

WARRANTY DEED RESERVING LIFE ESTATE

STATE OF ALABAMA

COUNTY OF Shelby


20141017000328590 1/5 \$138.00
Shelby Cnty Judge of Probate, AL
10/17/2014 09:14:19 AM FILED/CERT

KNOW ALL MEN BY THESE PRESENTS: That for and in consideration of the sum of TEN DOLLARS (\$10.00) and other good and valuable considerations paid to me by Harold O. McDonald, Jr. and Cheri L. Watkins, the receipt in full and sufficiency whereof is acknowledged, I, the undersigned, Thornie M. McDonald, widow of Harold Oliver McDonald, unmarried who certifies that the property conveyed hereby constitutes no part of her/spouse's homestead, do grant, bargain, sell and convey unto the said Harold O. McDonald, Jr. and Cheri L. Watkins, SUBJECT TO the reservation stated below, the following described real property, situated in Shelby County, Alabama, viz:

Real property described in Exhibit A, which is attached hereto and incorporated herein by reference.

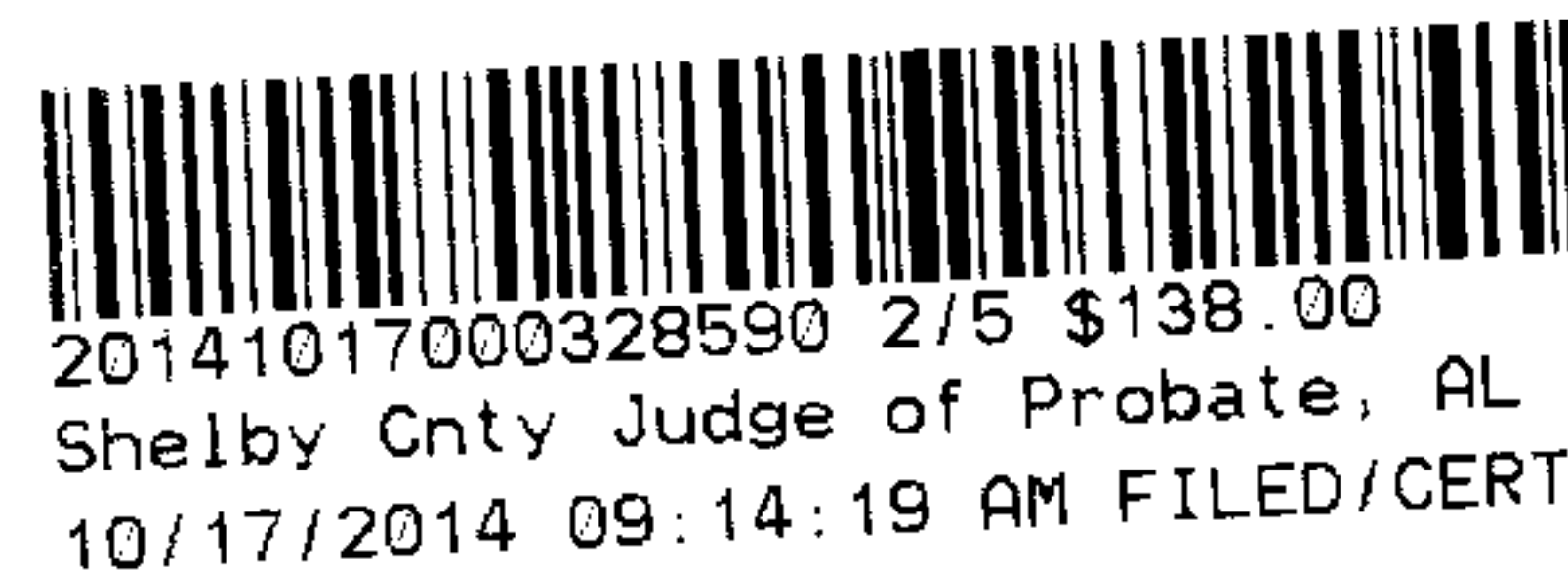
EXCEPT that, as to all of the above described property, I reserve a life estate, together with the right to use and occupy the same and collect the rents or other income therefrom so long as I shall live.

TO HAVE AND TO HOLD unto the said Harold O. McDonald, Jr. and Cheri L. Watkins, their heirs and assigns in fee simple, forever.

Shelby County, AL 10/17/2014
State of Alabama
Deed Tax: \$112.00

And I do, for myself and for my heirs, executors and administrators, covenant with the said Harold O. McDonald, Jr. and Cheri L. Watkins, their heirs and assigns, that I am lawfully seized in fee simple of said real property, and that it is free from all encumbrances; that I have a good right to sell and convey the same as aforesaid; that I will, and my heirs, executors and

Harold O. McDonald (SEAL)
..... (SEAL)



Grantee's Address

Harold O. McDonald, Jr.
2055 Village Lane
Calera, AL. 35040

Cheri L. Watkins
140 Chestnut Lane
Helena, AL. 35080

STATE OF ALABAMA

COUNTY OF Shelby

I, the undersigned authority, a Notary Public in and for said County, in said State, do hereby certify that Thornie M. McDonald whose name is signed to the foregoing conveyance and who is known to me, acknowledged before me on this day, that, being informed of the contents of the conveyance, she executed the same voluntarily on the day the same bears date.

Given under my hand and official seal, this 15 day of October, 2014.

Lindsay M. Mays
.....
Notary Public

MY COMMISSION EXPIRES NOVEMBER 15, 2017

This Instrument was Prepared By:

Harold O. McDonald, Jr.
2055 Village Lane
Calera, AL. 35040

who makes no representation as to
status of title or to matters which
would be disclosed by a current survey.

EXHIBIT A


20141017000328590 3/5 \$138.00
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Lot 1-A, Block 1, map of a Resurvey & Subdivision of Lots 1, 2, 3, 4, and 5, Block 1, according to the map of Stoneridge, as recorded in Map Book 6, page 153, in the Probate Office of Shelby County, Alabama, also a Resurvey of Lot 6-A, Block 1, according to the Resurvey of Lots 6, 7, 8, 9, and 10, Block 1, Stoneridge, as recorded in Map 7, page 118, in the Probate Office of Shelby County, Alabama, and amended & recorded in Map Book 7, page 153, in the Probate Office of Shelby County, Alabama.

Subject to easements and restrictions of record.

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

Peggy J. J. J.
Signature of Local or Deputy Registrar

March 24, 2006
Date of Issue



20141017000328590 4/5 \$138.00
Shelby Cnty Judge of Probate, AL
10/17/2014 09:14:19 AM FILED/CERT

ALABAMA

CERTIFICATE OF DEATH

State File Number **101**

County
File
Number —

1. DECEASED—NAME First Middle Last (Type last name all capitals) Harold Oliver McDONALD, SR.			2. DATE OF DEATH (Month, Day, Year) March 10, 2006		3. COUNTY OF DEATH Jefferson	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Birmingham			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) Saint Vincent's Hospital	
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA) Emergency Room			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 84 YRS.		12. UNDER 1 YEAR MOS. DAYS HOURS MINS.		13. DATE OF BIRTH (Month, Day, Year) October 6, 1921		
14. DECEASED'S SOCIAL SECURITY NUMBER [REDACTED]						
15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) College (1-4 or 5+) 1		16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married		17. SURVIVING SPOUSE (If wife, give maiden name) Thornie Mae Stone		
18. Was Decedent ever in Armed Forces (Specify Yes or No) Yes						
19. STATE OF BIRTH (If not in USA, name country) Alabama		20. RESIDENCE—STATE Alabama		21. COUNTY Jefferson		
22. CITY, TOWN, OR LOCATION AND ZIP CODE Birmingham 35242						
23. INSIDE CITY LIMITS (Specify Yes or No) Yes		24. STREET AND NUMBER 3000 Old Stone Drive		25. INFORMANT—Name and Address Thornie McDonald 3000 Old Stone Drive, Birmingham, AL35242		
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Transporation Coordinator			27. KIND OF BUSINESS OR INDUSTRY Railroad			
28. FATHER—NAME First Middle Last Melvin McDonald			29. MAIDEN NAME OF MOTHER— First Middle Last Elma Chandler			
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial		31. DATE OF DISPOSITION (Month, Day, Year) March 13, 2006		32. CEMETERY OR CREMATORY—Name Southern Heritage		
33. LOCATION—(City or Town—State) Pelham, Alabama						
34. FUNERAL HOME—Name and Address Southern Heritage 475 Cahaba Valley Rd.; Pelham, AL 35124			35. FUNERAL DIRECTOR—Signature <i>Douglas Shasrock</i>		36. DATE SIGNED BY FUNERAL DIRECTOR 3-21-06	
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 <i>John R. Crawford</i> Signature: <i>John R. Crawford</i>					38. DATE SIGNED (Month, Day, Year) 3-16-06	
39. TIME AND DATE OF DEATH 4:20 PM Mar 10, 2006			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) John Crawford, MD	
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) 810 St. Vincent's Drive Emergency Dept Birmingham, AL 35205					43. CERTIFIER LICENSE NUMBER 13521	
44. REGISTRAR—Signature <i>Sherry L. Myers</i> For State or County use only					45. DATE FILED (Month, Day, Year) March 23, 2006	

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. Respiratory Failure DUE TO (OR AS A CONSEQUENCE OF):				
b. Cardiac arrest 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 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) 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 M.
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)	

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

ANY ALTERATIONS VOID THIS DOCUMENT

SSN:

Harold McDonald

NAME OF DECEASED

Real Estate Sales Validation Form

This Document must be filed in accordance with Code of Alabama 1975, Section 40-22-1

Grantor's Name THORNE M. McDONALD
Mailing Address 3000 OLD STONE DRIVE
BIRMINGHAM
ALABAMA 35242

Grantee's Name HAROLD O. McDONALD, JR. + CHERIE L. WATKINS
Mailing Address 2055 VILLAGE LANE
CALEBA, AL 35040
140 CHESTNUT LANE

Property Address 3000 OLD STONE DRIVE
BIRMINGHAM
ALABAMA 35242

Date of Sale 10/15/2014
Total Purchase Price \$

or
Actual Value \$

or
Assessor's Market Value \$ 112,000.00

The purchase price or actual value claimed on this form can be verified in the following documentary evidence: (check one) (Recordation of documentary evidence is not required)

☐ Bill of Sale
☐ Sales Contract
☐ Closing Statement

☐ Appraisal
☒ Other ASSESSOR'S RECORDS

If the conveyance document presented for recordation contains all of the required information referenced above, the filing of this form is not required.

Instructions

Grantor's name and mailing address - provide the name of the person or persons conveying interest to property and their current mailing address.

Grantee's name and mailing address - provide the name of the person or persons to whom interest to property is being conveyed.

Property address - the physical address of the property being conveyed, if available.

Date of Sale - the date on which interest to the property was conveyed.

Total purchase price - the total amount paid for the purchase of the property, both real and personal, being conveyed by the instrument offered for record.

Actual value - if the property is not being sold, the true value of the property, both real and personal, being conveyed by the instrument offered for record. This may be evidenced by an appraisal conducted by a licensed appraiser or the assessor's current market value.

If no proof is provided and the value must be determined, the current estimate of fair market value, excluding current use valuation, of the property as determined by the local official charged with the responsibility of valuing property for property tax purposes will be used and the taxpayer will be penalized pursuant to Code of Alabama 1975 § 40-22-1 (h).

I attest, to the best of my knowledge and belief that the information contained in this document is true and accurate. I further understand that any false statements claimed on this form may result in the imposition of the penalty indicated in Code of Alabama 1975 § 40-22-1 (h).

Date

Print

 Unattested

Sign

(verified by)

(~~Grantor~~/Grantee/Owner/Agent) circle one


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