

AFFIDAVIT OF SURVIVING JOINT TENANT

20151023000370890

10/23/2015 02:29:42 PM

AFFID 1/5

STATE OF Alabama)
COUNTY OF Shelby) SS.

Now on this 19 day of October, 2015, We, CLAUDEAN T. DANIEL, SUSAN P. DANIEL, a/k/a SUSAN F. DANIEL and KENNETH H. DANIEL, of lawful age, being duly sworn, state as follows:

On the 17TH day of MAY, 2011, this interest was conveyed by document to ISAAC H. DANIEL, CLAUDEAN T. DANIEL, SUSAN F. DANIEL and KENNETH H. DANIEL, for and during their joint lives and upon the death of either of them, then to the survivor of them in fee simple, the following real property situated in SHELBY County, ALABAMA, to wit:

The following described real estate situated in the County of Shelby and State of Alabama to-wit:

Lot 5 according to the Survey-of Valley Forge as recorded in Map Book 6, Page 60, Shelby County, Alabama Records.

Parcel Number: 13-8-34-1-002-025.000

Commonly known as: 920 COLONIAL DRIVE, ALABASTER, ALABAMA 35007

Which document was recorded in the records of the County Clerk of SHELBY, State of ALABAMA, Instrument Number: 20040040012000000. There is attached hereto a certified copy of the Death Certificate of ISAAC H. DANIEL deceased, issued by the Department of Health for the State of KANSAS showing that the deceased Joint Tenant died on the 25TH day of MAY, 2008.

Affiants further state that they are the surviving joint tenants in the described property, and that the decedent named in the certificate of death is one and the same person as the joint tenant named in the deed recorded as above set forth.

And further affiant saith not.

Signed Claudean T. Daniel
CLAUDEAN T. DANIEL

**ACKNOWLEDGMENT
FOR AFFIDAVIT OF SURVIVING JOINT TENANT**

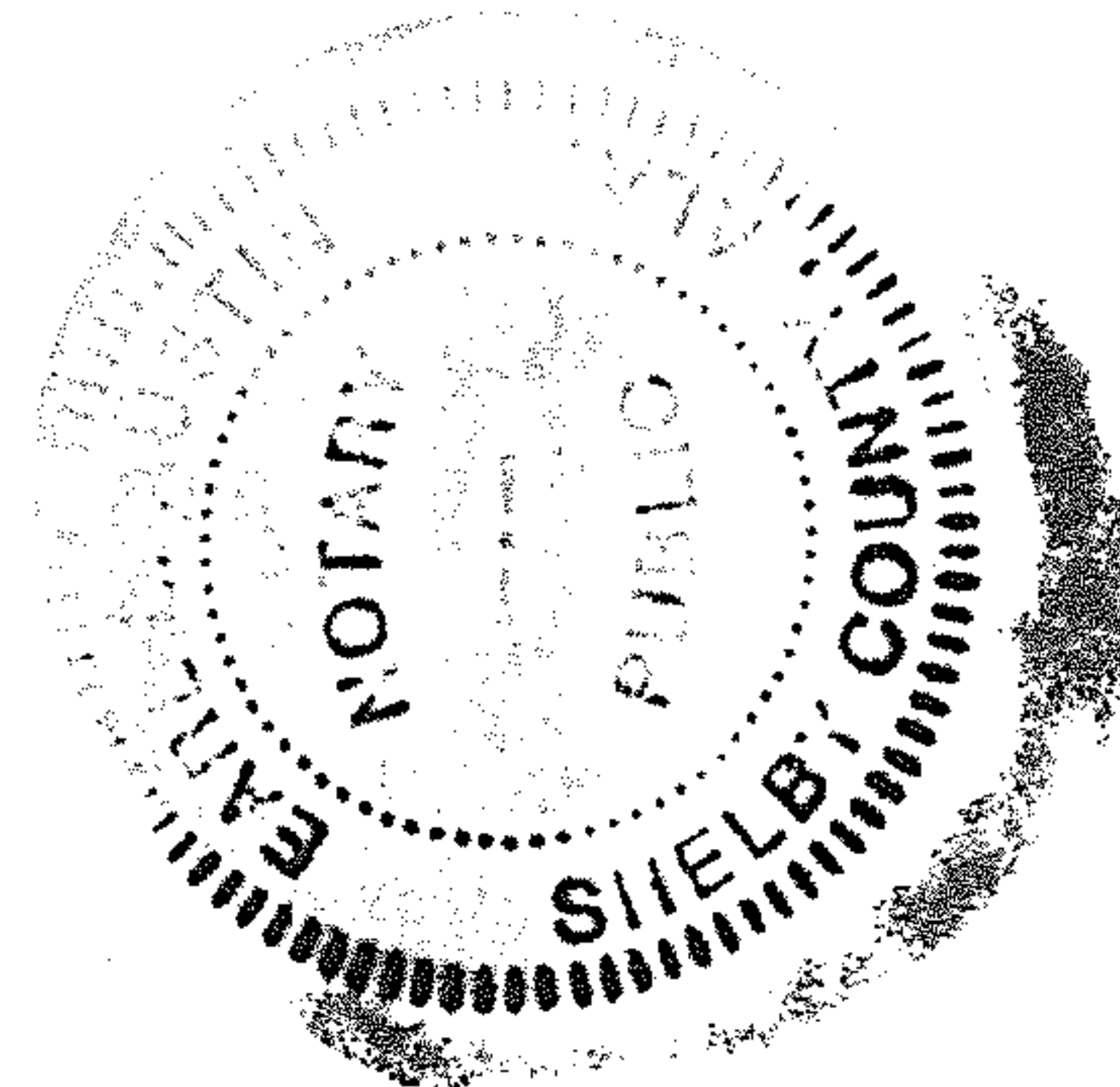
STATE OF ALABAMA)
COUNTY OF SHELBY) SS.

Before me, the undersigned, a Notary Public, in and for said County and State on the 19TH day of OCTOBER, 2015, personally appeared CLAUDEAN T. DANIEL, to me known to be the identical person who executed the within and foregoing instrument and acknowledged to me that she executed the same as her free and voluntary act and deed for the uses and purposes therein set forth.

IN WITNESS WHEREOF, I have hereunto set my official signature and affixed my official seal the day and year first above written.

Earl L. Austin
EARL L. AUSTIN Notary Public

3/1/17
My Commission Expires



And further affiant saith not.

Signed Susan P. Daniel a/k/a Susan F. Daniel
SUSAN P. DANIEL, a/k/a SUSAN F. DANIEL

**ACKNOWLEDGMENT
FOR AFFIDAVIT OF SURVIVING JOINT TENANT**

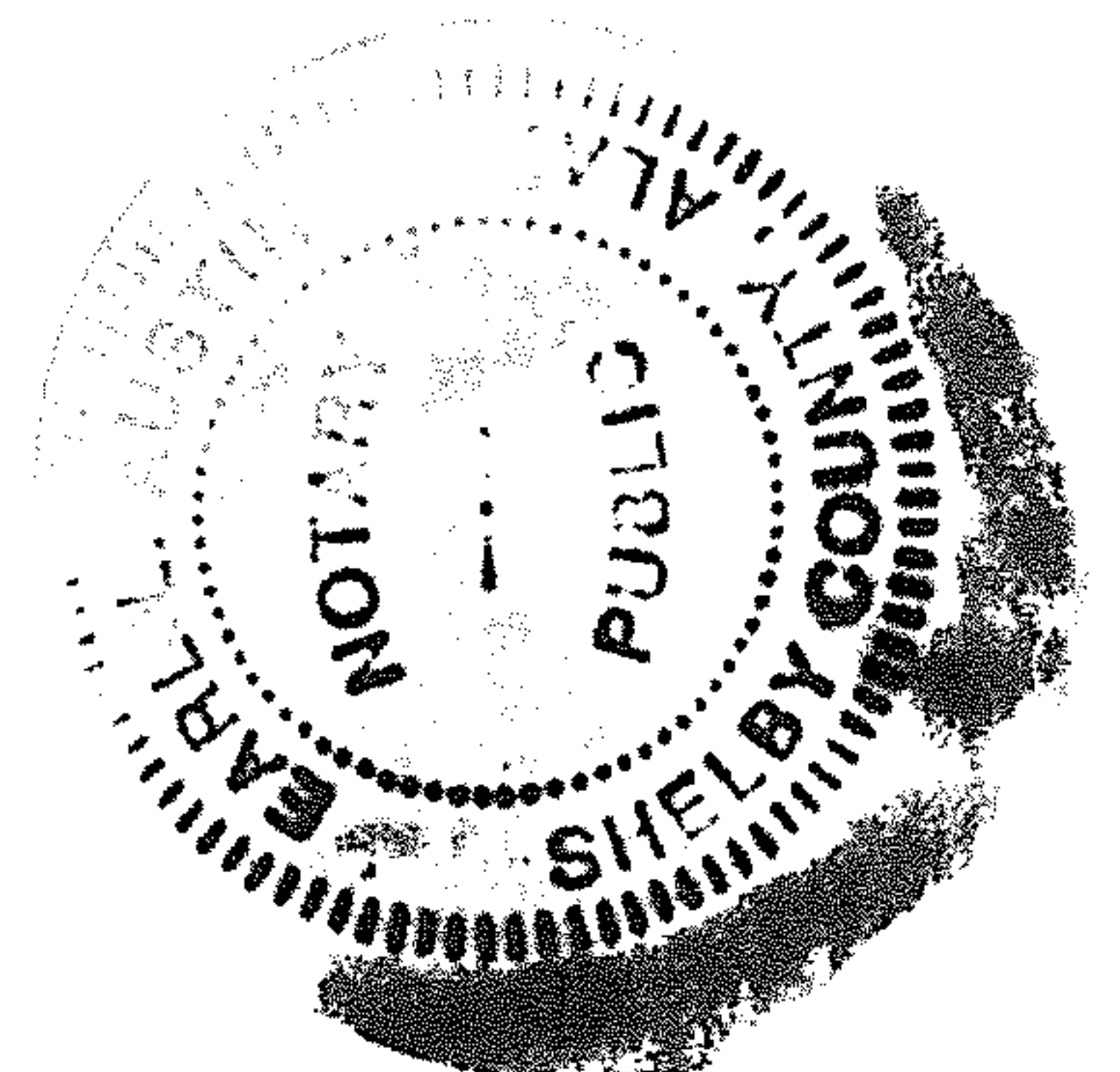
STATE OF ALABAMA)
COUNTY OF SHELBY) SS.

Before me, the undersigned, a Notary Public, in and for said County and State on the 19TH day of OCTOBER, 2015, personally appeared SUSAN P. DANIEL, a/k/a SUSAN F. DANIEL, to me known to be the identical person who executed the within and foregoing instrument and acknowledged to me that she executed the same as her free and voluntary act and deed for the uses and purposes therein set forth.

IN WITNESS WHEREOF, I have hereunto set my official signature and affixed my official seal the day and year first above written.

Earl L. Austin
EARL L. AUSTIN Notary Public

3/1/17
My Commission Expires



And further affiant saith not.

Signed Kenneth H. Daniel
KENNETH H. DANIEL

**ACKNOWLEDGMENT
FOR AFFIDAVIT OF SURVIVING JOINT TENANT**

STATE OF Alabama)
COUNTY OF Shelby) SS.

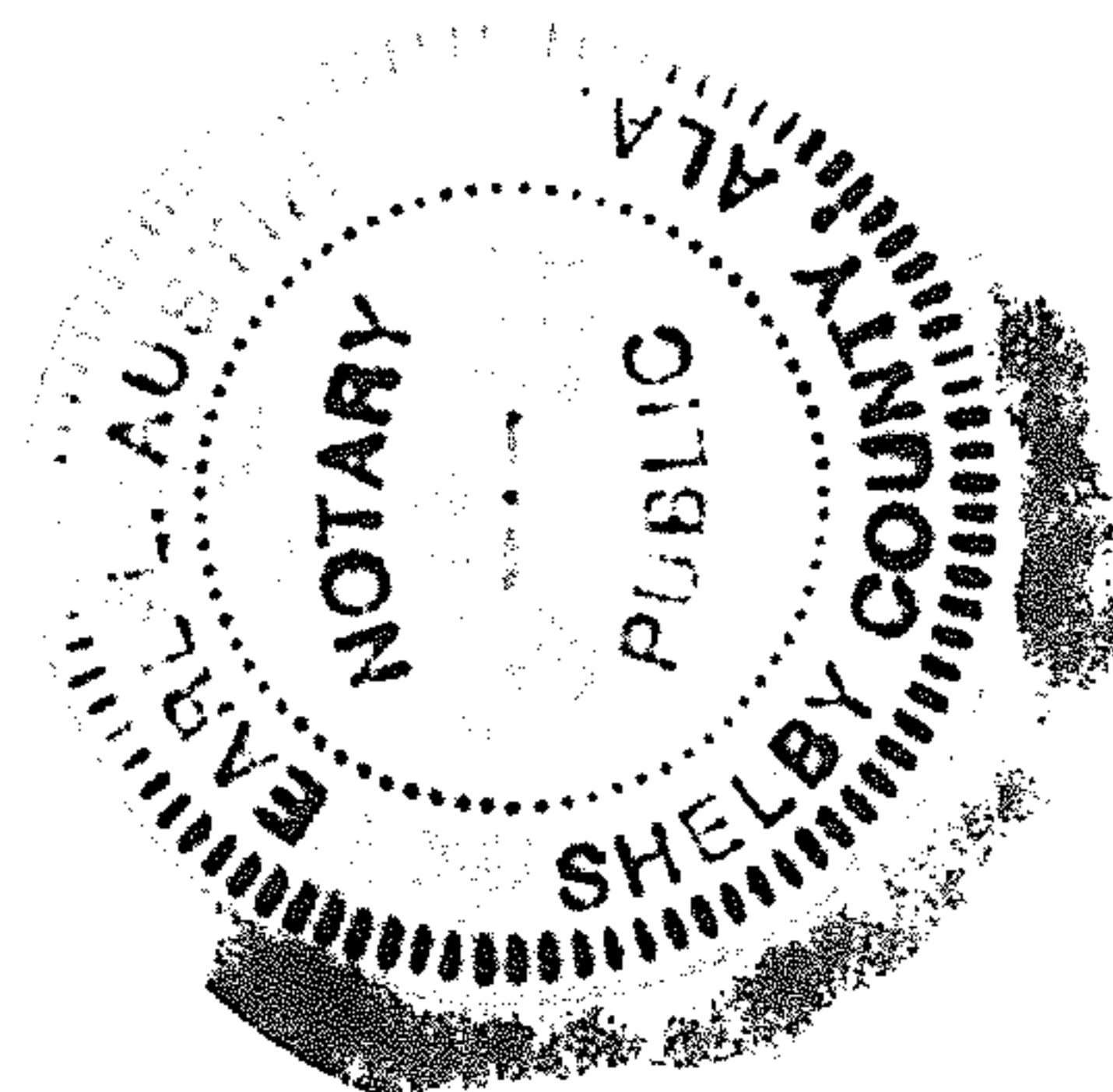
Before me, the undersigned, a Notary Public, in and for said County and State on the 19TH day of OCTOBER, **2015**, personally appeared KENNETH H. DANIEL, to me known to be the identical person who executed the within and foregoing instrument and acknowledged to me that she executed the same as her free and voluntary act and deed for the uses and purposes therein set forth.

IN WITNESS WHEREOF, I have hereunto set my official signature and affixed my official seal the day and year first above written.

Return to:
Relco, Inc.
13401 McCormick Dr. S-B
Tampa, FL 33626

Earl L. Austin
EARL L. Austin Notary Public

3/1/17
My Commission Expires



ALABAMA

CERTIFICATE OF DEATH

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

3. _____
6. _____
19. _____
20. _____
26. _____
27. _____
34. _____

1. DECEASED—NAME First Middle Last (Type last name all capitals) Isaac Harold DANIEL				2. DATE OF DEATH (Month, Day, Year) May 25, 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) Shelby Baptist 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, Black, White, etc.) White	
10. SEX Male				11. AGE 81 YRS.		12. UNDER 1 YEAR MOS. _____ DAYS _____	
13. DATE OF BIRTH (Month, Day, Year) May 2, 1927				14. DECEASED'S SOCIAL SECURITY NUMBER [REDACTED]			
15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) 10 College (1-4 or 5+) _____				16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married		17. SURVIVING SPOUSE (If wife, give maiden name) Claudean Tidwell	
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 Shelby		22. CITY, TOWN, OR LOCATION AND ZIP CODE Alabaster 35007	
23. INSIDE CITY LIMITS (Specify Yes or No) Yes				24. STREET AND NUMBER 920 Colonial Drive			
25. INFORMANT—Name and Address Claudean Daniel				26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Machine Operator			
27. KIND OF BUSINESS OR INDUSTRY Bakery				28. FATHER—NAME First Middle Last Jess Daniel			
29. MAIDEN NAME OF MOTHER—First Middle Last Nancy Butler				30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial			
31. DATE OF DISPOSITION (Month, Day, Year) May 28, 2008				32. CEMETERY OR CREMATORY—Name Valhalla Cemetery		33. LOCATION—(City or Town—State) Midfield Alabama	
34. FUNERAL HOME—Name and Address Valhalla Funeral Home				35. FUNERAL DIRECTOR—Signature <i>Billy L. Maynard</i>		36. DATE SIGNED BY FUNERAL DIRECTOR June 3, 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>[Signature]</i>				38. DATE SIGNED (Month, Day, Year) May 30, 2008			
39. TIME AND DATE OF DEATH 1620 May 25, 2008				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) Michael A. Kennelland, M.D.	
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) 270 Village Parkway, Helena, AL 35050				43. CERTIFIER LICENSE NUMBER 21972			
44. REGISTRAR—Signature <i>Shula Keller</i>				45. DATE FILED (Month, Day, Year) June 11, 2008		46. _____	

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>Pneumonia</u> DUE TO (OR AS A CONSEQUENCE OF):		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
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) 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

Shula Keller
Signature of Local Registrar

June 11, 2008
Date of Issue



Filed and Recorded
Official Public Records
Judge James W. Fuhrmeister, Probate Judge,
County Clerk
Shelby County, AL
10/23/2015 02:29:42 PM
\$26.00 CHERRY
20151023000370890

20151023000370890
10/23/2015 02:29:42 PM
AFFID 5/5

[Signature]

DECEASED

BURIAL

CERTIFIER

CAUSE

NAME OF DECEASED DANIEL, ISAAC

SSN: [REDACTED]