

STATE OF Alabama
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: Sylvia Isbell Dorough
2. By virtue of instrument dated 10/21/1974, recorded 10/21/1974, in Volume 289, Page 295, of the SHELBY County Records, title was conveyed from WILSON ALEXANDER, DBA ALEXANDER REALTY CO, WILSON ALEXANDER HUSBAND AND JOAN ALEXANDER, WIFE TO JAMES C. DOROUGH AND WIFE, SYLVIA ISBELL DOROUGH, FOR AND DURING THEIR JOINT LIVES AND UPON THE DEATH OF EITHER OF THEM, THE TO THE SURVIVOR OF THEM to the following described real estate:

SITUATE IN SHELBY COUNTY, STATE OF ALABAMA:

FROM THE NORTHWEST CORNER OF THE SW 1/4 OF THE SW 1/4 OF SECTION 26, TOWNSHIP 19 SOUTH, RANGE 1 WEST, RUN EAST ALONG THE NORTH BOUNDARY OF SAID 1/4 1/4 A DISTANCE OF 185.19 FEET TO THE POINT OF BEGINNING; THENCE RIGHT 91 DEGREES 13 MINUTES 28 SECONDS A DISTANCE OF 911.28 FEET; THENCE LEFT 122 DEGREES 39 MINUTES 18 SECONDS ALONG THE ROW OF A PAVED ROAD A DISTANCE OF 237.45 FEET; THENCE LEFT 57 DEGREES 20 MINUTES 42 SECONDS A DISTANCE OF 787.43 FEET; THENCE LEFT 91 DEGREES 13 MINUTES 28 SECONDS A DISTANCE OF 200.04 FEET TO THE POINT OF BEGINNING. LESS AND EXCEPT THAT PART OCCUPIED BY THE RIGHT OF WAY OF SAID ROAD.

3. As evidenced by the certified copy of the death certificate attached, JAMES C. DOROUGH, is now deceased.
4. The purpose of this Affidavit is to transfer record title of the above described premises to the survivor, SYLVIA ISBELL DOROUGH.

Further, the Affiant sayeth naught.

AFFIANT:

Sylvia Isbell Dorough
SIGNATURE

Sworn to before me and subscribed in my presence this 8 day of January,

2015 by Elise Carr

Elise Carr
Notary Public

BBVA COMPASS
104 Inverness Plz
Birmingham, AL
35242



20150109000009280 1/2 \$19.00
Shelby Cnty Judge of Probate, AL
01/09/2015 10:12:23 AM FILED/CERT

ALABAMA

CERTIFICATE OF DEATH

TYPE IN PERMANENT
BLACK INK. DO NOT
USE GREEN, RED, OR
BLUE INK.County
File
Number —

State File Number 101

1. DECEASED—NAME First Middle Last (Type last name all capitals) James Crawford DOROUGH			2. DATE OF DEATH (Month, Day, Year) June 28 2008		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) 182 Lake Forrest Way		
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA) No			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. 3 DAYS 3 HOURS 3 MINS.		13. DATE OF BIRTH (Month, Day, Year) July 24 1934		14. DECEASED'S SOCIAL SECURITY NUMBER [REDACTED]		
15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) 3 College (1-4 or 5-+)			16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married		17. SURVIVING SPOUSE (If wife, give maiden name) Sylvia Isbell		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 AL		21. COUNTY Shelby		22. CITY, TOWN, OR LOCATION AND ZIP CODE Chelsea 35043	
23. INSIDE CITY LIMITS (Specify Yes or No) Yes		24. STREET AND NUMBER 1036 County Road 39			25. INFORMANT—Name and Address Sylvia Dorough PO Box 47 Chelsea, Alabama 35043			
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Postal Worker				27. KIND OF BUSINESS OR INDUSTRY Government				
28. FATHER—NAME First Middle Last James Otis Dorough				29. MAIDEN NAME OF MOTHER—First Middle Last Cludie Webber				
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial		31. DATE OF DISPOSITION (Month, Day, Year) July 2, 2008		32. CEMETERY OR CREMATORY—Name Liberty Church Cemetery		33. LOCATION—(City or Town—State) Chelsea, AL		
34. FUNERAL HOME—Name and Address Bolton-Letlow Funeral Home 207 Highway 47 South Columbiana AL 35051				35. FUNERAL DIRECTOR—Signature <i>Donna M. Bearden</i>		36. DATE SIGNED BY FUNERAL DIRECTOR July 9, 2008		
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: <i>Donna M. Bearden, MD</i>						38. DATE SIGNED (Month, Day, Year) July 3, 2008		
39. TIME AND DATE OF DEATH 6/28/08 11:50AM		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) Donna M. Bearden, MD				
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) 1530 3rd AVE S. CHIRM 219 Birmingham, AL 35294						43. CERTIFIER LICENSE NUMBER AL14106		
44. REGISTRAR—Signature <i>Shula Keller</i>						45. DATE FILED (Month, Day, Year) July 10, 2008		

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. Esophageal cancer			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
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):					
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)		
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)	

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

ADPH-HS 2/Rev. 11-93

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

Signature of Local Registrar

Date of Issue

20150109000009280 2/2 \$19.00
Shelby Cnty Judge of Probate, AL
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