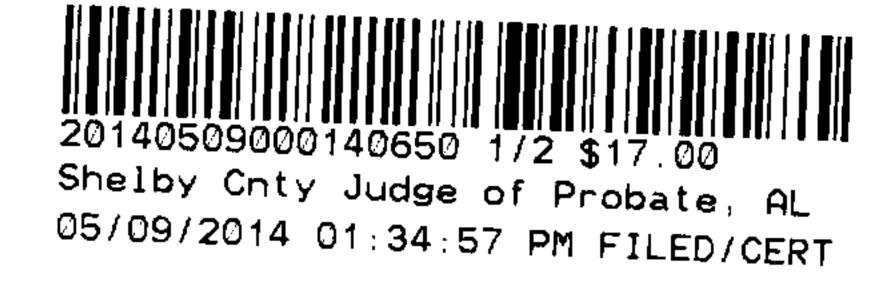
STATE OF	Alabama)
----------	----------



COUNTY OF Shelley

AFFIDAVIT OF FACTS CONCERNING THE IDENTITY OF HEIRS

Before me, the undersigned authority, on this day personally appeared	
("Affiant") (insert name of affiant) who, being first duly sworn, upon his/her oath did depose and state as follows:	
· ·	
1. My name is <u>Lisa Beasle</u> (insert name of affiant), and I live at <u>95 Destine Drive Chera Alabama</u> 35040	
(insert address of affiant's residence). I am personally familiar with the family and marital	
history of the Decedent TRUMAN NORMAN ("Decedent") (insert name of decedent),	
and I have personal knowledge of the facts stated in this affidavit.	
2. I knew decedent from <u>Jan 2003</u> (insert date) until <u>11-21-2013</u>	
(insert date). Decedent died on 11-21-2013 (insert date of death). Decedent's	
place of death was Shellen Medical Center (insert place of death). At the	
time of decedent's death, decedent's residence was	
139 Pebble Lane Alabaster AC 35007 (insert	
address of decedent's residence).	
3. Decedent's marital history was as follows:	
Widowed	
(insert marital history and, if decedent's spouse is deceased, insert date and place of spouse's death).	
4. Decedent had the following children:	
Wayne R Norman, Kenneth G Norman, Michael	
A Norman	
(insert name, birth date, name of other parent, and current address of child or date of death of child and descendants of deceased child, as applicable, for each child).	
5. Decedent did not have or adopt any other children and did not take any other children into decedent's home or raise any other children, except:	
none (insert name of child or names of children, or	
state "none").	
10. Decedent left a written Will, but there are no plans to Probate said will.	
11. There has been no administration of decedent's estate. (Modify statement if there has	
· · ·	
been administration of decedent's estate.)	

20140509000140650 2/2 \$17.00 Shelby Cnty Judge of Probate; AL 05/09/2014 01:34:57 PM FILED/CERT

(signature of affiant)

State of Hapana

County of Shelly

Sworn to and subscribed to before me on 4151 (date) by Lisa bets (insert name of affiant).

(signature of notarial officer)

(Seal, if any, of notary)

Jennie D. Muriz

(printed name)

My commission expires:

Jennie D. Morrie NY COMMISSION EXPIRES SEPTEMBER 13, 2015

This instrument was prepared by:

The Snoddy Law Firm, LLC 2105 Devereux Circle Suite 101 Birmingham, Al 35243