

20140806000243960 1/3 \$20.00  
Shelby Cnty Judge of Probate, AL  
08/06/2014 12:53:50 PM FILED/CERT

STATE OF AL  
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: ELIZABETH BRITTON
2. By virtue of instrument dated 04/22/1988, recorded 05/27/1988, in Volume 186, Page 597, of the SHELBY County Records, title was conveyed from BRENDA NASH, A DIVORCE WOMAN to LAWLER BRITTON AND WIFE, ELIZABETH BRITTON, AS JOINT TENANTS WITH RIGHT OF SURVIVORSHIP to the following described real estate:

SEE EXHIBIT A ATTACHED

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

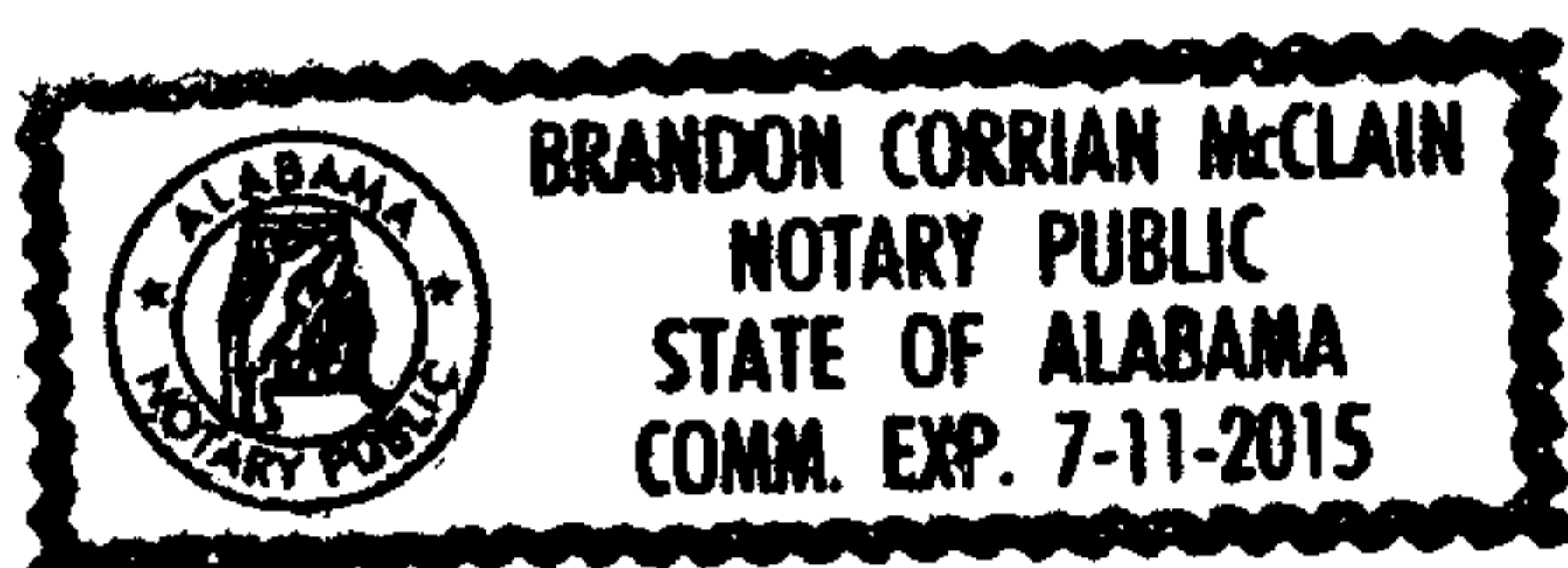
Further, the Affiant sayeth naught.

AFFIANT:

ELIZABETH BRITTON  
Elizabeth Britton  
SIGN AND PRINT NAME

Sworn to before me and subscribed in my presence this 23rd day of June, 2014 by  
Elizabeth Britton

Tim McClain  
Notary Public



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EXHIBIT A  
LEGAL DESCRIPTION

SITUATED IN THE COUNTY OF SHELBY, STATE OF ALABAMA:

TRACT NO. 5: COMMENCE AT THE NORTHEAST CORNER OF SECTION 35, TOWNSHIP 21 SOUTH, RANGE 1 WEST, SHELBY COUNTY, ALABAMA; THENCE PROCEED SOUTH 1 DEGREE 03 MINUTES WEST FOR A DISTANCE OF 1026.08 FEET TO THE POINT OF BEGINNING.

FROM THIS BEGINNING POINT CONTINUE SOUTH 1 DEGREE 03 MINUTES WEST FOR A DISTANCE OF 285 FEET; THENCE PROCEED NORTH 89 DEGREES 39 MINUTES EAST FOR A DISTANCE OF 277.25 FEET TO A POINT ON THE NORTHERLY BOUNDARY OF A SHELBY COUNTY ROAD; THENCE NORTH 65 DEGREES 33 MINUTES EAST ALONG THE NORTHERLY BOUNDARY OF SAID ROAD FOR A DISTANCE OF 201.26 FEET TO ITS POINT OF INTERSECTION WITH THE WESTERLY RIGHT OF WAY OF THE L & N RAILROAD; THENCE PROCEED NORTH 20 DEGREES 14 MINUTES WEST ALONG THE WESTERLY RIGHT OF WAY LINE OF SAID RAILROAD FOR A DISTANCE OF 205.60 FEET; THENCE PROCEED NORTH 88 DEGREES 57 MINUTES WEST FOR A DISTANCE OF 384.18 FEET TO THE POINT OF BEGINNING.

THE ABOVE DESCRIBED LAND IS LOCATED IN THE NORTHWEST ONE-FOURTH OF THE NORTHWEST ONE-FOURTH OF SECTION 36, TOWNSHIP 21 SOUTH, RANGE 1 WEST, SHELBY COUNTY, ALABAMA, AND CONTAINS 2.61 ACRES.

ALSO INCLUDING:

A NON-EXCLUSIVE EASEMENT FOR INGRESS AND EGRESS 30 FEET WIDE OVER AN EXISTING DRIVE LEADING FROM SHELBY COUNTY HIGHWAY NO. 78, ADJACENT TO WEST LINE OF THE ABOVE DESCRIBED PROPERTY.

TAX ID NO.: 21-7-36-2-001-025.001

PROPERTY COMMONLY KNOWN AS: 101 EUREKA ACRE ROAD, COLUMBIANA, AL 35051



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# ALABAMA

## Center for Health Statistics

### ALABAMA

### CERTIFICATE OF DEATH

00-008465

State File Number 101

County  
File  
NumberTYPE IN PERMANENT  
INK. DO NOT  
USE GROSS, RED, OR  
BLUE INK.

3. 059094  
6. 100  
19. 25  
20. 059094  
26.  
27.  
34. 59400

1. DECEASED—NAME First Middle Last (Type last name all capitals) <b>LAWLER BRITTON</b>			2. DATE OF DEATH (Month, Day, Year) <b>MARCH 12, 2000</b>		3. COUNTY OF DEATH <b>SHELBY</b>			
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE <b>ALABASTER 35007</b>			5. (INSIDE CITY LIMITS) (Specify Yes or No) <b>YES</b>		6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number) <b>SHELBY BAPTIST MEDICAL CENTER</b>			
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA) <b>ER</b>			8. OF HISPANIC ORIGIN (Specify Yes or No; If Yes, Specify Cuban, Mexican, Puerto Rican, etc.) <b>NO</b>		9. RACE—(Specify American Indian, Black, White, etc.) <b>BLACK</b>			
10. SEX <b>MALE</b>			11. AGE <b>72</b> YRS.		12. UNDER 1 YEAR MOS. DAYS HOURS MINS.			
13. DATE OF BIRTH (Month, Day, Year) <b>APRIL 29, 1927</b>			14. DECEASED'S SOCIAL SECURITY NUMBER <b>[REDACTED]</b>					
15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) <b>12th</b> College (1-4 or 5+) <b>[REDACTED]</b>			16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) <b>MARRIED</b>		17. SURVIVING SPOUSE (If wife, give maiden name) <b>IVY ELIZABETH MILLER</b>			
18. Was Decedent ever in Armed Forces (Specify Yes or No) <b>NO</b>								
19. STATE OF BIRTH (If not in USA, name country) <b>MISSISSIPPI</b>		20. RESIDENCE—STATE <b>ALABAMA</b>		21. COUNTY <b>SHELBY</b>		22. CITY, TOWN, OR LOCATION AND ZIP CODE <b>COLUMBIANA 35051</b>		
23. INSIDE CITY LIMITS (Specify Yes or No) <b>YES</b>		24. STREET AND NUMBER <b>101 EUREKA ACRE ROAD</b>		25. INFORMANT—Name and Address <b>MRS. IVY ELIZABETH BRITTON</b>			26. ADDRESS <b>101 EUREKA ACRE RD COLUMBIANA, AL 35051</b>	
27. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>(RETIRED) POLICE OFFICER</b>				28. KIND OF BUSINESS OR INDUSTRY <b>CHICAGO POLICE DEPARTMENT</b>				
29. FATHER—NAME First Middle Last <b>EDGAR BRITTON</b>			30. MOTHER—NAME First Middle Last <b>CLARA SWINNEY</b>					
31. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) <b>BURIAL</b>			32. DATE OF DISPOSITION (Month, Day, Year) <b>MAR 17, 2000</b>		33. CEMETERY OR CREMATORY—Name <b>COLUMBIANA CITY CEMETERY</b>		34. LOCATION—(City or Town—State) <b>COLUMBIANA, ALABAMA</b>	
35. FUNERAL HOME—Name and Address <b>WESTSIDE FUNERAL HOME</b>			36. FUNERAL DIRECTOR—Signature <i>[Signature]</i>		37. DATE SIGNED BY FUNERAL DIRECTOR <b>MAR 14, 2000</b>			
38. ADDRESS <b>POB 1827 CALERA, ALABAMA 35040</b>								
39. 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." <b>Medical Examiner</b> 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>			40. DATE SIGNED (Month, Day, Year) <b>March 12 2000</b>					
41. TIME AND DATE OF DEATH <b>06:55 March 12 2000</b>			42. DATE AND TIME PROCLAIMED DEAD (For Coroner/M.E. use only)		43. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (from 46) <b>Lloyd Bridges Jr MD</b>			
44. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (from 46) <b>1000 1st St N. Alabaster AL 35007</b>			45. CERTIFIER LICENSE NUMBER <b>9914</b>		46. DATE FILED (Month, Day, Year) <b>March 15, 2000</b>			
47. REGISTRAR—Signature <i>[Signature]</i>			48. For State or County use only					

#### MEDICAL CERTIFICATION

49. 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) → <b>Acute myocardial infarction</b>			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>4-6 hours</b>	
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. <b>Hypertension</b>				
DUE TO (OR AS A CONSEQUENCE OF):				
c. <b>Diabetes</b>				
DUE TO (OR AS A CONSEQUENCE OF):				
d. <b>Renal insufficiency</b>				
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) <b>Natural Cause</b>			50. AUTOPSY (Specify Yes or No) <b>No</b>	
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. INJURY AT WORK (Specify Yes or No)			55. PLACE OF INJURY—(Specify at home, farm, street, factory, office building, etc.)	
56. 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.

MAD 1 - 2mm

ADPH-HS 2/Rev. 11-93

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2014-293-426-4



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*Catherine M. Donald*

Catherine Molchan Donald  
State Registrar of Vital Statistics

June 27, 2014

NAME OF DECEASED Britton, Lawler

MAY

IN ALTERNATIONS VOID THIS DOCUMENT