STATE OF AL)
COUNTY OF ~~Jefferson~~) 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: Catherine S. Copeland

2. By virtue of instrument dated 03/19/1999, recorded 03/23/1999, in Volume 1999, Page 12037, of the SHELBY County Records, title was conveyed from JULIE ANN O'BRIEN LUCAS, A SINGLE INDIVIDUAL to MICHAEL BRYAN TINDOL and CATHERINE S. TINDOL, HUSBAND AND WIFE, FOR AND DURING THEIR JOINT LIVES to the following described real estate:

SITUATE IN THE COUNTY OF SHELBY, STATE OF ALABAMA:

LOT 11 BLOCK 1 ACCORDING TO THE SURVEY OF INDIAN VALLEY FIRST SECTOR AS RECORDED IN MAP BOOK 5 PAGE 43 IN THE PROBATE OFFICE OF SHELBY COUNTY ALABAMA.

3. As evidenced by the certified copy of the death certificate attached, MICHAEL BRYAN TINDOL, is now deceased.

4. The purpose of this Affidavit is to transfer record title of the above described premises to the survivor, CATHERINE S. TINDOL.

Further, the Affiant sayeth naught.

AFFIANT:

Catherine Copeland
SIGN AND PRINT NAME Catherine Copeland

Sworn to before me and subscribed in my presence this 5 day of December, 2014

by AL DL.

MY COMMISSION EXPIRES August 10, 2018

Notary Public

20141208000384490 1/2 $17.00
Shelby Cnty Judge of Probate, AL
12/08/2014 10:48:59 AM FILED/CERT

H105.905 REV.(09/00)

This is to certify that this is a true copy of the record which is on file in the Pennsylvania Division of Vital Records in accordance with Act 66, P.L. 304, approved by the General Assembly, June 29, 1953.

WARNING: It is illegal to duplicate this copy by photostat or photograph.

Robert S. Zimmerman, Jr.

Robert S. Zimmerman, Jr., MPH
Secretary of Health

COMMONWEALTH OF PENNSYLVANIA ★ DEPARTMENT OF HEALTH ★

Charles Hardester

Charles Hardester
State Registrar

1223292
No.

NOV 13 2000
Date

20141208000384490 2/2 $17.00
Shelby Cnty Judge of Probate, AL
12/08/2014 10:48:59 AM FILED/CERT

H105 :43 Rev 2/87

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS

CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT (First, Middle, Last): Michael Bryan Tindol	2. SEX: Male	3. SOCIAL SECURITY NUMBER: [redacted]	4. DATE OF DEATH (Month, Day, Year): October 31, 2000	
5. AGE (Last Birthday): 44 Yrs.	UNDER 1 YEAR: Months / Days	UNDER 1 DAY: Hours / Minutes	6. DATE OF BIRTH (Month, Day, Year): 10/24/1956	7. BIRTHPLACE (City and State or Foreign Country): England

8a. PLACE OF DEATH (Check only one -- see instructions on other side): HOSPITAL: Inpatient [X] ER/Outpatient [ ] DOA [ ] | OTHER: Nursing Home [ ] Residence [ ] Other (Specify) [ ]

8b. COUNTY OF DEATH: Allegheny	8c. CITY, BORO, TWP OF DEATH: Pittsburgh	8d. FACILITY NAME (If not institution, give street and number): University of Pittsburgh Medical Center	WAS DECEDENT OF HISPANIC ORIGIN? No [X] Yes [ ] If yes, specify Cuban, Mexican, Puerto Rican, etc	10. RACE - American Indian, Black, White, etc (Specify): White
11a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life; do not use retired): Doctor	11b. KIND OF BUSINESS/INDUSTRY: Medical	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes [ ] No [X]	13. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): / College (1-4 or 5+): 5+	14. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married

15. SURVIVING SPOUSE (If wife, give maiden name): Catherine Senn

16. DECEDENT'S MAILING ADDRESS (Street, City/Town, State, Zip Code): 2449 Vale Drive Birmingham, AL 35244

17a. DECEDENT'S ACTUAL RESIDENCE (See instructions on other side) State: Alabama — Did decedent live in a township? 17b. County: Shelby — 17c. [ ] Yes, decedent lived in _____ [ ] No, decedent lived within actual limits of: Birmingham

18. FATHER'S NAME (First, Middle, Last): Maxwell Tindol

19. MOTHER'S NAME (First, Middle, Maiden Surname): Jeanette Hardwick

20a. INFORMANT'S NAME (Type/Print): Catherine Tindol

20b. INFORMANT'S MAILING ADDRESS (Street, City/Town, State, Zip Code): 2449 Vale Drive Birmingham, Alabama 35244

DISPOSITION

21a. METHOD OF DISPOSITION: Burial [X] Cremation [ ] Removal from State [X] Donation [ ] Other (Specify) [ ]

21b. DATE OF DISPOSITION (Month, Day, Year): 11/4/2000

21c. PLACE OF DISPOSITION - Name of Cemetery, Crematory or Other Place: Waters Cemetery

21d. LOCATION - City/Town, State, Zip Code: Enterprise, Alabama

22a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Edward O. McCabe

22b. LICENSE NUMBER: FD-009936-L

22c. NAME AND ADDRESS OF FACILITY: McCabe Bros, Inc.-5300 Penn Ave.-Pgh, PA 15224

PRONOUNCING PHYSICIAN ONLY (See definition on other side)

Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death.

23a. To the best of my knowledge, death occurred at the time, date and place stated. (Signature and Title): [signature] MD

23b. LICENSE NUMBER: MT 046600T

23c. DATE SIGNED (Month, Day, Year): October 31, 2000

Items 24-26 must be completed by person who pronounces death.

24. TIME OF DEATH: 4:28 A M.

25. DATE PRONOUNCED DEAD (Month, Day, Year): October 31, 2000

26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? Yes [ ] No [X]

CAUSE OF DEATH (See instructions on other side)

27. PART I: Enter the diseases, injuries or complications which 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.	ARDS Respiratory Distress Syndrome	36 Hrs
Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A CONSEQUENCE OF): Septic Shock	36 Hrs
	c. DUE TO (OR AS A CONSEQUENCE OF): End Stage Liver Disease	11 months
	d. DUE TO (OR AS A CONSEQUENCE OF): ACUTE RENAL FAILURE	14 DAY

PART II: Other significant conditions contributing to death, but not resulting in the underlying cause given in PART I.

Human Immunodeficiency Virus
Hemophilia

28a. WAS AN AUTOPSY PERFORMED? Yes [ ] No [X]

28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Yes [ ] No [X]

29. MANNER OF DEATH: Natural [X] Homicide [ ] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined [ ]

30a. DATE OF INJURY (Month, Day, Year)

30b. TIME OF INJURY M.

30c. INJURY AT WORK? Yes [ ] No [ ]

30d. DESCRIBE HOW INJURY OCCURRED

30e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)

30f. LOCATION (Street, City/Town, State)

CERTIFIER (See definitions on Other side)

CERTIFIER (Check only one)

*CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated. [ ]

*PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying to cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. [X]

*MEDICAL EXAMINER/CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. [ ]

31a. SIGNATURE AND TITLE OF CERTIFIER: [signature] MD

31b. LICENSE NUMBER: MT 046600T

31c. DATE SIGNED (Month, Day, Year): October 31, 2000

32. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 27) Type or Print: Luis M. Camba MD, University of Pittsburgh Medical Center, 200 Lothrop St, Pittsburgh, Pennsylvania 15213-2582

33. REGISTRAR'S SIGNATURE AND NUMBER: Margaret E. Joyce 02037

34. DATE FILED (Month, Day, Year): 11-1-2000

NAME OF DECEDENT: Michael Tindol

ALIAS USED: 01