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20131118000451610 1/4 \$23.00
Shelby Cnty Judge of Probate, AL
11/18/2013 02:08:24 PM FILED/CERT

Space Above This Line for Recorder's Use

Loan Number: 56025040

STATE OF ALABAMA
COUNTY OF SHELBY

AFFIDAVIT OF DEATH

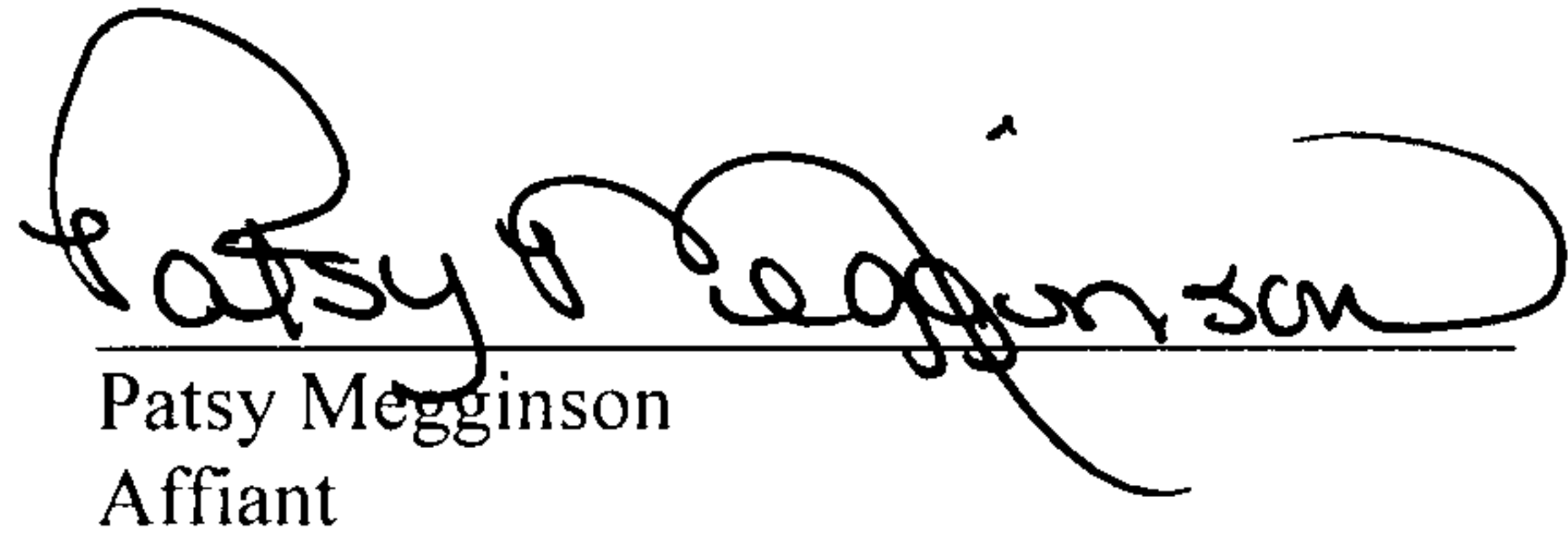
Below me, the undersigned authority, personally appeared Patsy Megginson ("Affiant") who after being by me duly and legally sworn says and deposes as follows:

1. My name is Patsy Megginson and I am over the age of 18. I presently reside at 951 County Road 114, Randolph, AL 36792.
2. I am personally familiar with the life of Roy Duke a/k/a Vernon R. Duke ("Decedent") and Ruth Duke, and I have personal knowledge of the facts stated in this Affidavit.
3. Roy Duke was also known as Vernon R. Duke.
4. Roy Duke and wife, Ruth Duke acquired title to the real property located at 280 Eighth Street, Fulton, AL 36446 as "Roy Duke and wife, Ruth Duke, for and during their joint lives and upon the death of either of them, then to the survivor of them in fee simple", by Warranty Deed dated March 5, 1976 and recorded on March 22, 1976 at Book 569, Page 332 in the Office of the Judge of Probate Court of Clarke County, Alabama; the real property being more particularly described as follows:

See Exhibit "A"

5. That said Decedent died a resident of the County of Clarke, State of Alabama, on the 15 day of May, 1988 as evidenced by a certified copy of the Certificate of Death, attached hereto.

Further Affiant Sayeth Not.


Patsy Megginson
Affiant

Acknowledgment

STATE OF ALABAMA }

} ss

COUNTY OF SHELBY }

On NOVEMBER 5, 2013, before me Judy L. Santa Cruz a Notary Public in and for said County and State, personally appeared Patsy Megginson who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

(SEAL)


NOTARY SIGNATURE

My Commission Expires: 6-8-14



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EXHIBIT A

BEGIN AT A CONCRETE POST LOCATED 50 FEET EAST OF THE NORTHWEST CORNER OF THE NW ¼ OF THE NE ¼, SECTION 1, TOWNSHIP 9 NORTH, RANGE 3 EAST; THENCE EAST ONE CHAIN; THENCE SOUTH 11 DEGREES EAST 16 CHAINS; THENCE SOUTH 17 DEGREES EAST 9 CHAINS; THENCE SOUTH 37 DEGREES EAST 5 CHAINS; THENCE SOUTH 2 DEGREES EAST 6 CHAINS; THENCE WEST 0.34 CHAINS; THENCE NORTH 3 DEGREES WEST; 0.45 CHAINS TO AN IRON STOB WHICH IS THE PLACE OF BEGINNING AND BEING THE NORTHEAST CORNER OF SAID LOT; THENCE SOUTH 87 DEGREES WEST 2.16 CHAINS, THENCE SOUTH 18 DEGREES EAST 0.95 CHAINS, THENCE SOUTH 55 DEGREES WEST 0.34 CHAINS, THENCE SOUTH 26 DEGREES EAST 0.52 CHAINS, THENCE NORTH 85 DEGREES EAST 1.88 CHAINS; THENCE NORTH 1.54 CHAINS TO THE PLACE OF BEGINNING, ALL LYING AND BEING IN THE SW ¼ OF THE NE ¼ OF SECTION 1, TOWNSHIP 9 NORTH, RANGE 3 EAST, AND CONTAINING 0.25 ACRE MORE OR LESS.



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ALABAMA

Center for Health Statistics

STATE OF ALABAMA CERTIFICATE OF DEATH

 State
File
Number 101

88-014460

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1. DECEASED—NAME First Middle Last (Print last name all capitals) VERNON ROY DUKE			2. DATE OF DEATH (Month, Day, Year) May 15, 1988		3. COUNTY OF DEATH CLARKE		
4a. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE FULTON 36446 013016			4b. INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		4c. PLACE OF DEATH HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number) NORRIS DRIVE IF HOSPITAL (Check One) <input type="checkbox"/> Inpatient <input type="checkbox"/> DOA <input type="checkbox"/> ER or Outpatient		
5a. OF HISPANIC ORIGIN (Specify Yes or No) If yes, Specify Cuban, Mexican, Puerto Rican, etc. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Specify: AMERICAN			5b. RACE—American Indian, Black, White, etc.—Specify: WHITE		5c. SEX Male		
6. DATE OF BIRTH (Month, Day, Year) August 5, 1921		7a. AGE 66 Years		7b. UNDER 1 YEAR MOS. DAYS HOURS MIN.		7c. UNDER 1 DAY HOURS MIN.	
8a. PLURALITY AT BIRTH <input checked="" type="checkbox"/> Single <input type="checkbox"/> Twin		8b. IF NOT SINGLE BIRTH—BORN <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Other (Specify)		9. DECEASED'S SOCIAL SECURITY NUMBER [REDACTED]			
10. WAS DECEDENT EVER IN ARMED FORCES <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		11. DECEDENT'S EDUCATION—Specify only highest grade completed. Elementary/Secondary (Circle) 0 1 2 3 4 5 6 7 8 9 10 11 12 11 College (Circle) 1 2 3 4 5 5		12. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married 2 <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		13. SURVIVING SPOUSE DORA RUTH DUKE	
14. STATE OF BIRTH (If not in U.S.A., name country) ALABAMA 01		15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OPERATOR 019		16. KIND OF BUSINESS OR INDUSTRY LUMBER MILL 231			
17a. RESIDENCE—STATE AL 013016		17b. COUNTY CLARKE		17c. CITY, TOWN, OR LOCATION AND ZIP FULTON 36446		17d. INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
17e. STREET AND NUMBER NORRIS DRIVE		18. MOTHER—MAIDEN NAME First Middle Last LULA FENDLEY		19. DATE OF BIRTH UNKNOWN		20. SOCIAL SECURITY NUMBER UNKNOWN	
21. FATHER—NAME First Middle Last VERNON SAMSON DUKE		22. DATE OF BIRTH UNKNOWN		23. SOCIAL SECURITY NUMBER UNKNOWN			
24. PHYSICIAN'S NAME (If any) Address DR. JACK L. DOZIER C/O POST OFFICE, FULTON, ALABAMA				25. INFORMANT—NAME Address DORA RUTH DUKE P.O. BOX 376, FULTON, AL 36446			
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
26. IMMEDIATE CAUSE Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 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. (a) Probable Myocardial Infarction						30 mins	
(b) Arterial Hypertension, A.C.U.D.						Unknown	
(c) Pulmonary Emphysema, severe 492X						Unknown	
27. PART II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not related to cause given in part I (a)						28a. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
28b. IF YES were findings considered in determining cause of death <input type="checkbox"/> Yes <input type="checkbox"/> No						28c. WAS THERE A PREGNANCY IN LAST 90 DAYS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk 42 DAYS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
29. EXTERNAL CAUSES ONLY <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> OTHER (Specify)		30a. WAS AN OPERATION PERFORMED During Last 28 Days <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 2		30b. REASON FOR OPERATION (Specify)			
31a. DATE OF INJURY (Month, Day, Year)		31b. HOUR		31c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, item 27)			
31d. INJURY AT WORK <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31e. PLACE OF INJURY—At home, farm, street, factory, office bldg., etc. (Specify)		31f. LOCATION (Street or R.F.D. No., City or Town, State)			
32a. CERTIFIER (check only one) <input checked="" type="checkbox"/> Certifying Physician (Physician certifying cause of death) "To the best of my knowledge death occurred at the time, date and place, and due to the cause(s) and manner stated." <input type="checkbox"/> Medical Examiner/Coroner or Health Officer "On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated."						32b. CERTIFIER LICENSE NUMBER 2340	
33a. CERTIFICATION PHYSICIAN I attended the Deceased from 1965 TO 5-15-88		33b. Month Day Year 5-15-88		33c. AND LAST SAW HIM/HER ALIVE ON (Mo. Day, Yr.) 5-14-88		33d. I did/did not view the body after death. <input checked="" type="checkbox"/> Did <input type="checkbox"/> Did Not	
34a. CERTIFICATION—MEDICAL EXAMINER/CORONER OR HEALTH OFFICER: Hour of Death 11:45 P.M.		34b. THE DECEASED WAS PRONOUNCED DEAD Month Day Year Hour 5-15-88 11:45 P.M.		34c. CERTIFIER—PHYSICIAN, MEDICAL EXAMINER/CORONER OR HEALTH OFFICER (Type or Print Name) J. L. Dozier, M.D.		34d. DATE SIGNED (Month, Day, Year) 5/29/88	
35b. MAILING ADDRESS—CERTIFIER (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 8, Fulton, AL 36446						35c. CERTIFIER'S SIGNATURE J. L. Dozier	
36. DISPOSITION OF BODY <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Removal <input type="checkbox"/> Cremation <input type="checkbox"/> Donation		37a. CEMETERY OR CREMATORY—Name LIBERTY BAPT. CHURCH CEM.		37b. LOCATION City or Town State THOMASVILLE, ALABAMA		37c. DATE OF DISPOSITION (Month, Day, Year) May 17, 1988	
37d. FUNERAL HOME—Name and Address O'BRYANT CHAPEL FUNERAL HOME, 2103 Hwy. 43 N. Thomasville, AL 36784		37e. DATE SIGNED BY FUNERAL HOME 5/26/88		37f. DATE RECEIVED BY LOCAL REGISTRAR 5/31/88		37g. DATE RECEIVED BY STATE REGISTRAR	
37f. FUNERAL DIRECTOR—Signature Juanita O'Bryant				37g. REGISTRAR—Signature Jam B. Norton		37h. DATE RECEIVED BY STATE REGISTRAR	

ADPH-F-VS-2/Rev. 1-88

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2013-415-903-9

October 25, 2013



20131118000451610 4/4 \$23.00
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Catherine M. Donald
Catherine Molchan Donald
State Registrar of Vital Statistics