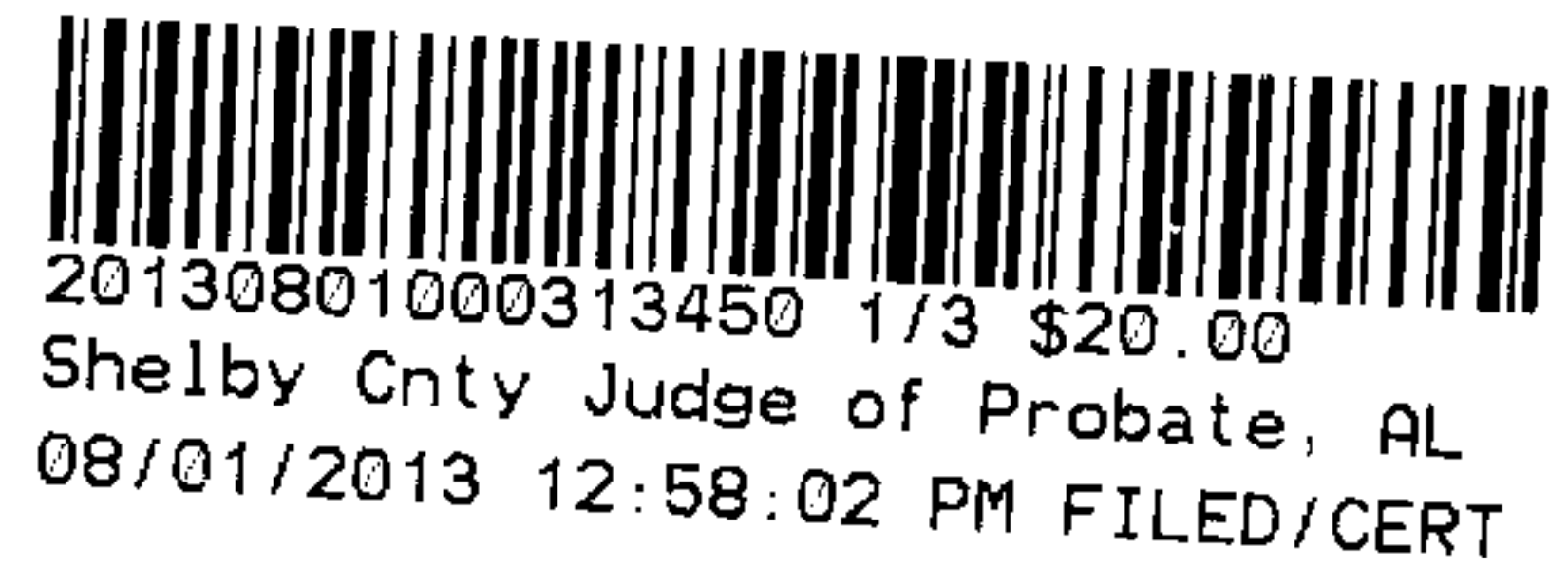




Return to:

Avenue 365 Lender Services, LLC
401 Plymouth Road
Suite 550
Plymouth Meeting, PA 19462

AFFIDAVIT –Death of Joint Tenant

STATE OF Alabama

§

COUNTY OF Shelby

§

§

BEFORE ME, the undersigned authority, on this day personally appeared the undersigned affiant, who swore on oath that the following facts are true:

James Haley, of legal age, being first duly sworn, deposes and says:

That Marilyn M. Haley, the decedent mentioned in the attached copy of death certificate, is the same person as named as one of the parties in that certain Warranty Deed, dated March 29, 2006 executed by Brenda C. Kunze to Marilyn M. Haley and James Haley, as joint tenants, recorded November 1, 2006 as Instrument number 20061101000537860 in Official records of Shelby County, Alabama, covering the following described property situated in the County of Shelby, State of Alabama.

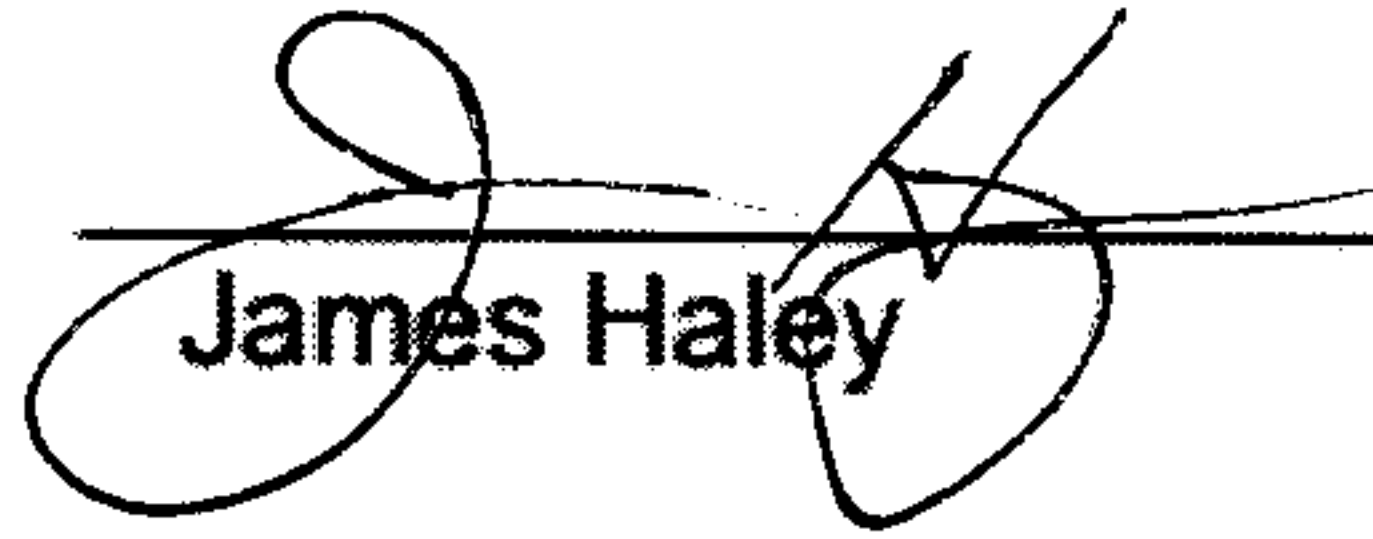
THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF SHELBY, STATE OF Alabama, AND IS DESCRIBED AS FOLLOWS:

THE FOLLOWING DESCRIBED REAL ESTATE SITUATED IN SHELBY COUNTY, ALABAMA, TO-WIT: COMMENCE AT THE SOUTHWEST CORNER OF THE NORTHEAST 1/4 OF THE NORTHWEST 1/4 OF SECTION 15, TOWNSHIP 21 SOUTH, RANGE 3 WEST COUNTY, ALABAMA AND RUN THENCE EASTERLY ALONG THE SOUTH LINE OF SAID 1/4-1/4 A DISTANCE OF 163.10 FEET TO THE POINT OF BEGINNING OF THE PROPERTY BEING DESCRIBED; THENCE CONTINUE ALONG LAST DESCRIBED COURSE A DISTANCE OF 45.72 FEET TO A POINT; THENCE TURN A DEFLECTION ANGLE OF 0 DEGREES 13 MINUTES 55 SECONDS LEFT AND CONTINUE EASTERLY ALONG SAID 1/4-1/4 LINE A DISTANCE OF 154.23 FEET TO A POINT, THENCE TURN A DEFLECTION ANGLE OF 92 DEGREES 12 MINUTES 01 SECONDS LEFT AND RUN NORTHERLY ALONG AN EXISTING FENCE LINE A DISTANCE OF 1,299.35 FEET TO A POINT ON THE SOUTH RIGHT OF WAY LINE OF SHELBY COUNTY ROAD NO. 26; THENCE TURN A DEFLECTION ANGLE OF 86 DEGREES 43 MINUTES 32 SECONDS LEFT AND RUN WESTERLY ALONG SAID RIGHT OF WAY LINE A DISTANCE OF 181.44 FEET TO A POINT; THENCE TURN A DEFLECTION ANGLE OF 92 DEGREES 00 MINUTES 48 SECONDS LEFT AND RUN SOUTHERLY ALONG AN EXISTING FENCE LINE AND THE PROJECTION THEREOF A DISTANCE OF 1,302.63 FEET TO THE POINT OF BEGINNING; BEING SITUATED IN SHELBY COUNTY, ALABAMA.

Being the same premises conveyed unto MARILYN M. HALEY, AN UNMARRIED PERSON AND JAMES HALEY, AN UNMARRIED PERSON, AS JOINT TENANTS WITH RIGHT OF SURVIVORSHIP, by virtue of Deed from BRENDA C. KUNZE, AN UNMARRIED PERSON dated March 29, 2006, recorded November 1, 2006 in DBV: 20061101000537860, Shelby County, AL.

Parcel ID: 23-5-15-0-001-020.000

FURTHER THE AFFIANTS SAYETH NAUGHT.

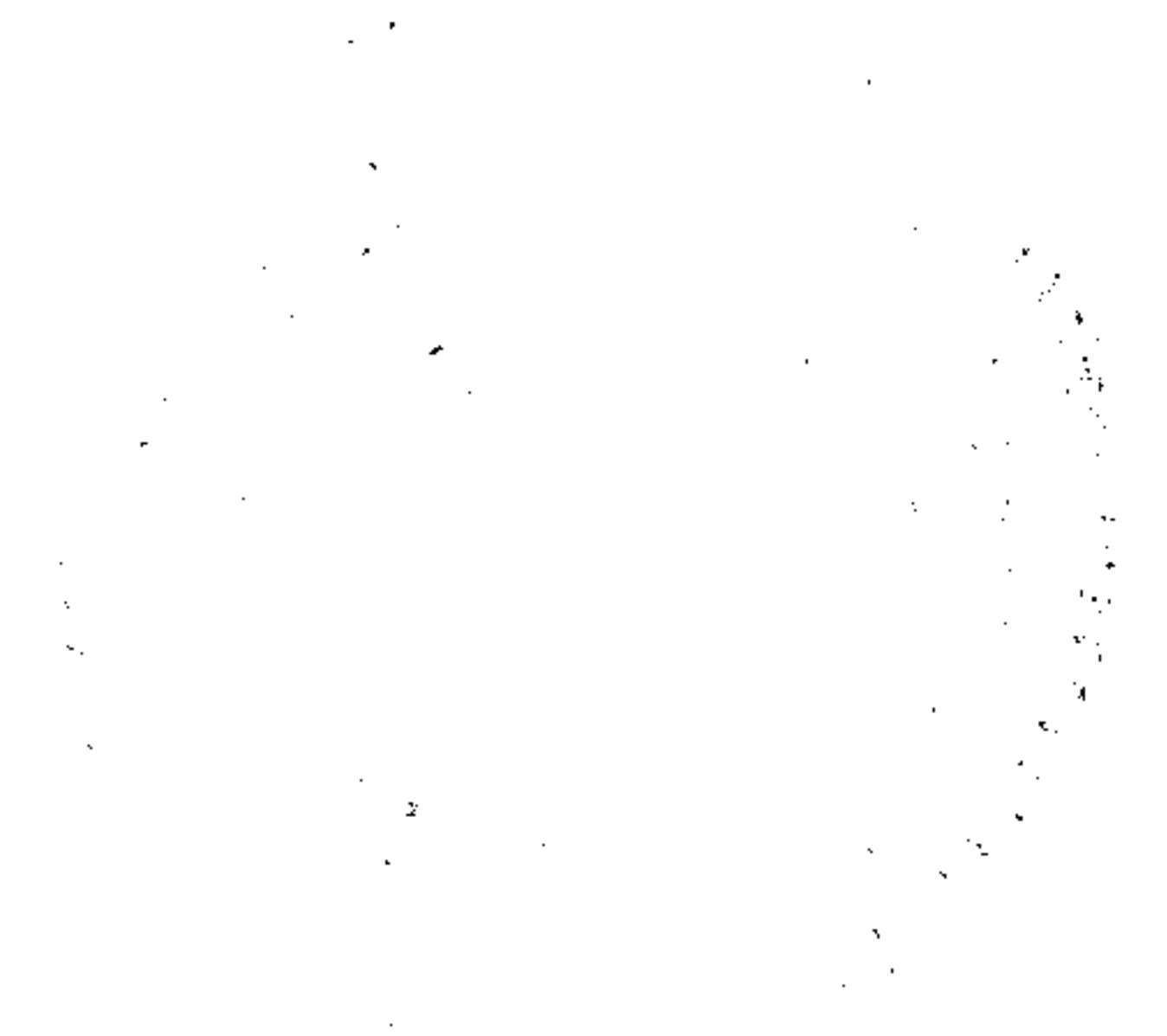
 _____ (SEAL)
James Haley

(SEAL)

Executed, subscribed and sworn to before me the day and year above written.

 _____
Notary Public

My Commission expires: JAN 19th 2014



ALABAMA

CERTIFICATE OF DEATH

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

County
File
Number —

State File Number **101**

3. 1. DECEASED—NAME First Middle Last (Type last name all capitals) Marilyn Margaret HALEY			2. DATE OF DEATH (Month, Day, Year) July 04, 2011		3. COUNTY OF DEATH Shelby
6. 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 either, give street and number) 1130 Kent Dairy Road	
19. 7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DCA) No		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 Female
20. 11. AGE 53 YRS.	22. 12. UNDER 1 YEAR MOS. DAYS	23. UNDER 1 DAY HOURS MINS.	13. DATE OF BIRTH (Month, Day, Year) February 15, 1958		14. DECEASED'S SOCIAL SECURITY NUMBER [REDACTED]
26. 15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) 5+		16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married		17. SURVIVING SPOUSE (If wife, give maiden name) James Haley	
27. 18. STATE OF BIRTH (If not in USA, name country) California		20. RESIDENCE—STATE Alabama		21. COUNTY Shelby	22. CITY, TOWN, OR LOCATION AND ZIP CODE Alabaster 35007
23. INSIDE CITY LIMITS (Specify Yes or No) Yes		24. STREET AND NUMBER 1130 Kent Dairy Road		25. INFORMANT—Name and Address James Haley 1130 Kent Dairy Rd; Alabaster, AL 35007	
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Counselor			27. KIND OF BUSINESS OR INDUSTRY Medical		
28. FATHER—NAME First Middle Last Kenneth W Meeks			29. MAIDEN NAME OF MOTHER—First Middle Last Carol F Beebower		
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial		31. DATE OF DISPOSITION (Month, Day, Year) 07/11/2011	32. CEMETERY OR CREMATORY—Name AL National 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>Angela Hutchison</i>		36. DATE SIGNED BY FUNERAL DIRECTOR 07/12/2011
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>Diana S. Hawkins</i>					38. DATE SIGNED (Month, Day, Year) 07-13-2011
39. TIME AND DATE OF DEATH 22:40 07-04-11		40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only) 07-04-11 22:40		41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) Diana S. Hawkins-Coroner	
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) P.O. Box 1321 Columbiana, AL. 35051					43. CERTIFIER LICENSE NUMBER
44. REGISTRAR—Signature <i>Shula Keller</i> For State or County use only					45. DATE FILED (Month, Day, Year) July 15, 2011

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) → Gunshot wound to head		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH secs/min
a. DUE TO (OR AS A CONSEQUENCE OF):		
b. DUE TO (OR AS A CONSEQUENCE OF):		
c. 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.		48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unk.)
49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) Suicide		50. AUTOPSY (Specify Yes or No) No
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) Self-inflicted gunshot wound		53. DATE OF INJURY (Month, Day, Year) 07-04-2011
54. HOUR OF INJURY unknown M		
55. INJURY AT WORK (Specify Yes or No) No	56. PLACE OF INJURY—(Specify at home, farm, street, factory, office building, etc.) Home in back yard	57. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State) 1130 Kent Dairy Rd. Alabaster, AL

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 Shelby County Health Department

Signature of Local Registrar

Date of Issue



20130801000313450 3/3 \$20.00
Shelby Cnty Judge of Probate, AL
08/01/2013 12:58:02 PM FILED/CERT

NAME OF DECEASED: Marilyn Margaret Haley

SSN: [REDACTED]

BUREAU OF VITAL RECORDS

BUREAU OF VITAL RECORDS

BUREAU OF VITAL RECORDS