RECORDING REQUESTED BY
AND WHEN RECORDED MAIL TO:

NAME: Real Advantage, LLC
ADDRESS: 1000 Commerce Dr. Ste 520
CITY/STATE: Pittsburgh, PA 15275

20140214000041660 1/2 $17.00
Shelby Cnty Judge of Probate, AL
02/14/2014 12:21:18 PM FILED/CERT

---------- SPACE ABOVE THIS LINE FOR RECORDERS USE ----------

AFFIDAVIT – DEATH OF JOINT TENANT

STATE OF ALABAMA, APN: 097361006029000

County of Shelby } ss.

Judith A. Smith and Sandra Smith, of legal age, being first duly sworn, deposes and says:

That Donald E. Smith. the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Donald E. Smith.. named as one of the parties in that certain Statutory Warranty Deed dated 6/07/07 executed by: Donald E. Smith, Judith A. Smith and Sandra Smith as joint tenants with rights of survivorship, recorded in Instrument #20070618000284080, on 06/18/2007 of Official Records of Shelby County, Alabama, covering the following described property situated in the County of Shelby and State of Alabama:

Lot 6-110, according to the Map and Survey of Chelsea Park 6th Sector, as recorded in Map Book 37, Page 13, in the Office of the Judge of Probate Office of Shelby County, Alabama.

Together with the nonexclusive easement to use the Common Areas as more particularly described in Declaration of Easements and Master Protective Covenants of Chelsea Park, a Residential Subdivision, executed by the Grantor and filed for record as Instrument No. 20041014000566950 in the Probate Office of Shelby County, Alabama and Declaration of Covenants, Conditions, and Restrictions for Chelsea Park 6th Sector executed by Grantor and Chelsea Park Residential Association, Inc., and recorded as Instrument No. 20041014000566960 (which, together with all amendments thereto, are hereinafter collectively referred to as the "Declaration").

Subject To: (2) Mineral and mining rights not owned by Grantor; (3) The easements, restrictions, assessments, covenants, agreements and all other terms and provisions of the Declaration and in Map Book 37 page 13 and Instrument No. 20041014000566950 and Instrument No. 20041014000566960 in the Probate Office of Shelby County, Alabama; (4) All easements, restrictions, reservations, agreements, rights-of-way, building setback lines and any other matters of record.
(Commonly known as: 2033 Preston Lane, Chelsea, AL 35043)

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property above described, did not then exceed the sum of

$500,000.00

Sandra Smith
Judith A. Smith

Dated _____

SUBSCRIBED AND SWORN TO before me, the undersigned,
A Notary Public in and for said State, this

Day of January 24, 2014

Signature: John Caldwell
Notary public in and for said State

John Caldwell, Jr.
MY COMMISSION EXPIRES
JANUARY 25, 2016

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

CERTIFICATE OF DEATH

State File Number 101

1. DECEASED—NAME (First, Middle, Last (Type last name all capitals))	Donald Eugene SMITH	2. DATE OF DEATH (Month, Day, Year)	July 12, 2013
3. COUNTY OF DEATH	Jefferson	4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE	Homewood 35209
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)	Brookwood Medical Center
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA)	ER	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: 77 YRS.	12. UNDER 1 YEAR: MOS. / DAYS	UNDER 1 DAY: HOURS / MINS.	13. DATE OF BIRTH (Month, Day, Year) March 11, 1936
14. DECEASED'S SOCIAL SECURITY NUMBER	[redacted]		
15. EDUCATION (Specify ONLY highest grade completed)	Elementary or High School (0-12): — College (1-4 or 5+): 4	16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced)	Married
17. SURVIVING SPOUSE (If wife, give maiden name)	Judith Ann DeGraw	18. Was Deceased ever in Armed Forces (Specify Yes or No)	Yes
19. STATE OF BIRTH (If not in U.S.A., name country)	Kansas	20. RESIDENCE—STATE	Alabama
21. COUNTY	Shelby	22. CITY, TOWN, OR LOCATION AND ZIP CODE	Birmingham, 35242
23. INSIDE CITY LIMITS (Specify Yes or No)	No	24. STREET AND NUMBER	2065 Cahaba Crest Drive
25. INFORMANT—Name and Address	Judith A. Smith 2065 Cahaba Crest Dr, Birmingham, AL 35242		
26. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Personnel Manager	27. KIND OF BUSINESS OR INDUSTRY	State Farm Insurance Companies
28. FATHER—NAME (First, Middle, Last)	Johny Henry Smith	29. MAIDEN NAME OF MOTHER—(First, Middle, Last)	Agnes Catherine Brown
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Donation, Other)	Burial	31. DATE OF DISPOSITION (Month, Day, Year)	July 16, 2013
32. CEMETERY OR CREMATORY—Name	Southern Heritage	33. LOCATION—(City or Town—State)	Pelham, AL
34. FUNERAL HOME—Name and Address	Southern Heritage 475 Cahaba Valley Rd, Pelham, AL 35124	35. FUNERAL DIRECTOR—Signature	[signature]
36. DATE SIGNED BY FUNERAL DIRECTOR	July 15, 2013		
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:		38. DATE SIGNED (Month, Day, Year)	07-12-2013
39. TIME AND DATE OF DEATH	0637 07/12/13	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)	Brian Tierney MD		
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)	2010 Brookwood Medical Center Dr Birmingham, AL 35209	43. CERTIFICATE/LICENSE NUMBER	35921
44. REGISTRAR—Signature	[signature] For State or County use only	45. DATE FILED (Month, Day, Year)	July 17, 2013

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.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Cerebral Infarction Arrest	
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. 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)	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
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)

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

ADPH-HS-2 (Rev. 11-93)

NAME OF DECEASED

ANY ALTERATIONS VOID THIS DOCUMENT

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

[signature]
Signature of Local or Deputy Registrar

July 22 2013
Date of Issue

20140214000041660 2/2 $17.00
Shelby Cnty Judge of Probate, AL
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