

AFFIDAVIT OF HEIRSHIP

STATE OF ALABAMA
COUNTY OF SHELBY

Date: July 2, 2014

Deceased: COY HOYET BIDDIE a/k/a COY BIDDIE

Property address: 497 Biddie Lane
Alabaster, Alabama 35007

Commence at the Northeast corner of the Northeast Quarter of the Southeast Quarter of Section 15, Township 21 South, Range 3 West, Shelby County, Alabama, and run thence North 88 degrees 07 minutes 12 seconds West along the South line of said quarter-quarter a distance of 670.00 feet to a point; thence run North 00 degrees 24 minutes 34 seconds East a distance of 200.17 feet to a point; thence run North 88 degrees 07 minutes 12 seconds West a distance of 61.43 feet to a half inch steel rebar corner and the point of beginning of the property being described; thence run North 88 degrees 07 minutes 12 seconds West a distance of 514.19 feet to a one half inch steel rebar corner; thence run North 00 degrees 09 minutes 54 seconds East a distance of 475.64 feet to a one half inch steel rebar corner; thence run South 88 degrees 15 minutes 30 seconds East a distance of 514.19 feet to a one half inch steel rebar corner; thence run South 00 degrees 09 minutes 54 seconds a distance of 476.88 feet to the point of beginning, containing 5.6 acres, more or less.

Less and except the following:

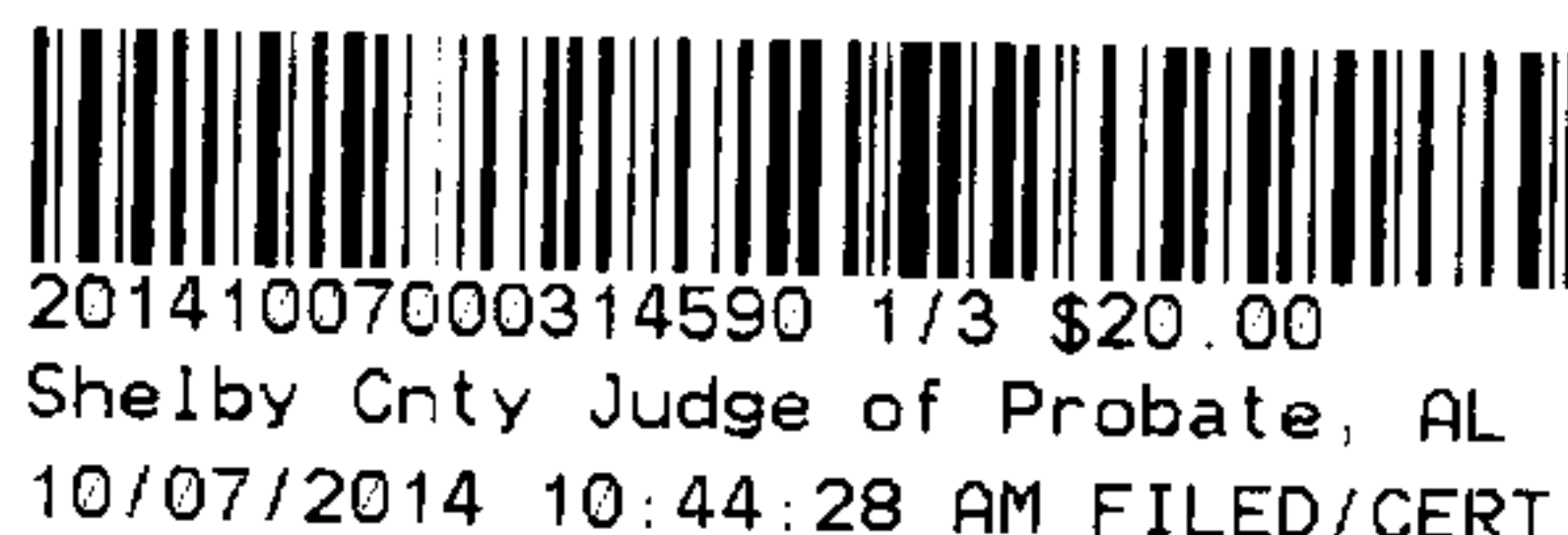
Commence at the Northeast corner of the Northeast Quarter of the Southeast Quarter of Section 15, Township 21 south, Range 3 West, Shelby County, Alabama and run thence S 00 degrees 24 minutes 34 seconds West along the East line of said quarter-quarter 678.76 feet to a point; Thence run N 88 degrees 15 minutes 30 seconds West, 1,148.09 feet to a rebar corner and the point of beginning of the property being described; Thence run S 00 degrees 06 minutes 51 seconds West, 475.61 feet to a rebar corner; Thence run N 88 degrees 07 minutes 12 seconds West, 100.00 feet to a rebar corner; Thence run North 00 degrees 06 minutes 47 seconds East, 475.30 feet to a rebar corner; Thence run South 88 degrees 17 minutes 55 seconds East, 100.00 feet the point of beginning, containing 1.09 acres, more or less.

Affiant: Diane Castelli

Affiant on oath swears that the following statements are true:

Affiant makes this affidavit in connection with the death and heirship of Deceased and particularly in connection with the property.

1. Coy Hoyet Biddie a/k/a Coy Biddie died intestate, on October 31, 2010, in Shelby County, Alabama. I know of no completed, pending, or contemplated administration of the estate of Coy Hoyet Biddie. A copy of his death certificate is attached hereto. Coy Hoyet Biddie and Coy Biddie is one and the same person.



2. Coy Hoyet Biddie resided in Shelby County prior to his death.

3. I knew Coy Hoyet Biddie for approximately 8 years prior to his death, as he was my Sister-in-Law's Father. I am not blood related to the Deceased and have no interest in the property described herein.

4. Coy Hoyet Biddie was married to Connie Biddie prior to his death. They divorced in 2007, and Coy Hoyet Biddie was not married at the time of his death and never remarried after his marriage to Connie Biddie. Coy Hoyet Biddie and Connie Biddie had six (6) children, namely, **SHELLEY BIDDIE LAMBERT, ELIZABETH BIDDIE KEETON, JOY LYNN BIDDIE, ANNA ROSE BIDDIE, BENJAMIN COY BIDDIE and ZACHARY ISAAC BIDDIE**. No children other than those named in this affidavit were born to Coy Hoyet Biddie or adopted by him.

5. The surviving children, **SHELLEY BIDDIE LAMBERT, ELIZABETH BIDDIE KEETON, JOY LYNN BIDDIE, ANNA ROSE BIDDIE, BENJAMIN COY BIDDIE and ZACHARY ISAAC BIDDIE**, are all over the age of twenty one (21) years and are of sound mind.

6. At the time of the death of Coy Hoyet Biddie, all debts and funeral expenses, if any, were paid in full.

Further, affiant saith not.

Diane Castello

State of Alabama

County of JEFFERSON

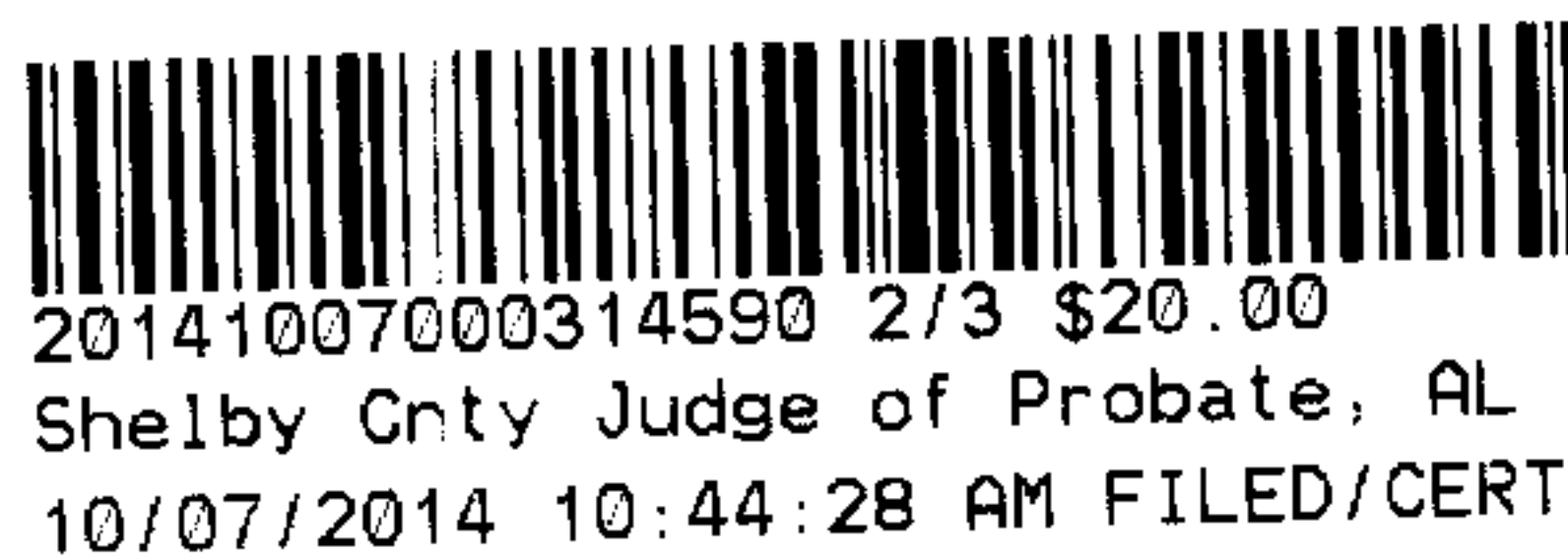
I, the undersigned a Notary Public in and for said County, in said State, hereby certify that DIANE CASTELLO whose name is signed to the foregoing affidavit and who is known to me, acknowledged before me on this day that being informed of the contents of this affidavit she/he executed the same voluntarily on the day the same bears date.

Given under my hand and seal this 2ND day of July, 2014.

Bohannan A. Roberts

Notary Public

My Commission Expires: 10-24-16



ALABAMA

Center for Health Statistics

ALABAMA

CERTIFICATE OF DEATH

10-39373

101

State File Number

County
File
Number

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

3. 059094
6. 100
19. 01
20. 059094
28. 59401

1. DECEASED—NAME First Middle Last (Type last name all capitals) Coy Hoyet BIDDIE			2. DATE OF DEATH (Month, Day, Year) October 31, 2010		3. COUNTY OF DEATH Shelby			
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Alabaster 35007			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) Shelby Baptist Medical Center			
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DCA) Inpatient			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 59 YRS.		12. UNDER 1 YEAR MOS. DAYS HOURS MINS.		13. DATE OF BIRTH (Month, Day, Year) July 19, 1951		14. DECEASED'S SOCIAL SECURITY NUMBER [REDACTED]		
15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (K-12) College (1-4 or 5+) 12			16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Divorced		17. SURVIVING SPOUSE (If wife, give maiden name)		18. Was Decedent ever in Armed Forces (Specify Yes or No) No	
19. STATE OF BIRTH (If not in USA, name country) Alabama			20. RESIDENCE—STATE Alabama		21. COUNTY Shelby		22. CITY, TOWN, OR LOCATION AND ZIP CODE Alabaster 35007	
23. INSIDE CITY LIMITS (Specify Yes or No) Yes		24. STREET AND NUMBER 497 Biddie Lane		25. INFORMANT—Name and Address Shelley Lambert 679 Brandy Dr; Trussville, AL 35173				
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Laborer				27. KIND OF BUSINESS OR INDUSTRY Construction				
28. FATHER—NAME First Middle Last Clarence Aubra Biddie			29. MAIDEN NAME OF MOTHER— First Middle Last Ruthie Mae Barnes					
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Cremation			31. DATE OF DISPOSITION (Month, Day, Year) 11/03/2010		32. CEMETERY OR CREMATORY—Name Abanks Crematory		33. LOCATION—(City or Town—State) Birmingham, AL	
34. FUNERAL HOME—Name and Address Rockco Funeral Home P.O. Box 647; Montevallo, AL 35115				35. FUNERAL DIRECTOR—Signature <i>[Signature]</i>		36. DATE SIGNED BY FUNERAL DIRECTOR 11/12/2010		
37. <input checked="" type="checkbox"/> 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: <i>N. Menta</i>						38. DATE SIGNED (Month, Day, Year) 11/5/2010		
39. TIME AND DATE OF DEATH 1356hr 10/31/10			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) NEERAJ MENTA, MD			
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) 1022 1st St N Ste 500 Alabaster AL 35007						43. CERTIFIER LICENSE NUMBER MD 27910		
44. REGISTRAR—Signature <i>Cathy Robb</i>						45. DATE FILED (Month, Day, Year) NOV 19, 2010		

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. IMMEDIATE CAUSE (Final disease or condition resulting in death) → HYPOXIC BRAIN INJURY			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
DUE TO (OR AS A CONSEQUENCE OF):					
DUE TO (OR AS A CONSEQUENCE OF):					
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. ESRD, COCAINE ABUSE			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 in 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.

NOV 22 2010

AOPH-HS 2/Rev. 11-83


This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2010-433-874-0

Catherine M. Donald

Catherine Molchan Donald

December 1, 2010

NAME OF DECEASED
Coy H Biddie

SSN: 
20141007000314590 3/3 \$20.00
Shelby Cnty Judge of Probate, AL
10/07/2014 10:44:28 AM FILED/CERT