


After Recording Return to:
TITLE SOURCE
662 WOODWARD AVENUE
DETROIT MI 48226
File No. 58109195


20130812000327910 1/5 \$27.00
Shelby Cnty Judge of Probate, AL
08/12/2013 01:36:31 PM FILED/CERT

This document prepared by:

FRANK P. DEC, ESQ.
8940 MAIN STREET
CLARENCE, NY 14031
866-333-3081

Tax ID No.:
13-5-22-4 001-001.081

58109195-2141958

QUIT CLAIM DEED

When Recorded Return To:
Indecomm. Trust Services
2828 Century Drive
St. Paul, MN 55113
75294731-1

STATE OF ALABAMA
COUNTY OF SHELBY

THIS INDENTURE made and entered into on this 15 day of July, 2013, by and between **ANN T. HOWELL, SURVIVING SPOUSE OF WILIAM K. HOWELL**, 1946 VENETIAN WAY, HELENA, AL 35080 hereinafter referred to as Grantor(s) and **ANN T. HOWELL, AN UNMARRIED WOMAN**, 1946 VENETIAN WAY, HELENA, AL 35080, hereinafter referred to as Grantee(s).

WITNESSETH: That the said Grantors, for and in consideration of the sum of ONE and NO/100 (\$1.00) DOLLAR, cash in hand paid, the receipt of which is hereby acknowledged, have this day remise, release, quitclaim, grant, sell, and convey to the said Grantee following described real estate located in SHELBY County, ALABAMA:

SEE ATTACHED EXHIBIT "A"

Also known as: 1946 VENETIAN WAY, HELENA, AL 35080
Property Tax ID No.: 13-5-22-4 001-001.081
SUBJECT TO EASEMENTS AND RESTRICTIONS OF RECORD.

Prior instrument reference: DOCUMENT NUMBER: 1992-17021, Recorded: 08/13/1992

TO HAVE AND TO HOLD the lot or parcel above described together with all and singular the rights, privileges, tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining unto the said Grantee and unto Grantee's heirs, administrators, successors or assigns, forever in FEE SIMPLE.

And that said conveyance does not render the grantor insolvent nor is it for the purpose of defrauding any of grantor's creditors.



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Assessor's parcel No. 13-5-22-4 001-001.081

IN WITNESS WHEREOF, the said Grantors have hereunto set their hands and seals on this 15 day of July, 2013.

Ann T. Howell
ANN T. HOWELL

STATE OF Alabama
COUNTY OF Shelby

I, the undersigned, a Notary Public in and for said county and state, hereby certify that Ann T. Howell, whose name(s) is/are signed to the foregoing conveyance, who is known to me, acknowledged before me on this day that being informed of the contents of said conveyance, she/he/they executed the same voluntarily on the day the same bears date.

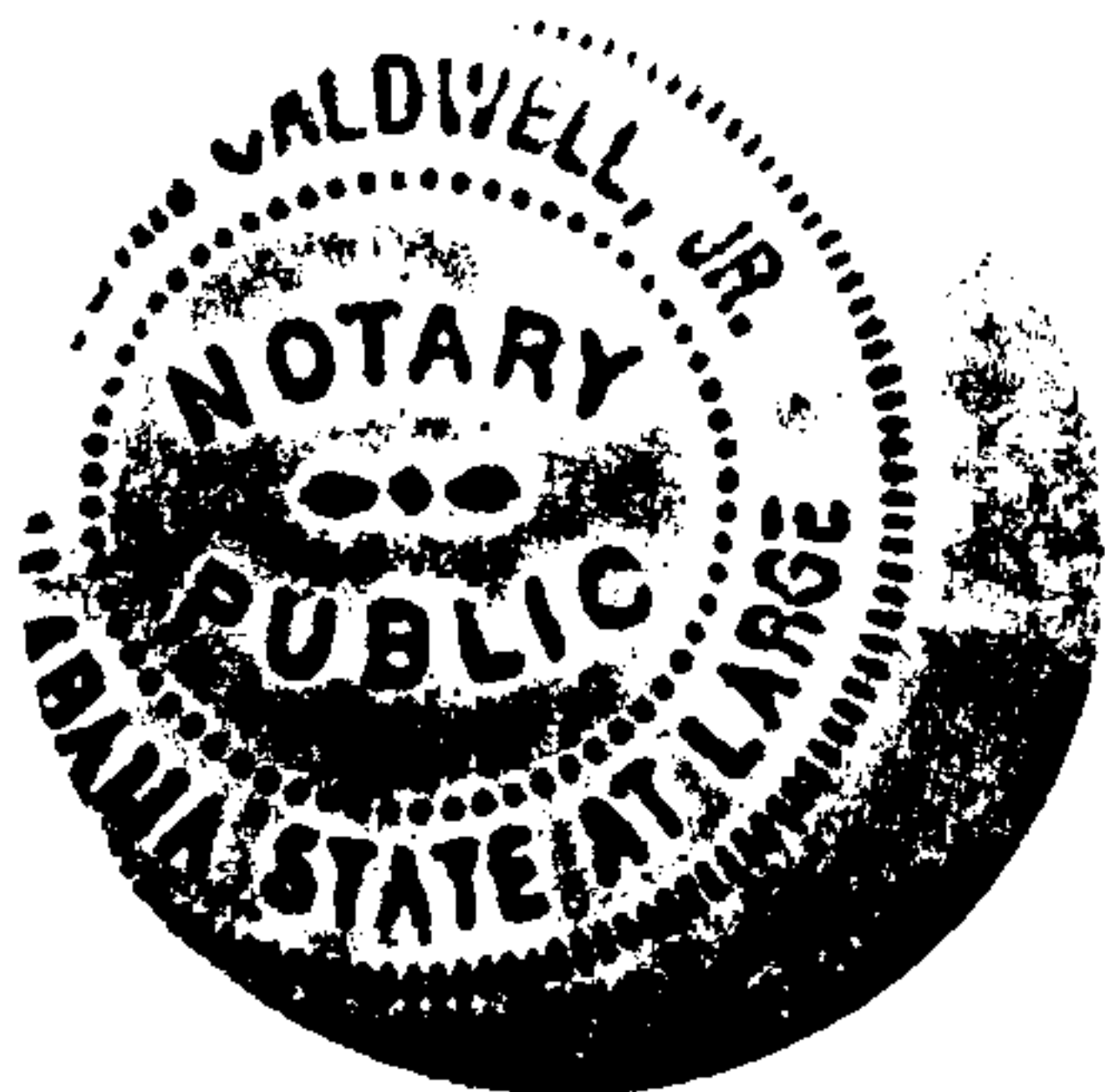
Given under my hand and seal this the 15 day of July, 2013

John Caldwell

NOTARY PUBLIC

My commission expires:

John Caldwell, Jr.
MY COMMISSION EXPIRES
JANUARY 25, 2018



ALABAMA CERTIFICATE OF DEATH

State File Number **101**

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

1. DECEASED—NAME First Name Last (Print full name all capital)		2. DATE OF DEATH (Month, Day, Year)		3. COUNTY OF DEATH	
William Kay HOWELL		September 12, 2009		Shelby	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE			5. USING CITY LIMITS (Specify Yes or No)		6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION (If not in hospital, give street and number)
Albaster, 35007			Yes		Shelby Ridge Nursing Home
7. IF HOSPITAL, Specify Hospital, City or Department, BGA		8. OF INSURANCE ORIGIN (Specify Yes or No. If Yes, Specify Date: Marine, Power, etc.)		9. RACE—Specify American Indian, Black, White, etc.	
		No		White	
10. SEX		11. AGE			
Male		88 yrs			
12. UNDER 1 YEAR		13. DATE OF BIRTH (Month, Day, Year)		14. DECEASED'S SOCIAL SECURITY NUMBER	
MOE DAYS HOURS MIN		January 1, 1921		[REDACTED]	
15. EDUCATION (Specify ONLY Graduate unless completed national Examinations or High School GED)		16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced)		17. SURVIVING SPOUSE (If wife, give maiden name)	
12		Married		Ann Trachy	
18. STATE OF BIRTH (If not in USA, name country)		19. RESIDENCE—STATE		20. CITY, TOWN, OR LOCATION AND ZIP CODE	
Alabama		Alabama		Shelby Helena, 35080	
21. INSURE CITY LIMITS (Specify Yes or No)		22. STREET AND NUMBER		23. INFORMANT—Name and Address	
Yes		1946 Venetian Way		Ann T. Howell 1946 Venetian Way, Helena, Alabama 35080	
24. USUAL OCCUPATION (Give kind of work done during most of working life, unless retired)			25. KIND OF BUSINESS OR INDUSTRY		
Manager/Shipping Clerk			Department Store		
26. FATHER—NAME First Name Last		27. MOTHER NAME OF BROTHER— First Name Last			
Ireneus Huntington Howell		Katherine Kay			
28. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other)		29. DATE OF DISPOSITION (Month, Day, Year)		30. CEMETERY OR CREMATORY—Name	
Cremation		Sept. 15, 2009		Charter Crematory	
31. FUNERAL HOME—Name and Address		32. FUNERAL DIRECTOR—Signature		33. DATE SIGNED (Month, Day, Year)	
2521 US Hwy 31, Calera, AL 35040		[Signature]		Oct. 14, 2009	
34. Certifying Physician (Physician certifying cause of death) "In the face of my knowledge, death occurred at the time and date, and due to the cause(s) and manner stated." To the best of my knowledge and belief, the cause and manner of death are as stated, and due to the cause(s) and manner stated.					35. DATE SIGNED (Month, Day, Year)
Signature: [Signature]					9/17/09
36. TIME AND DATE OF DEATH		37. DATE AND TIME PROMULGED (For Registrar/ME use only)		38. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Form 40)	
0747 9/12/09				Lawrence I. Lee, MD	
39. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Form 40)				40. CERTIFICATE NUMBER	
120 Cahaba Valley Pkwy. Pelham, AL 35124				20235	
41. REGISTRAR—Signature				42. DATE FILED (Month, Day, Year)	
[Signature]				Oct 28, 2009	

NAME OF DECEASED *William Howell*
#14 correct per Norma SK 10/21/09
#42 & 43 added per Jennifer at MD
SK 10/28/09

MEDICAL CERTIFICATION

46. PART I: Enter the disease, or injury, or combination that caused the death. Do not enter the mode of death, such as cardiac or respiratory arrest, shock, or heart failure. LIST ONLY ONE CAUSE ON EACH LINE.		APPROPRIATE INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (Final disease or condition resulting in death) → <i>Pneumonia</i>			
DUE TO OR AS A CONSEQUENCE OF: <i>Extreme tachycardia</i>			
DUE TO OR AS A CONSEQUENCE OF: <i>Dementia</i>			
47. PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.			
48. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Unexplained Circumstances, Pending Investigation, Natural Cause)		49. YEARS SINCE A PREGNANCY IN LAST (2-9 Months, 10-12 Months, or Stillborn)	
Natural causes		No	
50. DATE OF INJURY (Month, Day, Year)		51. HOUR OF INJURY	
52. PLACE OF INJURY (Specify at home, farm, street, factory, office, etc.)		53. 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.

ADM-108 2/Rev. 11-83

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

Sheela Keller
Signature of Local Registrar

Oct 28, 2009
Date of Issue



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EXHIBIT - Legal Description

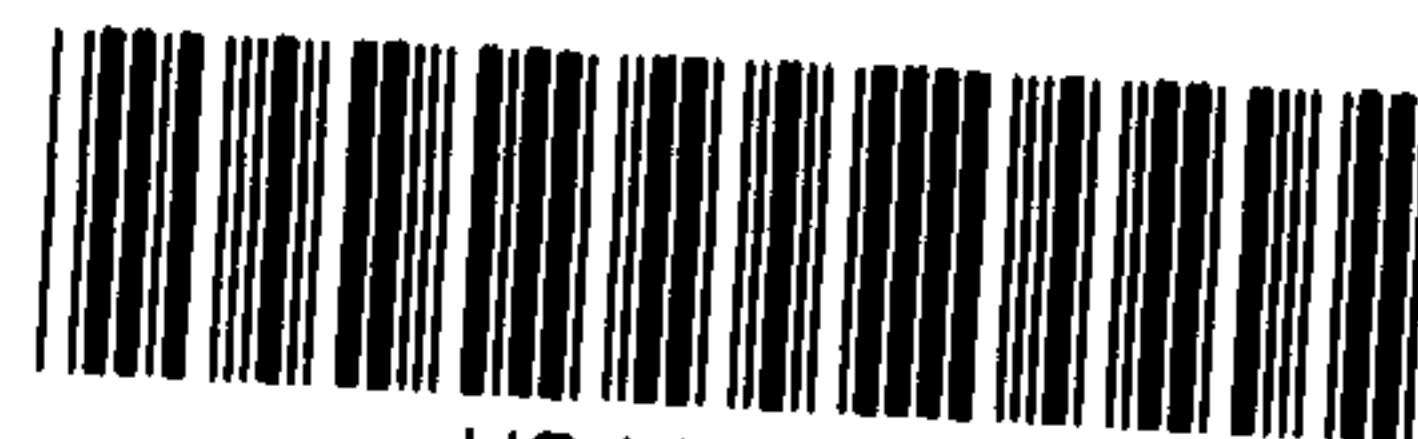
Order Number: 58109195

Property Tax ID: 13-5-22-4 001-001.081

Land in the city/township/village of HELENA and the County of Shelby, State of AL, more particularly described as:

Lot 42, according to the Survey of Dearing Downs, Ninth Addition, Phase Four, as recorded in Map Book 15, page 96, in the Probate Office of Shelby County, Alabama.

Commonly described as: 1946 VENETIAN WAY, HELENA AL 35080



U04117315

1371 7/23/2013 78896731/1

Real Estate Sales Validation Form

This Document must be filed in accordance with Code of Alabama 1975, Section 40-22-1

Grantor's Name Ann T. Howell, surviving spouse of William K. Howell

Grantee's Name Ann T. Howell, an unmarried woman

Mailing Address 1946 Venetian Way Helena, Tennessee 35080

Mailing Address 1946 Venetian Way Helena, Tennessee 35080

Property Address 1946 Venetian Way Helena, Tennessee 35080

Date of Sale

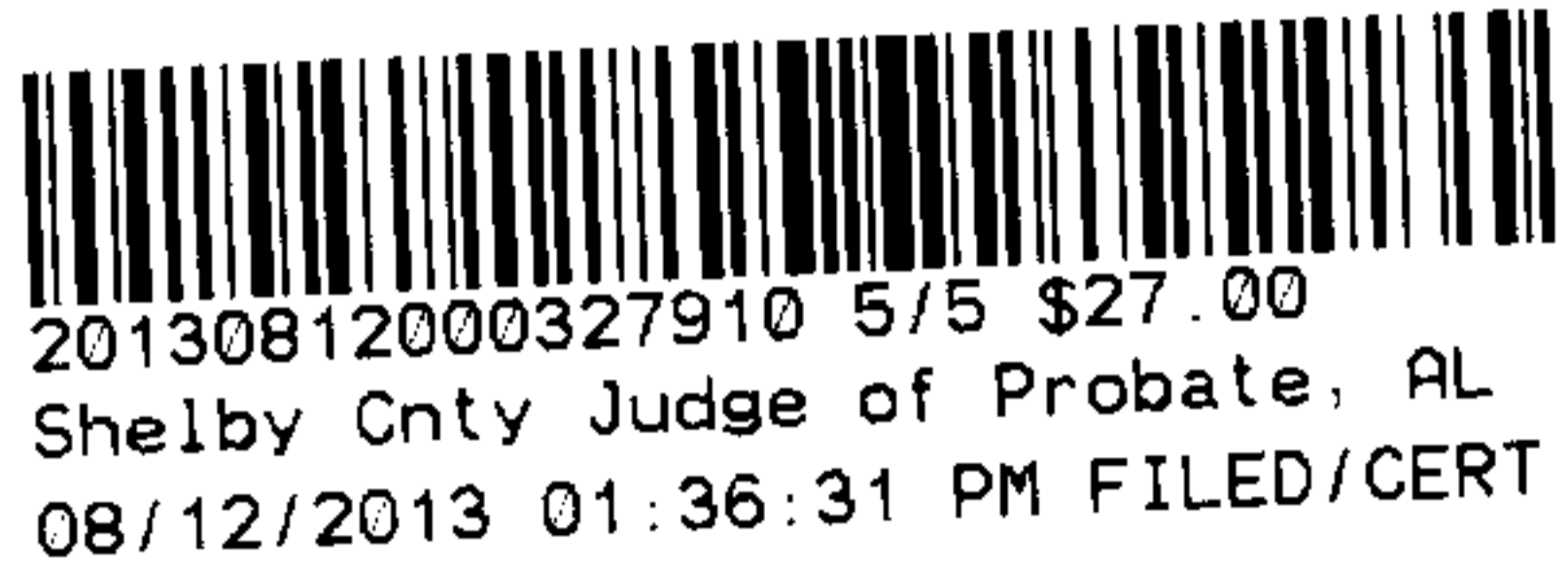
Total Purchase Price \$

or

Actual Value \$

or

Assessor's Market Value \$122,600.00



The purchase price or actual value claimed on this form can be verified in the following documentary evidence: (check one) (Recordation of documentary evidence is not required)

- Bill of Sale
Sales Contract
Closing Statement

- Appraisal
[X] Other lender

If the conveyance document presented for recordation contains all of the required information referenced above, the filing of this form is not required.

Instructions

Grantor's name and mailing address - provide the name of the person or persons conveying interest to property and their current mailing address.

Grantee's name and mailing address - provide the name of the person or persons to whom interest to property is being conveyed.

Property address - the physical address of the property being conveyed, if available.

Date of Sale - the date on which interest to the property was conveyed.

Total purchase price - the total amount paid for the purchase of the property, both real and personal, being conveyed by the instrument offered for record.

Actual value - if the property is not being sold, the true value of the property, both real and personal, being conveyed by the instrument offered for record. This may be evidenced by an appraisal conducted by a licensed appraiser or the assessor's current market value.

If no proof is provided and the value must be determined, the current estimate of fair market value, excluding current use valuation, of the property as determined by the local official charged with the responsibility of valuing property for property tax purposes will be used and the taxpayer will be penalized pursuant to Code of Alabama 1975 § 40-22-1 (h).

I attest, to the best of my knowledge and belief that the information contained in this document is true and accurate. I further understand that any false statements claimed on this form may result in the imposition of the penalty indicated in Code of Alabama 1975 § 40-22-1 (h).

Date 7/25/13

Print Elizabeth Bastianon

Unattested (verified by)

Sign (Grantor/Grantee/Owner/Agent) circle one