20130508000190280 1/6 \$33.00 Shelby Cnty Judge of Probate, AL 05/08/2013 11:11:37 AM FILED/CERT

Parcel I.D. #:

Send Tax Notice To: Jerry Wayne Cater

Jerry Wayne Cater
2632 Hwy. 86
Calera Alabama 35046

Calera, Alabama 35040

WARRANTY DEED

Joint Tenancy With Right of Survivorship

STATE OF ALABAMA)
)
COUNTY OF SHELBY)

Know all men by these presents, that in consideration of the sum of One Thousand Dollars and 00/100 (\$ 1,000.00), the receipt of sufficiency of which are hereby acknowledged, that Teresa Horton Sanders, being the widow of Roland Geane Horton who died intestate on or about 16 February, 2002, without an estate being probated, Gary Wayne Sanders, Sr., the present husband of Teresa Horton Sanders, Ashley Danielle Horton and Candace Erin Horton, both persons being unmarried women and the only biological and legal children of Roland Geane Horton, hereinafter known as GRANTOR, does hereby bargain, grant, sell and convey the following described real property being situated in Shelby County, Alabama, to Jerry Wayne Carter and Catherine Louise Carter, a married couple, hereinafter known as the GRANTEE;

Lot 1 of the Roland Horton Family Subdivision as recorded in Map Book 43, Page 82, and as Instrument # 20130501000177890, in the Probate Judge's Office of Shelby County, Alabama, and being located in the SE 1/4 of Fractional Section 19, Township 22 South, Range 1 West, Shelby County, Alabama.

Subject to any and all easements, rights of way, covenants and restrictions of record.

This deed was prepared without the benefit of a title search, and a survey was performed by Rodney Shiflett, P.L.S. # 21784, on or about 29 March, 2013. The legal description was taken from the above referenced subdivision survey map.

THE ABOVE DESCRIBED PROPERTY DOES NOT CONSTITUTE THE HOMESTEAD OF ANY OF THE GRANTORS NAMED HEREINABOVE.

NOTE: Roland Geane Horton, a deceased person, is one and the same person as Roland G. Horton as named in that certain deed recorded as Instrument # 1999-04135, in the Probate Judge's Office of Shelby County, Alabama.

TO HAVE AND TO HOLD to the said GRANTEE as joint tenants, with right of survivorship, their heirs and assigns, forever; it being the intention of the parties to this conveyance, that (unless the joint tenancy hereby created is severed or terminated during the joint lives of the grantees herein) in the event one grantee herein survives the other, the entire interest in fee simple shall pass to the surviving grantee, and if one does not survive the other, then the heirs and assigns of the grantees herein shall take as tenants in common, together with every contingent remainder and right of reversion.

And we do for ourselves and for our heirs, executors, and administrators covenant with the said GRANTEES, their heirs, and assigns, that we are lawfully seized in fee simple of said premises; that they are free from all encumbrances, unless otherwise noted above; that we have a good right to sell and convey he same as aforesaid; that we will and our heirs, executors and administrators shall warrant and defend the same to the said GRANTEES, their heirs and assigns forever, against the lawful claims of all person.

IN	WITNESS	WHEREOF, we	have hereunto	set our	hands and	seals, o	on this the
(9	Day of	DOC	$\frac{1}{2}$, 20	13.			
	 •	7					

Teresa Horton Sanders

GRANTOR

Harry Wayne Sanders, Sr.

GRANTOR

Ashley Danielle Horton

GRANTOR

Candace Erin Horton

GRANTOR

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Shelby County, AL 05/08/2013 State of Alabama Deed Tax:\$1.00

STATE OF ALABAMA)	
COUNTY OF Chilton)	
Sanders, whose name is signed to the foregoin	d for said State, do hereby certify that Teresa Horton ag conveyance, and who is personally known to me, of office, that he did execute the same voluntarily on
Given under my hand and official seal April , 2013.	of office on this the
	JOHA CALLL NOTARY PUBLIC My Commission Expires:
STATE OF ALABAMA) COUNTY OF Childon)	
Sanders, Sr., whose name is signed to the fore	nd for said State, do hereby certify that Gary Wayne egoing conveyance, and who is personally known to eal of office, that he did execute the same voluntarily
Given under my hand and official seal, 2013.	of office on this theDay of
	NOTARY PUBLIC My Commission Expires:
This Instrument Prepared By:	

Clint C. Thomas, P.C.

Attorney at Law

Calera, AL 35040

P.O. Box 1422

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STATE OF NORTH CAROLINA) COUNTY OF Alamane)
I, the undersigned, a Notary Pubic in and for said State, do hereby certify that Candace Erin Horton , whose name is signed to the foregoing conveyance, and who is personally known to me, acknowledged before me and my official seal of office, that he did execute the same voluntarily on the day the same bears date.
Given under my hand and official seal of office on this the Day of, 2013.
Notary Public Alamance County, NC My Commission Expires 43-15 My Commission Expires 43-15
STATE OF ALABAMA)
COUNTY OF Shelly)
I, the undersigned, a Notary Pubic in and for said State, do hereby certify that Ashley Danielle Horton , whose name is signed to the foregoing conveyance, and who is personally known to me, acknowledged before me and my official seal of office, that he did execute the same voluntarily on the day the same bears date.
Given under my hand and official seal of office on this the
Wichi M. Hedrick

20130508000190280 4/6 \$33.00 Shelby Coty ludge of Probate O

NOTARY PUBLIC

My Commission Expires: MY COMMISSION EXPIRES SEPTEMBER 30, 2014

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

FEB 22 2002

Signature of Local Registrar

TYPE IN PERMANENT 9! ACK INK. DO NOT USE GREEN, RED, OR BLUE INK.

Date of Issue

ALABAMA

CERTIFICATE OF DEATH County

1. DECEASED-NAME First	Middle	Last (Type last name all capit	as) 2. DATE	OF DEATH (Month, Day, Year)	* _ 12 <*#	3. COUNTY OF DEATH	
Roland	i Geane	HORTON	F	ebruary 16	, 2002	Shelb	Y
4. CITY TOWN, OR LOCATION OF DEATH AND ZIP O	ODE		CITY LIMITS 6. PLAC	E OF DEATH—HOSPITAL OR OTI	ER INSTITUTION—(H	not in either, give street and	number)
Alabaster 33	1007	(Special)	Yes or No.	Shelby Ba	ptist M	sedical Ce	nter
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, ER)		OF HISPANIC ORIGIN (Specify Yes or N Mexican, Puerto Rican, etc.	iol it Yes, Specify Cuban,	9. RACE—(Specify Amer		•	ale
11. AGE 12. UNDER 1 YEAR	UNDER	1 DAY	, ,			S SOCIAL SECURITY NUMBI	FR
YRS. MOS.	DAYS HOURS	MINS.	13. DATE OF BIRTH (Month, September	<u> </u>	14, DECEMBER	A SOCOR SCOPIII I HOMO	
15 EDUCATION (Specify ONLY highest grade complete Elementary or High School (0-12)	10,1	HARITAL STATUS (Specify Mairied, New Widowed, Divorced)	ver Married, 17.	SURVIVING SPOUSE (II wile, give	maiden name)		18. Was Decedent ever in Armed Forces (Specify Yes or No)
12	concide (1 - or 2 +)	Marri	ed	Teresa Joh			NO
19. STATE OF BIRTH (II not in USA, name country)	20. RESIDENCE—STA	\	Shellby	22. CITY,	TOWN, OR LOCATION	N AND ZIP CODE 3 35040	
Alabama	Alab	CAPACA					
23. INSIDE CITY LIMITS 24. STREET AND NU (Specify Yes or No)		Andrew Control of the	25. INFORMANT—Name		a Horto ra, AL		
• • • • • • • • • • • • • • • • • • •	Highway 8				La, Au		
26. USUAL OCCUPATION (Give kind of work done of	THUS COCK OF MANIETUR YOU WASHINGTON	V (Str.60)	" 27. KIND OF BUS	INESS OR INDUSTRY TEXE	ile		
28 FATHER-NAME First	Middle	Las	29 MAIDEN NAT	AE OF MOTHER Fir		Middle	Last _
Clyde	1	Horton	ZJ. HVALLIA IOV	Lo	uise	Got	hard
30. DISPOSITION OF BUULT (Specify Buriel, Crement		DISPOSITION 32.C	METERY OR CREMATORY—N	kne	33. LOCATIO	N{City or TownState)	
Donation, Hospital Disposal, Other)				emetery			abama
34. FUNERAL HOME—Name and Address	olton Brow		35, FUNERAL DIRECTOR	-Signature/		36. DAT	E SIGNED BY FUNERAL DIRECTOR
PQ Box 1066, to	olumbiana,	AL 35051		muc	S. Sen	Feb	5.20,2002
37. Secertifying Physician Phys	cran certifying cause of death)	To the best of my knowledge death o	courred at the time and date,	and due to the cause(s) and man	rier stated." 38.	DATE S GNED (Month, Day, Yo	ear
Medical Examiner Co		examination and/or investigation, in my			e cause(s)		
Signature:	- Cel				2	_ //(/07	· · · · · · · · · · · · · · · · · · ·
39. TIME AND DATE OF DEATH	40. DATE A	YO TIME PRONOUNCED DEAD (For Cor	oner/M.E. use only)	41. NAME AND TITLE OF PERS	ON WHO COMPLETE	D CAUSE OF DEATH (Item 46	
0/16/02 -12	JU 2	16/02 - 12	50	Modri	~ V-	11-	//
42. ADDRESS OF PERSON WHO COMPLETED CAU	SE OF DEATH (Item 46)	1 (+				43. CERTIFIER LICENSE NUN	IBER
) / / / / / / / / / / / / / / / / / / /	Meghic		·			7 4 6 24	
44 REGISTRAR— Signature	1	For State or C	ounty use only	· · · · · · · · · · · · · · · · · · ·		45. DATE FILED (Month, Day	, Year)
		Mench	Killi			reb :	Ad allo
Contraction of the Contraction o		Standard Medica	AL CERTIFIC	ATION			
46. PART I. Enter the diseases, injuries, or comblica	tions that caused the death. Do	والبرا والأكا الشبرية وميد وينسين فينسنون فيستنوا والوجود والمستوا		المستوالي والمستوالي والمستوالي والمستوالي والمستوالي	NE CAUSE ON EA	CH LINE. APPROXIN	VATE INTERVAL BETWEEN ONSET
IMMEDIATE CAUSE Final	Ca			1		AND DEA	
disease or condition resulting in death)	DUE TO JOR AS A CONSE	OUENCE OF:					
	$\mathcal{V}_{\mathcal{F}}$	-; 5	· · · · · · · · · · · · · · · · · · ·				
Sequentially list conditions, if any,leading to	DUE TO (OR AS A CONSE	OUENCE OF			· · · · · · · · · · · · · · · · · · ·	- PT BEFFE	
immediate cause. Enter UNDERLYING CAUSE	· Pro						
(Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	QUENCE OF):					
	- d.	t .					
47. PART II. Other significant conditions contribution	ng to death but not resulting in I	ine underlying cause given in Part I.	: •				THERE A PREGNANCY IN LAST LYS? (Specify Yes, No, or Unk.)
10 HANDER OF OCATION 7 - 1 - 12 - 12 - 1	Jan Butata Danasa Are	Des Maria de la companya del companya del companya de la companya		T			
49. MANNER OF DEATH (Specify-Accident, Homix	cide, Suicide, Undetermined Cir	cumstances, rending investigation, Nat	urai Cause)	50. AUTOPSY	51. if yes	were tindings considered a	n determining cause of death?

57 LOCATION OF INJURY (Street or R.F.D. No., City or Town, State)

(Specify Yes or No)

(Specify Yes or No)

52. HOW INJURY OCCURRED (Enter nature of injury in Item 46, Part 1 or Item 47, Part II)

53. DATE OF INJURY (Month, Day, Year)

54 HOUR OF INJURY

This is a legal record and must be filed within five (5) days after death.

55. INJURY AT WORK (Specify Yes or No) 56. PLACE OF INJURY-(Specify at home, farm, street, factory, office building, etc.)



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Real Estate Sales Validation Form

This L	ocument must be filed in accord	dance with Code of Alabama 19	75, Section 40-22-1
Grantor's Name Mailing Address	TENESA FRANCES 1200 (o. 120. 44) YENDENNA, AL 3600	Grantee's Name Mailing Address	JERRY CHATER 2632 Huy. 84 CHERA, AL 35040
Property Address	2632 Hng. 20 CALERA, AL 35240	Date of Sale Total Purchase Price or Actual Value	\$
evidence: (check o Bill of Sale Sales Contrac Closing Stater	nent	Appraisal Other Other	e following documentary
•	this form is not required.		
	d mailing address - provide the following address.	Instructions he name of the person or pe	ersons conveying interest
Grantee's name are to property is being	nd mailing address - provide g conveyed.	the name of the person or p	ersons to whom interest
Property address -	the physical address of the	property being conveyed, if	20130508000190280 6/6 \$33.00 Shelby Cnty Judge of Probate, AL
Date of Sale - the	date on which interest to the	property was conveyed.	05/08/2013 11:11:37 AM FILED/CERT
•	ce - the total amount paid for the instrument offered for re		y, both real and personal,
conveyed by the in	e property is not being sold, for strument offered for record. or the assessor's current ma	This may be evidenced by a	, both real and personal, being in appraisal conducted by a
excluding current a responsibility of va	ded and the value must be duse valuation, of the property fulluing property for property tage of Alabama 1975 § 40-22-1	as determined by the local expurposes will be used and	
accurate. I further of the penalty indi	understand that any false sta cated in <u>Code of Alabama 19</u>	atements claimed on this for	ed in this document is true and may result in the imposition
Date 4/19/	3	Print TERESA	DANDERBY.
Unattested	(verified by)	Sign Check Grantor/Grant	ee/Owner/Agent) circle one

Form RT-1