



20140718000220130 1/2 \$17.00
Shelby Cnty Judge of Probate, AL
07/18/2014 01:48:59 PM FILED/CERT

STATE OF Alabama
COUNTY OF Shelby) ss.

AFFIDAVIT OF FACTS RELATING TO TITLE

Being first duly sworn according to law, under penalties of perjury, the undersigned (hereinafter "Affiant"), does hereby state as follows:

1. My full legal name is: Rebecca S. DeFlora
2. By virtue of instrument dated 05/21/2004, recorded 06/15/2004, in Document No. 20040615000323080, of the SHELBY County Records, title was conveyed from HPH PROPERTIES, LLC to REBECCA S. DEFLORA AND ANTHONY DEFLORA, WIFE AND HUSBAND, AS JOINT TENANTS, WITH RIGHT OF SURVIVORSHIP to the following described real estate:

SITUATED IN THE COUNTY OF SHELBY, STATE OF ALABAMA:

LOT 580, ACCORDING TO THE SURVEY OF LAKE FOREST, FIFTH SECTOR, AS RECORDED IN MAP BOOK 30, PAGE 25, IN THE PROBATE OFFICE OF SHELBY COUNTY, ALABAMA.

3. As evidenced by the certified copy of the death certificate attached, ANTHONY DEFLORA, is now deceased.
4. The purpose of this Affidavit is to transfer record title of the above described premises to the survivor, REBECCA S. DEFLORA.

Further, the Affiant sayeth naught.

AFFIANT:

Rebecca S. DeFlora
SIGN AND PRINT NAME

Rebecca S. DeFlora

Sworn to before me and subscribed in my presence this 25th day of June 2014 by
Rebecca S. DeFlora

Betty J. Austin
Notary Public Betty S. Austin

ALABAMA CERTIFICATE OF DEATH

101

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

County
File
Number

3.
6.
18.
20.
26.
27.
34.

| | | | | | |
|--|--|---|--|---|--|
| 1. DECEASED—NAME First Middle Last (Type last name of capital) Anthony T DEFLORA | | 2. DATE OF DEATH (Month, Day, Year) 4/20/2008 | | 3. COUNTY OF DEATH Shelby | |
| 4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Maylene 35114 | | 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) 1154 Eagle Drive | |
| 7. IF HOSPITAL, Specify (Hospital, Etc. or Outpatient, ETC.) No | | 8. OF HISPANIC ORIGIN (Specify Yes or No; If Yes, Specify Origin) No | | 9. RACE—(Specify American Indian, Black, White, etc.) White | |
| 10. SEX Male | | 11. AGE 69 | | 12. UNDER 1 YEAR AGE DAYS HOURS MIN December 15, 1938 | |
| 13. EDUCATION (Specify) (Elementary or High School (9-12) College (1-4 or 5-6) Graduate (7-8 or 9-12)) 3 | | 14. MARRIAGE STATUS (Specify Married, Never Married, Widowed, Divorced) Married | | 15. SURVIVING SPOUSE (If wife, give maiden name) Rebecca C. Clemons | |
| 16. STATE OF BIRTH (If not in USA, name country) New Jersey | | 17. RESIDENCE—STATE Alabama | | 18. COUNTY Shelby | |
| 19. CITY, TOWN, OR LOCATION AND ZIP CODE Maylene, AL. 35114 | | 20. INSIDE CITY LIMITS (Specify Yes or No) Yes | | 21. STREET AND NUMBER 1154 Eagle Drive | |
| 22. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Carpenter | | 23. KIND OF BUSINESS OR INDUSTRY Construction | | 24. MARRIAGE OF MOTHER—First Middle Last Teresa Galese | |
| 25. POSITION OF DEATH (Specify Burial, Cremation, Medical, Suspended, Hospital, Etc.) Burial | | 26. DATE OF DEPOSITION (Month, Day, Year) April 22, 2008 | | 27. CEMETERY OR CREMATOR—Name Southern Heritage | |
| 28. FUNERAL HOME—Name and Address 475 Cahaba Valley Rd. Pelham, AL 35124 | | 29. FUNERAL DIRECTOR—Signature <i>Randy Stone</i> | | 30. DATE SIGNED BY FUNERAL DIRECTOR May 1, 2008 | |
| 31. Certifying Physician (Physician certifying cause of death) "To the best of my knowledge death occurred at the date and place, and due to the causes and manner stated." Medical Examiner—Coroner "To the best of my examination and/or investigation, in my opinion, death occurred at the time, date, place, and due to the causes and manner stated." Signature <i>Susan M. Ferguson, MD</i> | | 32. DATE SIGNED (Month, Day, Year) April 28, 2008 | | 33. DATE AND TIME OF DEATH 12:40 AM 4-20-08 | |
| 34. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Name #) 1024 FIRST STREET NORTH ALABASTER, AL 35007 | | 35. CERTIFIED LICENSE NUMBER A64175 | | 36. DATE FILED (Month, Day, Year) MAY 9 2008 | |
| 37. REGISTRAR—Signature <i>Stephanie Adelson</i> | | 38. For State or County use only | | 39. For State or County use only | |

MEDICAL CERTIFICATION

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|--|--|--|--|
| 40. PART I. Cause of death (Specify cause of death; if multiple causes, list the underlying cause first, followed by the contributing causes in descending order of importance to the death.) PANCREATIC CANCER ST. IV | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 11 months | |
| 41. PART II. Other significant conditions contributing to death but not ranking in the underlying cause given in Part I. | | 42. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unknown) | |
| 43. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) Natural Causes | | 44. AUTOPSY (Specify Yes or No) No | |
| 45. HOW INJURY OCCURRED (Specify nature of injury in item 46, Part I or item 47, Part II) | | 46. DATE OF INJURY (Month, Day, Year) | |
| 47. PLACE OF INJURY (Specify if home, farm, street, factory, office building, etc.) | | 48. HOUR OF INJURY 11 | |

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

ADM-100 2/Rev. 11-03

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

Stephanie Adelson
Signature of Local Registrar

May 9, 2008
Date of Issue



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NAME OF DECEASED
ANTHONY DEFLORA