY		April 13, 1990		Shelby	
4a. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE		4b. INSIDE CITY LIMITS (Specify Yes or No)		4c. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number)	
Alabaster 35007		Yes		Shelby Medical Center	
4d. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DCA)		5a. OF HISPANIC ORIGIN (Specify Yes or No) If yes, Specify Cuban, Mexican, Puerto Rican, etc.		5b. RACE—(Specify American Indian, Black, White, etc.)	
Inpatient		No		White	
6a. AGE		7. DATE OF BIRTH (Month, Day, Year)		8. DECEASED'S SOCIAL SECURITY NUMBER	
48		December 12, 1941		[REDACTED]	
9. EDUCATION (Specify ONLY highest grade completed BELOW)		10. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced)		11. SURVIVING SPOUSE (If wife, give maiden name)	
a. ELEMENTARY/SECONDARY (Specify 9-12)		b. COLLEGE (1-4 or 6+)		Betty Dunaway Kelly	
10th		Married			
12. STATE OF BIRTH (If not in USA, name country)		14a. RESIDENCE—STATE		14b. COUNTY	
Alabama		Alabama		Shelby	
14c. INSIDE CITY LIMITS (Specify Yes or No)		14d. STREET AND NUMBER		15. INFORMANT—Name and Address	
No		Route 1, Box 800		Mrs. Betty Kelly	
16a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)		16b. KIND OF BUSINESS OR INDUSTRY		Rr. 1, Box 800, Maylene, AL 35114	
Equipment Operator		Construction Company			
17. FATHER—NAME First Middle Last		18. MOTHER—MAIDEN NAME First Middle Last			
L. M. Kelly		Ida B. Gamble			
19a. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other)		19b. DATE OF DISPOSITION (Month, Day, Year)		20a. CEMETERY OR CREMATORY—Name	
Burial		April 14 1990		Pelham	
21. FUNERAL HOME—Name and Address		22a. FUNERAL DIRECTOR—Signature		22b. DATE SIGNED BY FUNERAL DIRECTOR	
Ridout's So. Heritage 475 Cahaba Valley Rd., Helena AL		[Signature]		April 13 1990	
23a. I, the undersigned, being a physician, certify that the death of the deceased was due to the cause stated below, and that the death occurred at the time, date and place, and due to the cause(s) and manner stated.		23b. I viewed the body after death (Specify Yes or No)		23c. HOUR OF DEATH	
[Signature]		NO		M	
23d. I attended the deceased from Month Day Year TO Month Day Year		23e. THE DECEASED WAS PRONOUNCED DEAD (Month, Day, Year)		23f. HOUR OF DEATH	
4 6 90, 4 13 90		M		M	
25. PHYSICIAN'S NAME and Address		26a. CERTIFIER—PHYSICIAN—MEDICAL EXAMINER/CORONER OR HEALTH OFFICER (Type Name)			
P.O. Box 399 Alabaster, AL 35007 Dr. Bryan McClelland		[Signature]			
26b. MAILING ADDRESS—CERTIFIER (Street or R.F.D. No., City or Town, State, Zip)		26c. CERTIFIER'S SIGNATURE			
P.O. Box 399 Alabaster, AL 35007		[Signature]			
26d. DATE SIGNED (Month, Day, Year)		26e. CERTIFIER LICENSE NUMBER		27a. REGISTRAR—Signature	
4/18/90		8566		[Signature]	
26f. DATE RECEIVED BY LOCAL REGISTRAR		27b. DATE RECEIVED BY LOCAL REGISTRAR			
				04-23-90	
MEDICAL CERTIFICATION					
28. 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.)					
a. Metastatic Lung Cancer					
b. DUE TO (OR AS A CONSEQUENCE OF):					
c. DUE TO (OR AS A CONSEQUENCE OF):					
d. DUE TO (OR AS A CONSEQUENCE OF):					
28. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.					
Pleural Effusion					
30. Was operation performed for any conditions in items 28 and 29? If yes, type of operation and date of operation.					
4-14-90 Yes, Lymph Node Biopsy					
31. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unk.)					
No					
32. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause)					
Natural					
33a. HOW INJURY OCCURRED (Enter nature of injury in Part I, item 28 or Part II, item 29)					
N/A					
33b. DATE OF INJURY (Month, Day, Year)					
N/A					
33c. HOUR OF INJURY					
N/A					
34a. INJURY AT WORK (Specify Yes or No)					
No					
34b. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)					
N/A					
34c. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State)					
N/A					

STATE OF ALABAMA
COUNTY OF SHELBY

04-24 19 90

THIS IS AN OFFICIAL COPY OF THE RECORD THAT WAS TENDERED TO THE SHELBY COUNTY
HEALTH DEPARTMENT ON April 24 19 90.

(not valid without seal)

[Signature]
SHELBY COUNTY REGISTRAR



20130508000189740 2/2 \$15.00
Shelby Cnty Judge of Probate, AL
05/08/2013 09:49:33 AM FILED/CERT