

20150504000144790  
05/04/2015 11:27:25 AM  
AFFID 1/3

Prepared by and after recording return )  
to: )  
Name: TerraTitle, LLC )  
Address: 7601 Paragon Road - #105 )  
City, State, Zip: Centerville, Ohio 45459 )

-----Above This Line Reserved For Official  
Use Only-----

Tex-1504035

**AFFIDAVIT OF DEATH**


STATE OF OHIO  
COUNTY OF MONTGOMERY

Angela L. Ward, Vice President and Licensed Agent for TerraTitle, LLC, of legal age, being first duly sworn, deposes and says: That Martha B. Allison, the decedent named in the attached copy of Certificate of Death, is the same person as Martha B. Allison, named as one of the parties in that certain Deed dated 04/25/96, executed by D. R. Horton, Inc. (Grantor), to Charles W. Allison and wife, Martha B. Allison, recorded in Instrument Number 1996-15329, on 05/09/96 in the Office of the Judge of Probate of Shelby County, Alabama, covering the following described property situated in the said County, State of Alabama:

See Exhibit "A" attached hereto and incorporated herein by reference.

Affiant knows that Fidelity National Title Group, its affiliates and their respective underwriters (hereinafter, "Title Company") are relying on the statements contained herein to be true and correct and without the true facts contained herein said Title Company its affiliates and their respective underwriters would not issue its policy.


FURTHER AFFIANT SAYETH NOT.

  
ANGELA L. WARD VP, LICENSED AGENT  
TERRATITLE, LLC  
AFFIANT

Subscribed, sworn, and acknowledged before me this 29th day of April, 2015, by ANGELA L. WARD, VP and LICENSED AGENT for TERRATITLE, LLC, AFFIANT.



AMBER C. SCOTT, Notary Public  
In and for the State of Ohio  
My Commission Expires July 18, 2016

  
NOTARY PUBLIC COMMISSIONED  
FOR SAID COUNTY AND STATE

**20150504000144790 05/04/2015 11:27:25 AM AFFID 2/3**  
**EXHIBIT "A"**  
**LEGAL DESCRIPTION**

**SITUATE IN THE COUNTY OF SHELBY AND STATE OF ALABAMA:**

**BEING LOT TWELVE (12) ACCORDING TO THE SURVEY OF LENOX PLACE, PHASE TWO, AS RECORDED IN MAP BOOK 19, PAGE 157, IN THE PROBATE OFFICE OF SHELBY COUNTY, ALABAMA.**

**SUBJECT TO ALL EASEMENTS AND RESTRICTIONS OF RECORD.**

**PARCEL NUMBER: 039310006012000**

**COMMONLY KNOWN AS: 189 LENOX DRIVE, BIRMINGHAM, ALABAMA 35242**



# ALABAMA

## CERTIFICATE OF DEATH

State File Number **101**TYPE IN PERMANENT  
BLACK INK. DO NOT  
USE GREEN, RED, OR  
BLUE INK.County  
File  
Number

1. DECEASED—NAME First Middle Last (Type last name all capitals) <b>Martha Sherrill Betterton ALLISON</b>			2. DATE OF DEATH (Month, Day, Year) <b>May 26, 2011</b>		3. COUNTY OF DEATH <b>Jefferson</b>		
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE <b>Birmingham, 35213</b>			5. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number) <b>Trinity Medical Center</b>		
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DCA) <b>Inpatient</b>			8. OF HISPANIC ORIGIN (Specify Yes or No) If Yes, Specify Cuban, Mexican, Puerto Rican, etc. <b>No</b>		9. RACE—(Specify American Indian, Black, White, etc.) <b>White</b>		
10. SEX <b>Female</b>		11. AGE <b>68</b> YRS.		12. UNDER 1 YEAR MOS DAYS HOURS MINS		13. DATE OF BIRTH (Month, Day, Year) <b>June 24, 1942</b>	
14. DECEASED'S SOCIAL SECURITY NUMBER			15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (10-12) College (1-4 or 5+) <b>2</b>			16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) <b>Married</b>	
17. SURVIVING SPOUSE (If wife, give maiden name) <b>Charles W. Allison</b>			18. Was Decedent ever in Forces (Specify Yes or No) <b>No</b>			19. STATE OF BIRTH (If not in USA, name country) <b>Alabama</b>	
20. RESIDENCE—STATE <b>Alabama</b>			21. COUNTY <b>Shelby</b>			22. CITY, TOWN, OR LOCATION AND ZIP CODE <b>Birmingham, 35242</b>	
23. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>			24. STREET AND NUMBER <b>189 Lenox Drive</b>			25. INFORMANT—Name and Address <b>Charles Allison 189 Lenox Drive, Birmingham, AL 35242</b>	
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>Realtor</b>			27. KIND OF BUSINESS OR INDUSTRY <b>Real Estate</b>				
28. FATHER—NAME First Middle Last <b>William E. Betterton</b>			29. MAIDEN NAME OF MOTHER—First Middle Last <b>Evie M. Singleton</b>				
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) <b>Burial</b>			31. DATE OF DISPOSITION (Month, Day, Year) <b>May 28, 2011</b>		32. CEMETERY OR CREMATORY—Name <b>Jefferson Memorial GE</b>		
33. LOCATION—(City or Town—State) <b>Birmingham, Alabama</b>			34. FUNERAL HOME—Name and Address <b>Jefferson Memorial 1591 Gadsden H'way Birmingham, AL 35235</b>			35. FUNERAL DIRECTOR—Signature <i>Carly B. Bratz</i>	
36. DATE SIGNED BY FUNERAL DIRE <b>June 13, 20</b>			37. <input checked="" type="checkbox"/> <b>Medical Examiner</b> (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." Do 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. <b>Signature: Hugh O'Shields</b>			38. DATE SIGNED (Month, Day, Year) <b>6/6/11</b>	
39. TIME AND DATE OF DEATH <b>5:38 AM 5-26-2011</b>			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) <b>Hugh O'Shields M.D.</b>		
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) <b>860 Montclair Road Suite 500 Birmingham, Alabama 35213</b>			43. CERTIFIER LICENSE NUMBER <b>12818</b>			44. REGISTRAR—Signature <i>Sherron Moman</i>	
45. DATE FILED (Month, Day, Year) <b>June 15, 2011</b>			46. REGISTRAR—Signature <i>Sherron Moman</i>				

### 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) → <b>Fracture of Pelvis</b> DUE TO (OR AS A CONSEQUENCE OF) <b>Fracture of Arm</b> Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF)			APPROXIMATE INTERVAL BETWEEN C AND DEATH			
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) <b>Natural Cause</b>			50. AUTOPSY (Specify Yes or No) <b>NO</b>		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 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.

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

*Rosula Jukes*  
Signature of Local or Deputy Registrar

June 16, 2011

Date of Issue

20150504000144790  
05/04/2015 11:27:25  
AM AFFID 3/3

Filed and Recorded  
Official Public Records  
Judge James W. Fuhrmeister, Probate Judge,  
County Clerk  
Shelby County, AL  
05/04/2015 11:27:25 AM  
\$20.00 CHERRY  
20150504000144790

ADPH-HS 2/Rev. 1

*Sherron Moman*

ANY ALTERATIONS VOID THIS DOCUMENT

NAME OF DECEASED **Martha B. Allison**

SSN

ANY ALTERATIONS VOID THIS DOCUMENT