


This instrument was prepared
without evidence of title insurance.

Send Tax Notice:
Emma Jean Little
40 Arwood Drive
Montevallo, AL 35115


20131016000411640 1/3 \$21.00
Shelby Cnty Judge of Probate, AL
10/16/2013 10:40:57 AM FILED/CERT

STATE OF ALABAMA)
)
SHELBY COUNTY) **WARRANTY DEED**

KNOW ALL MEN BY THESE PRESENTS, that for and in consideration of the sum of **Five Thousand and 00/100 Dollars (\$5,000.00)** and other good and valuable considerations, the receipt and sufficiency of which are hereby acknowledged, **Barbara T. Broadhead, a widow, individually and as sole heir at law of Howard K. Broadhead, deceased**, hereinafter called "Grantor," does hereby GRANT, BARGAIN, SELL AND CONVEY unto **Barbara T. Broadhead, an unmarried woman**, hereinafter called "Grantee" in fee simple, together with every contingent remainder and right of reversion, the following described real estate, situated in **Shelby County, Alabama**, to-wit:

Lots 26 and 27, Block 5, to Arden Subdivision as shown by the map recorded in the Office of the Judge of Probate of Shelby County, Alabama in Map Book 3 Page 64. and being situated in Shelby County, Alabama.


Subject to all items of records.

TO HAVE AND TO HOLD to the said Grantees in fee simple forever, together with every contingent remainder and right of reversion.

The Grantors, do individually and for the heirs, executors, and administrators of the Grantors covenant with said Grantees and the heirs and assigns of the Grantees, that the Grantors are lawfully seized in fee simple of said premises; that said premises are free from all encumbrances, unless otherwise noted above; that the Grantors have a good right to sell and convey the said premises; that the Grantors and the heirs, executors, administrators of the Grantors shall warrant and defend the said premises to the Grantees and the heirs and assigns of the Grantees forever, against the lawful claims of all persons.

IN WITNESS WHEREOF, the Grantors have executed this Deed and set the seal of the Grantors thereto on this date the 4 day of ~~September~~ October, 2013 at 725 West Street, Montevallo, Alabama 35115.

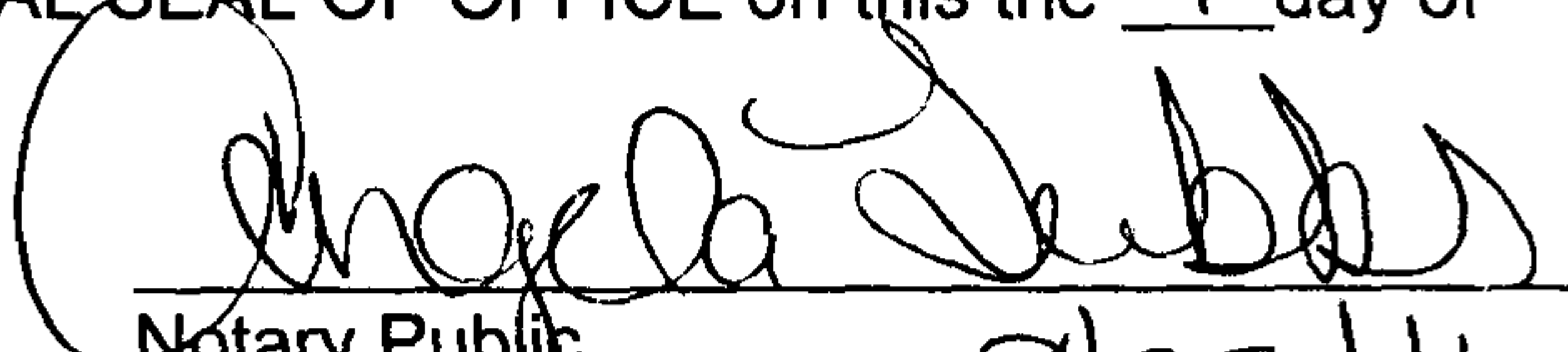
GRANTOR

 (L.S.)
Barbara T. Broadhead, individually and
As Heir at law of Howard K. Broadhead

STATE OF ALABAMA)
)
SHELBY COUNTY) **ACKNOWLEDGMENT**

I, Chris Smitherman, a Notary Public for the State at Large, hereby certify that the above posted name, *Barbara T. Broadhead*, which is signed to the foregoing Warranty Deed, who is known to me, acknowledged before me on this day that, being informed of the contents of the Deed, that said person executed the same voluntarily in her individual capacity AND as sole heir at law to Howard K. Broadhead on the day the same bears date.

GIVEN UNDER MY HAND AND OFFICIAL SEAL OF OFFICE on this the 4 day of October, 2013


Notary Public
My Commission Expires: 8/23/16

THIS INSTRUMENT PREPARED BY:
CHRISTOPHER R. SMITHERMAN, ATTORNEY AT LAW
725 WEST STREET
POST OFFICE BOX 261
MONTEVALLO, AL 35115
(205) 665-4357

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

Martha Smith
Signature of Local Registrar

10-17-02
Date of Issue



20131016000411640 2/3 \$21.00
Shelby Cnty Judge of Probate, AL
10/16/2013 10:40:57 AM FILED/CERT

ALABAMA

CERTIFICATE OF DEATH

State File Number **101**County
File
Number —

1. DECEASED—NAME First Middle Last (Type last name all capitals) Howard Kindig BROADHEAD			2. DATE OF DEATH (Month, Day, Year) October 01, 2002		3. COUNTY OF DEATH Shelby	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Montevallo 35115			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) 195 Crestview Dr.	
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA) 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 Male			11. AGE 71 YRS.		12. UNDER 1 YEAR MOS. DAYS HOURS MINS.	
13. DATE OF BIRTH (Month, Day, Year) August 12, 1931			14. DECEASED'S SOCIAL SECURITY NUMBER [REDACTED]		15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) College (1-4 or 5+) +5	
16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married			17. SURVIVING SPOUSE (If wife, give maiden name) Barbara Turner		18. Was Decedent ever in Armed Forces (Specify Yes or No) Yes	
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) Yes		24. STREET AND NUMBER 195 Crestview Dr.	
25. INFORMANT—Name and Address Barbara T. Broadhead			26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Counselor		27. KIND OF BUSINESS OR INDUSTRY Education	
28. FATHER—NAME First Middle Last Cleary Cecil Broadhead			29. MAIDEN NAME OF MOTHER— First Middle Last Ruth Lee		30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial	
31. DATE OF DISPOSITION (Month, Day, Year) 10-03-2002			32. CEMETERY OR CREMATORY—Name Montevallo Cemetery		33. LOCATION—(City or Town—State) Montevallo, Al.	
34. FUNERAL HOME—Name and Address Rockco Funeral Home			35. FUNERAL DIRECTOR—Signature <i>Steve Rockco</i>		36. DATE SIGNED BY FUNERAL DIRECTOR 10-16-2002	
37. <input checked="" type="checkbox"/> 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." <input type="checkbox"/> Medical Examiner <input type="checkbox"/> 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>[Signature]</i>			38. DATE SIGNED (Month, Day, Year) 10/16/02		39. TIME AND DATE OF DEATH 0600 10/1/02	
40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only)			41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) Sonathan C. Merkle, MD		42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) 33 Salem Rd. Montevallo, AL 35115	
43. CERTIFIER LICENSE NUMBER 21192			44. REGISTRAR—Signature For State or County use only		45. DATE FILED (Month, Day, Year)	

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) → Cardiomyopathy / A-fib / CAD DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
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.) No	
49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) Natural Cause			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)	
53. DATE OF INJURY (Month, Day, Year)			54. HOUR OF INJURY M.	
55. INJURY AT WORK (Specify Yes or No)			56. PLACE OF INJURY—(Specify at home, farm, street, factory, office building, etc.)	
57. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State)				

Real Estate Sales Validation Form

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

Grantor's Name
Mailing Address

Barbara Broadhead

Grantee's Name
Mailing Address

Barbara Broadhead

Property Address

40 Arwood Dr
Montevallo AL 35115

Date of Sale

10/14/13

Total Purchase Price \$

N/A

or

Actual Value \$

or

Assessor's Market Value \$

70,000

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
☐ Other

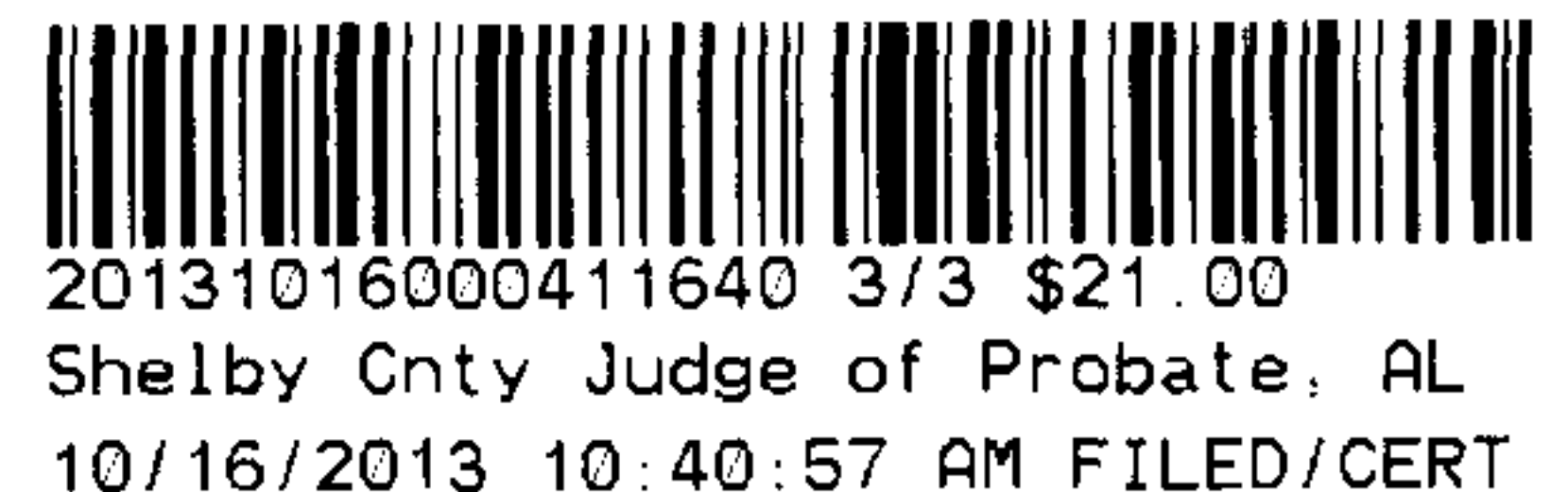
If the conveyance document presented for recordation contains all of the required information referenced above, the filing of this form is not required.

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



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 10/14/13

Print

Christopher R. Smith

Sign

Unattested

(verified by)

(Grantor/Grantee/Owner/Agent) circle one

Form RT-1