

This instrument was prepared by:
Law Offices of Lauren Sonnier, PLLC
(without benefit of title search)
P. O. Box 1516
Ocean Springs, MS 39566
228-327-1424
201408-199

Send tax notice to:

WARRANTY DEED

20141024000336280
10/24/2014 09:41:54 AM
DEEDS 1/5

STATE OF ALABAMA
COUNTY OF SHELBY

KNOW ALL MEN BY THESE PRESENTS:

That in consideration of Ten Dollars (\$10.00), and other valuable consideration to the undersigned grantor (whether one or more), in hand paid by the grantee herein, the receipt whereof is hereby acknowledged, I or we, DORIS T. LOVETT, a single woman, and DONNA L. HAYES f/k/a DONNA L. CAPPS, a single woman, surviving Joint Tenants of THOMAS S. LOVETT, deceased (herein referred to as grantor, whether one or more), do warrant, grant, bargain, sell and convey unto, DORIS T. LOVETT, a single woman, and DONNA L. HAYES, a single woman, as Joint Tenants with Rights of Survivorship (herein referred to as grantee, whether one or more) the following described real estate, situated in SHELBY County, Alabama, to-wit:

TRACT 1:

Lot 1504, according to the Survey of Brook Highland, 15th Sector, an Eddleman Community, as recorded in Map Book 26, Page 114, in the Probate Office of Shelby County, Alabama.

AND BEING the same property conveyed from Eddleman Properties, Inc., an Alabama corporation, to Thomas S. Lovett, Doris T. Lovett, and Donna L. Capps, as joint tenants with right of survivorship, by Statutory Warranty Deed recorded March 23, 2000, as/in Instrument No. 2000-09286, of Official Records.

TRACT 2:

A part of Lot 1505 in Brook Highland 15th Sector an Eddleman Community, as recorded in Map Book 26, Page 114 in the Office of the Judge of Probate, Shelby County, Alabama, being more particularly described as follows:

Begin at the Northernmost corner of said Lot 1505; thence run in a Southwesterly direction along the Northwest line of said Lot 1505 for a distance of 103.01 feet to a point on a curve to the right having a central

angle of 18 degrees, 09 minutes, 47 seconds and a radius of 55.00 feet, said point being on the Northeast right of way line of Chippenham Circle; thence turn an angle to the tangent of said curve to the left of 90 degrees, 00 minutes, 00 seconds and run in a Southeasterly direction along the arc of said curve and also along said Northeast right of way line for a distance of 17.44 feet to a point; thence turn an angle from the chord of last stated curve to the left of 108 degrees, 17 minutes, 24 seconds and run in a Northeasterly direction for a distance of 107.13 feet to the point of beginning; said part of Lot 1505 containing 915 square feet, more or less.

AND BEING the same property conveyed from Leonard R. Albrecht and spouse, Earlene L. Albrecht, to Doris T. Lovett and Donna L. Capps, as joint tenants with the right of survivorship, by Statutory Warranty Deed recorded July 18, 2003, as/in Instrument No. 20030718000458390, of Official Records.

Property Address: 3388 Chippenham Circle, Birmingham, Alabama 35242
Tax ID/Parcel No.: 03 9 30 0 002 001.217

A copy of the Death Certificate of Thomas S. Lovett is attached hereto.

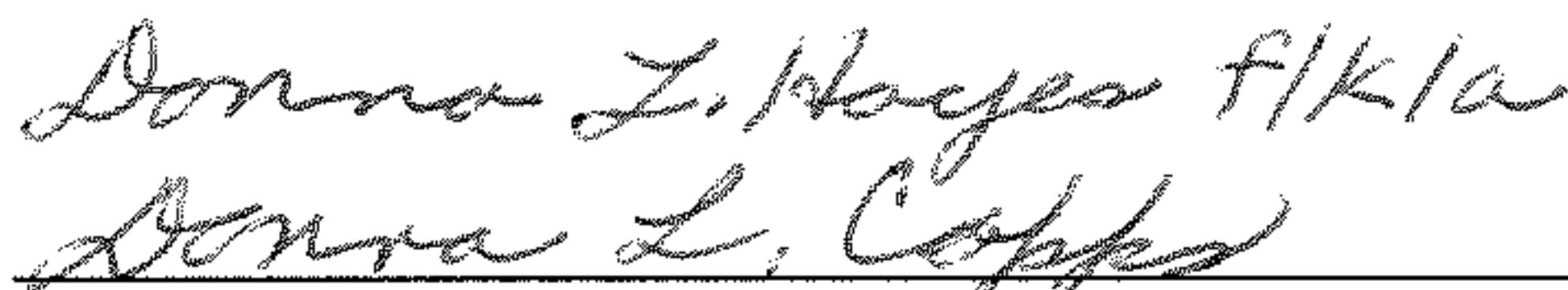
TO HAVE AND TO HOLD to the said grantee, his, her or their heirs and assigns forever.

This Conveyance is made subject to covenants, restrictions, reservations and easements heretofore imposed upon the subject property of record.

And I (we) do, for myself (ourselves) and for my (our) heirs, executors and administrators, covenant with said grantee, his, her or their heirs and assigns, that I am (we are) lawfully seized in fee simple of said premises; that they are free from all encumbrances, unless otherwise stated above; that I (we) have a good right to sell and convey the same as aforesaid; that I (we) will, and my (our) heirs, executors and administrators shall warrant and defend the same to the said grantee, his, her, or their heirs and assigns forever, against the lawful claims of all persons.

IN WITNESS WHEREOF, I (we) have hereunto set my (our) hand(s) and seal(s)
this 11th day of ~~September~~ October, 2014.


DORIS T. LOVETT


DONNA L. HAYES f/k/a DONNA L. CAPPS

Grantor Address:
3388 Chippenham Circle
Birmingham, AL 35242

Grantee Address:
3388 Chippenham Circle
Birmingham, AL 35242

STATE OF ALABAMA

COUNTY OF Shelby

I, the undersigned, a Notary Public, in and for said County in said State, hereby certify that DORIS T. LOVETT, 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 this the 11th day of October, 2014.


Bonita Y. Stewart
Print Name: Bonita Y. Stewart

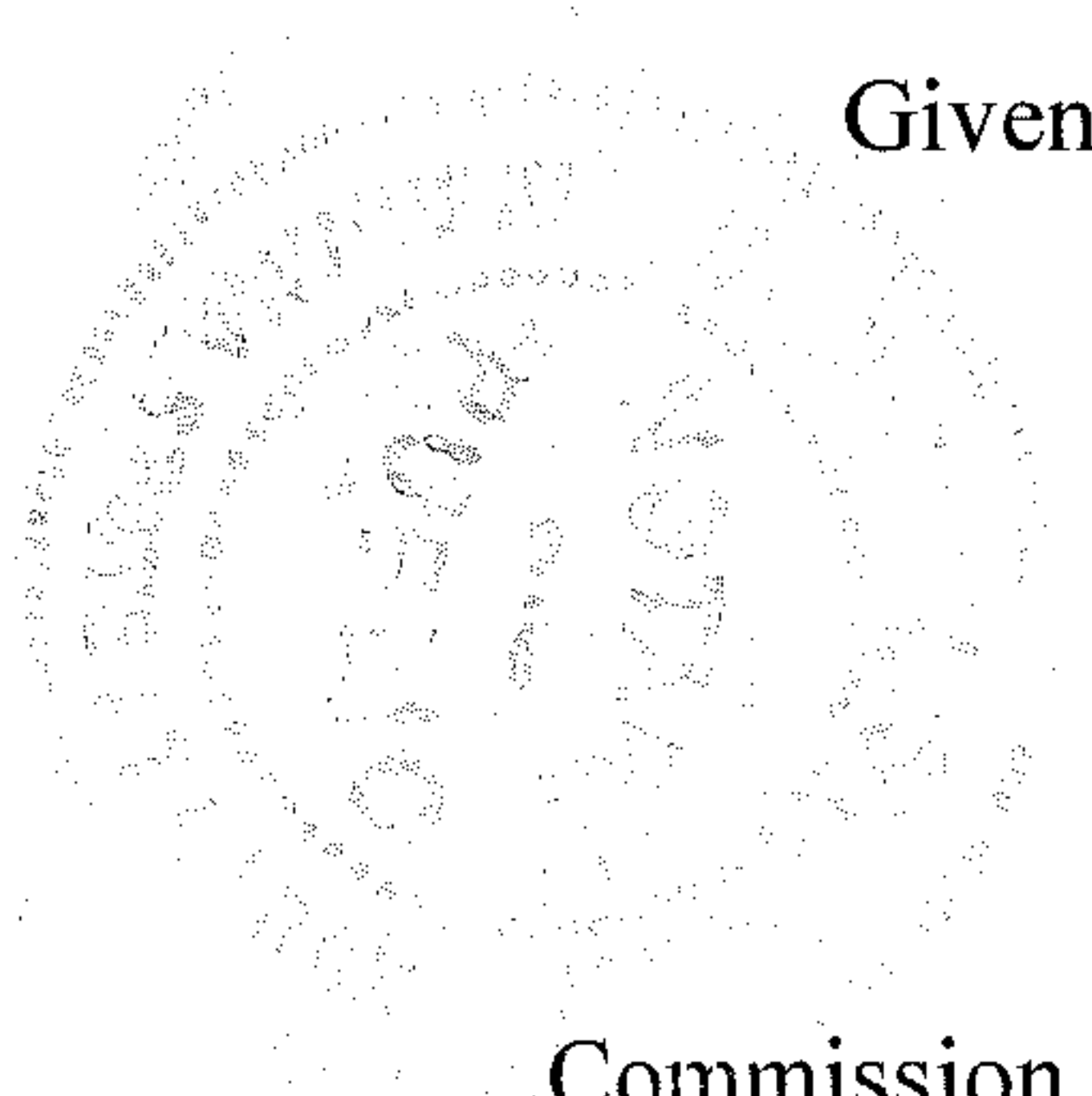
Commission Expires: 4/16/17

STATE OF ALABAMA

COUNTY OF Shelby

I, the undersigned, a Notary Public, in and for said County in said State, hereby certify that DONNA L. HAYES f/k/a DONNA L. CAPPS, 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 this the 11th day of October, 2014.


Bonita Y. Stewart
Print Name: Bonita Y. Stewart

Commission Expires: 4/16/17

ALABAMA

Center for Health Statistics

20141024000336280 10/24/2014 09:41:54 AM DEEDS 4/5

ALABAMA**CERTIFICATE OF DEATH**

0001-028093

State File Number 101

County
File
NumberTYPE IN PERMANENT
BLACK INK. DO NOT
USE GREEN, RED, OR
BLUE INK.3. 037020
6. 112
19. 01
20. 037020
26.
27.
34. 37400

1. DECEASED—NAME First Middle Last (Type last name all capitals) Thomas Spruell LOVETT				2. DATE OF DEATH (Month, Day, Year) August 19, 2001		3. COUNTY OF DEATH Jefferson	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Birmingham 35213				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) Baptist Montclair Hospital	
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA) 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 73 YRS.		12. UNDER 1 YEAR MOS.		13. DATE OF BIRTH (Month, Day, Year) January 3, 1928		14. DECEASED'S SOCIAL SECURITY NUMBER [REDACTED]	
15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) 12		16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married		17. SURVIVING SPOUSE (If wife, give maiden name) Doris Towery		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 3388 Chippenham Circle		25. INFORMANT—Name and Address Doris T. Lovett Birmingham, AL 35242			
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Sales Representative				27. KIND OF BUSINESS OR INDUSTRY Pipe & Supply Co.			
28. FATHER—NAME First Middle Last Thomas E. Lovett				29. MAIDEN NAME OF MOTHER—First Middle Last Willie Mae Spruell			
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial		31. DATE OF DISPOSITION (Month, Day, Year) Aug. 22, 2001		32. CEMETERY OR CREMATORY—Name Jefferson Memorial East		33. LOCATION—(City or Town—State) Birmingham, AL	
34. FUNERAL HOME—Name and Address Jefferson Memorial F.H. 1591 Gadsden Hwy, Birmingham, AL 35235				35. FUNERAL DIRECTOR—Signature D.B. Williams		36. DATE SIGNED BY FUNERAL DIRECTOR Aug. 31, 2001	
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 (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: W.P. Owen MD						38. DATE SIGNED (Month, Day, Year) 8-23-01	
39. TIME AND DATE OF DEATH 1:52 P 8-19-01		40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only)		41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 48) W.P. OWEN MD			
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 48) 152 P 8-19-01 840 Montclair Rd Bham, AL 35213				43. CERTIFIER LICENSE NUMBER 5364			
44. REGISTRAR—Signature Sherry L. Myers				45. DATE FILED (Month, Day, Year) September 4, 2001			

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) → a. <u>Respiratory Insuff.</u> DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF):		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Months	
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		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 48, 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)			

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

ADPH-HS 2/Rev. 11-93

SEP 06 2001

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2014-378-538-6

Catherine M. Donald

Catherine Molchan Donald
State Registrar of Vital Statistics

September 12, 2014

ANY ALTERATIONS VOID THIS DOCUMENT

ANY ALTERATIONS VOID THIS DOCUMENT

NAME OF DECEASED
Thomas Lovett

SSN

39-8-19-01 per dr.

2001 24707

SU

8-24
9-5-01

Real Estate Sales Validation Form

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

Grantor's Name DORIS T. Lovett + Donna L. Capps
Mailing Address 3388 Chippenham Circle
Birmingham, AL 35242

Grantee's Name DORIS T. Lovett + Donna L. Hayes
Mailing Address 3388 Chippenham Circle
Birmingham, AL 35242

Property Address 3388 Chippenham Circle
Birmingham, AL 35242

Date of Sale October 11, 2014
Total Purchase Price \$ 10.00

or
Actual Value \$ 65,200.00

or
Assessor's Market Value \$ _____

20141024000336280 10/24/2014

09:41:54 AM DEEDS 5/5

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 Deed to Perfect Title

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 10/24/14

Print Melinda Alban

Unattested _____
(verified by)

Sign Melinda Alban
(Grantor/Grantee/Owner/Agent) circle one



Filed and Recorded
Official Public Records
Judge James W. Fuhrmeister, Probate Judge,
County Clerk
Shelby County, AL
10/24/2014 09:41:54 AM
\$27.00 CHERRY
20141024000336280

[Signature]

Form RT-1