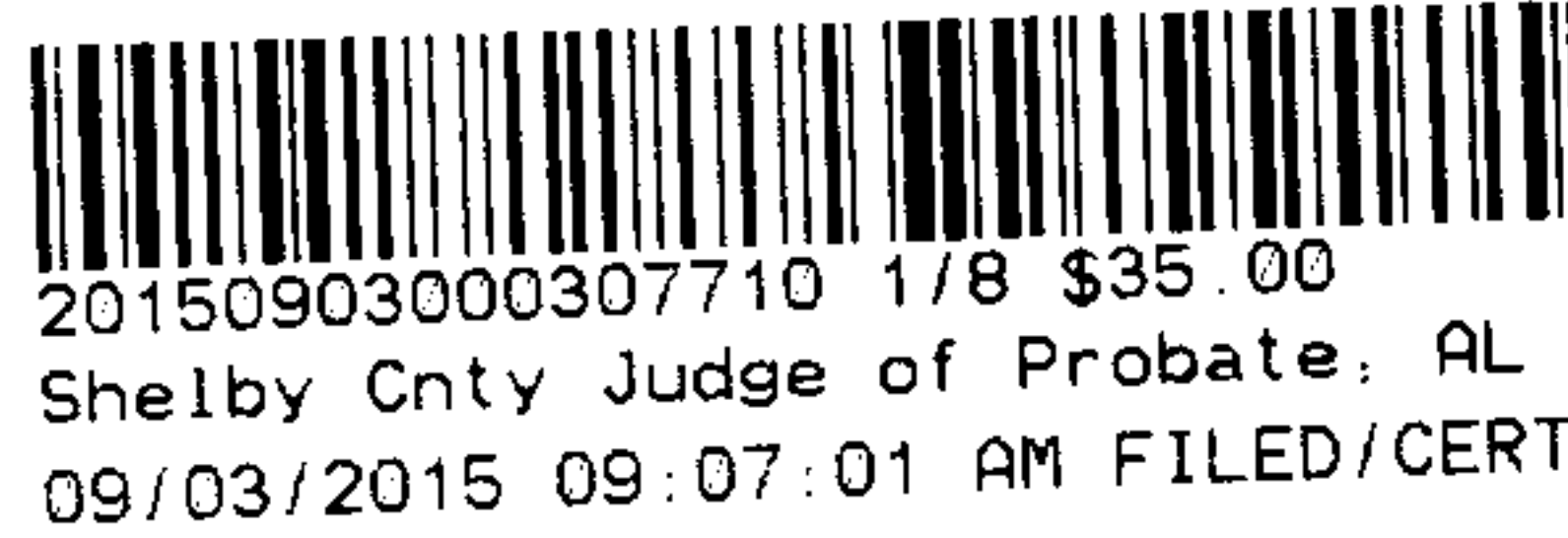


AFFIDAVIT OF DELIVERY OF QUITCLAIM DEED

And

AFFIDAVIT OF DEATH

STATE OF ALABAMA)
SHELBY COUNTY)



[Handwritten signature and initials]

Before me, the undersigned, personally appeared **Hilda B. Posey and Mickey B. Crowe**, who, after first being duly sworn, deposes and says the following:

1. My name is **HILDA B. POSEY** and I am over the age of 21 years, and I am a resident citizen of Shelby County, State of Alabama.
2. My name is **MICKEY B. CROWE** and I am over the age of 21 years, and I am a resident citizen of Shelby County, State of Alabama.
3. We are the Grantees of the certain QuitClaim Deed executed by **JOEL B. BEARDEN AND HAZEL M. BEARDEN** on the 26th day of February, 2004, more particularly described as follows:

Deed Date: February 26, 2004

Legal Description being:

Lot 2, according to the amended map of Chase Plantation, as recorded in Map Book 8, Page 79 in the Probate Office of Shelby County, Alabama.

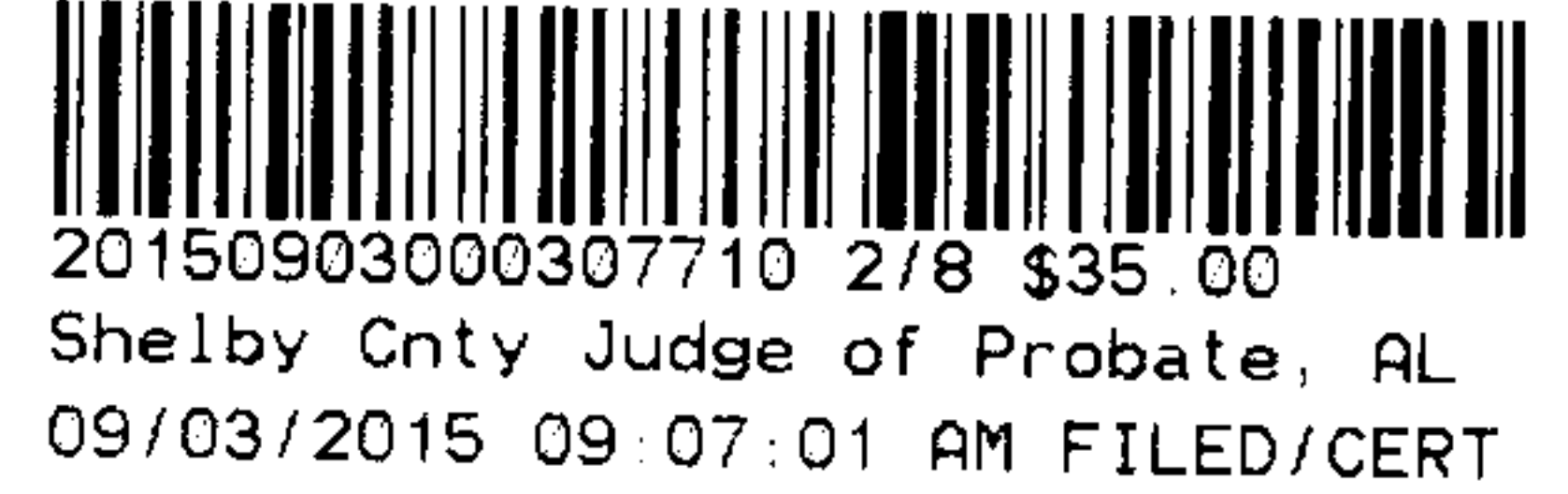
We hereby certify that we received said Quitclaim Deed on the 1st day of March, 2009.

4. Our parents, **Joel B. Bearden and Hazel M. Bearden** owned the property described on Exhibit "A" (the "Property") as joint tenants with right of survivorship, as evidenced by that certain deed dated October 21, 1985, and recorded in the Office of the Judge of Probate of Shelby County, Alabama, in Book 045, Page 566.
5. Our parents, **Joel B. Bearden and Hazel M. Bearden** by Quitclaim Deed dated February 26, 2004 deeded the property described property on Exhibit "A" to **Hilda B. Posey and Mickey B. Crowe**, and recorded in the Office of the Judge of Probate of Shelby County, Alabama, in ~~Book~~ 2015 09 03 000 307660,
Page _____.

*Instrument
No.*

6. Our mother, **Hazel M. Bearden** died on February 19, 2009, as evidenced by the Alabama Certificate of Death attached hereto as Exhibit "B."
7. Our father, **Joel B. Bearden** died on February 11, 2015, as evidenced by the Alabama Certificate of Death attached hereto as Exhibit "C."
8. Therefore, **Hilda B. Posey and Mickey B. Crowe**, now own fee simple title to the Property.

DATED this the 31st day of August, 2015.



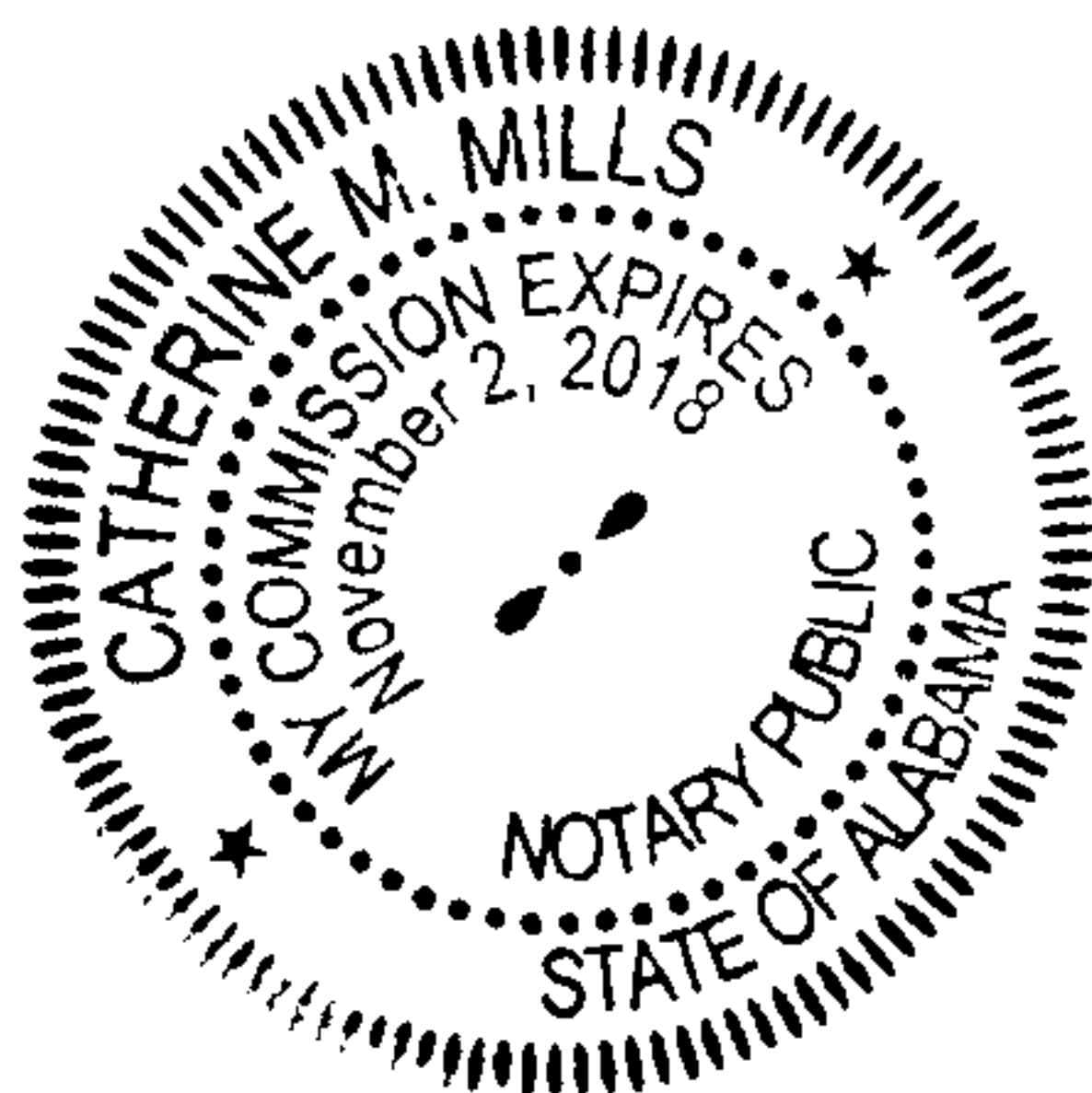

HILDA B. POSEY


MICKEY B. CROWE

THE STATE OF ALABAMA)
COUNTY OF JEFFERSON)

I, the undersigned, a Notary Public in and for said State and County, do hereby certify that **HILDA B. POSEY**, whose name is signed to the foregoing document and who is known to me, acknowledged before me this date that, being informed of the contents of said document, she executed the same voluntarily on the date the same bears date.

Given under my hand and official seal this 31st day of August, 2015.



Catherine M. Mills

Notary Public

My Commission Expires: 11/2/18

(SEAL)

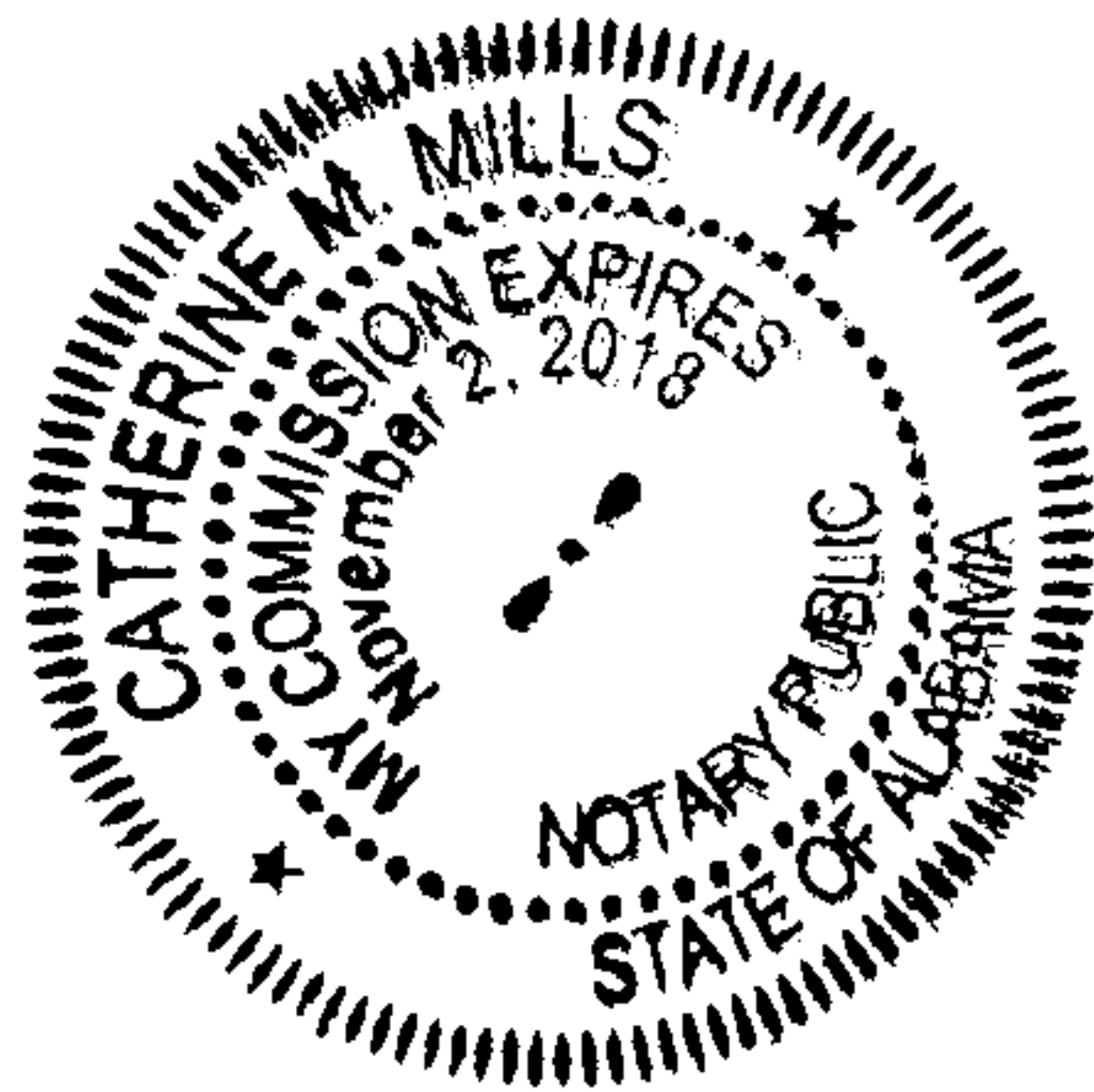


20150903000307710 3/8 \$35.00
Shelby Cnty Judge of Probate, AL
09/03/2015 09:07:01 AM FILED/CERT

THE STATE OF ALABAMA)
COUNTY OF JEFFERSON)

I, the undersigned, a Notary Public in and for said State and County, do hereby certify that **MICKEY B. CROWE**, whose name is signed to the foregoing document and who is known to me, acknowledged before me this date that, being informed of the contents of said document, she executed the same voluntarily on the date the same bears date.

Given under my hand and official seal this 31st day of August, 2015.



Catherine M. Mills

Notary Public

My Commission Expires: 11/2/18

(SEAL)

EXHIBIT A
PROPERTY DESCRIPTION

Deed Date: February 26, 2004

Legal Description being:

Lot 2, according to the amended map of Chase Plantation, as recorded in Map Book 8, Page 79 in the Probate Office of Shelby County, Alabama.



20150903000307710 4/8 \$35.00
Shelby Cnty Judge of Probate, AL
09/03/2015 09:07:01 AM FILED/CERT

EXHIBIT "B"

ALABAMA CERTIFICATE OF DEATH – HAZEL M. BEARDEN

[See Attached]



20150903000307710 5/8 \$35.00
Shelby Cnty Judge of Probate, AL
09/03/2015 09:07:01 AM FILED/CERT

ALABAMA

Center for Health Statistics

20150903000307710 6/8 \$35.00
Shelby Cnty Judge of Probate, AL
09/03/2015 09:07:01 AM FILED/CERT

MO GA

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

ALABAMA

CERTIFICATE OF DEATH

09-07602

County
File
Number

State File Number 101

3. <u>037888</u>	1. DECEASED—NAME First Middle Last (Type last name all capitals) Hazel Mae BEARDEN	2. DATE OF DEATH (Month, Day, Year) February 19, 2009	3. COUNTY OF DEATH Jefferson
6. <u>209</u>	4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Birmingham 35244	5. INSIDE CITY LIMITS (Specify Yes or No) No	6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number) Golden Living Center—Riverchase
19. <u>01</u>	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
20. <u>037888</u>	10. SEX Female	11. AGE 83 YRS.	12. UNDER 1 YEAR MOS. DAYS HOURS MINS.
26. <u>59402</u>	13. DATE OF BIRTH (Month, Day, Year) November 22, 1925	14. DECEASED'S SOCIAL SECURITY NUMBER	15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) 12 College (1-4 or 5+) 16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married
	17. SURVIVING SPOUSE (If wife, give maiden name) Joel Byars Bearden, Jr.	18. Was Decedent ever in Armed Forces (Specify Yes or No) No	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, AL. 35244
	23. INSIDE CITY LIMITS (Specify Yes or No) No	24. STREET AND NUMBER 2500 Riverhaven Drive	25. INFORMANT—Name and Address Joel Byars Bearden, Jr. 2 Ashford Circle Birmingham, AL 35244
	26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Cashier	27. KIND OF BUSINESS OR INDUSTRY Supermarket	28. FATHER—NAME First Middle Last Thomas Houston Mize, Sr.
	29. MAIDEN NAME OF MOTHER— First Middle Last Annie Ethel McDaniel	30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial	31. DATE OF DISPOSITION (Month, Day, Year) Feb. 21, 2009
	32. CEMETERY OR CREMATORY—Name Southern Heritage	33. LOCATION—(City or Town—State) Pelham, AL.	34. FUNERAL HOME—Name and Address Southern Heritage 475 Cahaba Valley Rd. Pelham, AL 35124
	35. FUNERAL DIRECTOR—Signature <i>[Signature]</i>	36. DATE SIGNED BY FUNERAL DIRECTOR Mar. 11, 2009	37. <input checked="" type="checkbox"/> 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." <input type="checkbox"/> 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) 2-24-09	39. TIME AND DATE OF DEATH 7:00 AM 2-19-09	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) Doug Moore, MD	42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) 2520 Valley Lake Rd, Birmingham, AL 35244	43. CERTIFIER LICENSE NUMBER 13487
	44. REGISTRAR—Signature Rosalee Jacks	45. DATE FILED (Month, Day, Year) March 13, 2009	

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>Dementia</u> DUE TO (OR AS A CONSEQUENCE OF): b. <u>CVA</u> DUE TO (OR AS A CONSEQUENCE OF): c. <u>HTN, hypothyroidism, GERD</u> DUE TO (OR AS A CONSEQUENCE OF): d. <u>Natural</u> DUE TO (OR AS A CONSEQUENCE OF):	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. <u>HTN, hypothyroidism, GERD</u>	48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unk.) <u>No</u>
49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) <u>Natural</u>	50. AUTOPSY (Specify Yes or No) <u>No</u>
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.

MAR 17 2009

ADPH-HS 2/Rev. 11-93

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2015-365-881-3


*Catherine M. Donald*Catherine Molchan Donald
State Registrar of Vital Statistics

August 25, 2015

EXHIBIT "C"

ALABAMA CERTIFICATE OF DEATH – JOEL B. BEARDEN

[See Attached]



20150903000307710 7/8 \$35.00
Shelby Cnty Judge of Probate, AL
09/03/2015 09:07:01 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 in all capitals) Joel Byars BEARDEN, Jr.			2. DATE OF DEATH (Month, Day, Year) February 11, 2015		3. COUNTY OF DEATH Jefferson	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Homewood 35209			5. INSIDE CITY LIMITS (Specify Yes or No) Yes		6. PLACE OF DEATH - HOSPITAL OR OTHER INSTITUTION (If not either, give street and number) Brookwood Medical Center	
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, White, Black, etc.) White	
10. SEX Male			11. AGE 91 YRS.		12. UNDER 1 YEAR MOS. DAYS HOURS MINS.	
13. DATE OF BIRTH (Month, Day, Year) November 19, 1923			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+) 3			16. MARITAL STATUS (Specify - Married, Never Married, Widowed, Divorced) Widowed		17. SURVIVING SPOUSE (If wife, give maiden name) Hilda Posey	
18. Was Decedent ever in Armed Forces (Specify Yes or No) No			19. STATE OF BIRTH (If not USA, name country) Alabama		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 2 Ashford Circle			25. INFORMANT - Name and Address Hilda Posey		26. USUAL OCCUPATION - (Give kind of work done during most of working life even if retired) Dairyman	
27. KIND OF BUSINESS OR INDUSTRY Dairy			28. FATHER - NAME First Middle Last Joel Byars Bearden, Sr.		29. MAIDEN NAME OF MOTHER - First Middle Last Ada Frances Jones	
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial			31. DATE OF DISPOSITION (Month, Day, Year) 02/16/2015		32. CEMETERY OR CREMATORY - Name Southern Heritage	
33. LOCATION - (City or Town-State) Pelham, AL			34. FUNERAL HOME - Name and Address Southern Heritage 475 Cahaba Valley Rd. Pelham, AL 35124		35. FUNERAL DIRECTOR - Signature Hilda Posey	
36. DATE SIGNED BY FUNERAL DIRECTOR 03/04/2015			37. Certifying Physician (Physician certifying cause of death) "To the best of my knowledge, death occurred at the time and date due to the cause(s) and manner stated." Medical Examiner Coroner Signature: [Signature]		38. DATE SIGNED (Month, Day, Year) 02/11/15	
39. TIME AND DATE OF DEATH 02/11/15 9:20			40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only) 02/11/15 7:20		41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) Dr. Zohreh Soltani	
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) 2010 Brookwood Hospital Bham AL 35209			43. CERTIFIER LICENSE NUMBER MD 33408		44. REGISTRAR - Signature Rosalee Jukes	
45. DATE FILED (Month, Day, Year) March 6, 2015			46. PART 1. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac arrest, shock, or heart failure. LIST ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Respiratory failure due to pneumonia b. Heart Failure c. Sepsis d. 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, 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 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.


 20150903000307710 8/8 \$35.00
 Shelby Cnty Judge of Probate, AL
 09/03/2015 09:07:01 AM FILED/CERT

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 of Local or Deputy Registrar

Date of Issue

March 6 2015

SSN:

NAME OF DECEASED Bearden, Joel