

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF ALABAMA}

COUNTY OF SHELBY}

BEFORE ME, the undersigned Notary Public, personally appeared, James W. Lyons Jr., "Affiant", who upon being duly sworn, deposes and states upon his or her oath or affirmation, the following:

1. My name is James W. Lyons Jr. (hereinafter referred to as James Lyons) and I reside at 4616 South Lakeridge Drive, Hoover, AL 35244
2. I owned real property as a joint tenant with Barbara Y. Lyons (aka Barbara A. Lyons and hereinafter referred to as Barbara Lyons), such real property located in Shelby County, State of Alabama, described as follows:

Lot 10, according to the Amended Map of LakeRidge Subdivision, as recorded in Map Book 12, Page 51, in the Probate Office of Shelby County Alabama.
3. Barbara Lyons departed this life on 16th day of February, 2014. A copy of her death certificate is attached.
4. On the date of the death of Barbara Lyons, the above described real property was owned by James Lyons and Barbara Lyons, as joint tenants and the joint tenancy had not been severed by any act of the parties or by operation of law.
5. Affiant is now the sole surviving joint tenant of the above described real property

Dated this the 17 day of August, 2015.


Affiant


20150902000306630 1/3 \$20.00
Shelby Cnty Judge of Probate, AL
09/02/2015 10:52:40 AM FILED/CERT

STATE OF ALABAMA

JEFFERSON COUNTY

I, Myron W. Freeman, a Notary Public, hereby certify that James W. Lyons, Jr. whose name is signed to the foregoing instrument, and who is known to me, acknowledged before me on this day that, being informed of the contents of the instrument, he executed the same voluntarily on the day the same bears date.

Given under my hand this the 17 day of August 2015.


NOTARY PUBLIC

My Commission Expires: 7-8-2018



Prepared by:
ALEC JONES
2148 Bailey Brook Dr
Hoover, AL 35244


20150902000306630 2/3 \$20.00
Shelby Cnty Judge of Probate, AL
09/02/2015 10:52:40 AM FILED/CERT

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

ALABAMA

CERTIFICATE OF DEATH

County
File
Number —

State File Number 101

1. DECEASED—NAME First Middle Last (Type last name all capitals) Barbara A. LYONS				2. DATE OF DEATH (Month, Day, Year) February 16, 2014		3. COUNTY OF DEATH Shelby	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Birmingham 35244				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) Golden Living Center Riverchase	
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA)				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 Female				11. AGE 69 YRS.		12. UNDER 1 YEAR MOS. DAYS HOURS MINS.	
13. DATE OF BIRTH (Month, Day, Year) September 22, 1944				14. DECEASED'S SOCIAL SECURITY NUMBER			
15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) College (1-4 or 5+) 4+				16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married		17. SURVIVING SPOUSE (If wife, give maiden name) Jim Wilton Lyons, Jr.	
18. Was Decedent ever in Armed Forces (Specify Yes or No) No				19. STATE OF BIRTH (If not in USA, name country) Georgia			
20. RESIDENCE—STATE Alabama				21. COUNTY Shelby			
22. CITY, TOWN, OR LOCATION AND ZIP CODE Hoover 35244				23. INSIDE CITY LIMITS (Specify Yes or No) Yes			
24. STREET AND NUMBER 4616 South Lakeridge Dr.				25. INFORMANT—Name and Address Jim Lyons			
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Elementary School Teacher				27. KIND OF BUSINESS OR INDUSTRY Education			
28. FATHER—NAME First Middle Last Garnett Edward Young				29. MAIDEN NAME OF MOTHER—First Middle Last Ruby Lee Taunton			
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial				31. DATE OF DISPOSITION (Month, Day, Year) Feb. 19, 2014			
32. CEMETERY OR CREMATORY—Name Elmwood Cemetery				33. LOCATION—(City or Town—State) Birmingham, AL			
34. FUNERAL HOME—Name and Address Ridouts Elmwood Chapel				35. FUNERAL DIRECTOR—Signature <i>[Signature]</i>			
36. DATE SIGNED BY FUNERAL DIRECTOR 2/18/14				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>[Signature]</i>			
38. DATE SIGNED (Month, Day, Year) 2/17/14				39. TIME AND DATE OF DEATH 4:30 AM 2-16-14			
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) Greg Ayers, MD			
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) 817 Princeton Ave. S.W., Suite 116 B'ham, AL 35211				43. CERTIFIER LICENSE NUMBER 24234			
44. REGISTRAR—Signature <i>[Signature]</i>				45. DATE FILED (Month, Day, Year) Feb. 20, 2014			

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. Colon Cancer 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): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		APPROXIMATE INTERVAL BETWEEN ONSET 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)		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 1 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 Jefferson County Department of Health

[Signature]
Signature of Local or Deputy Registrar

Date of Issue

February 20 2014

NAME OF DECEASED: LYONS, Barbara H. SSN: [REDACTED]

20150902000306630 3/3 \$20.00
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