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11/02/2015 08:28:41 AM
AFFID 1/4

SURVIVING SPOUSE AFFIDAVIT

Lender: Freedom Mortgage Corporation	Loan Number: 0092458173
Borrower Name: Frances J Hiers	Date: October 23, 2015

I, Frances J Hiers , being first duly sworn, on oath, say, that I am (was) the unmarried surviving spouse of James P Hiers and that I make this affidavit for the express purpose of inducing Freedom Mortgage Corporation

to make a loan to me and/or for inducing the Department of Veterans Affairs to guarantee or insure such loan, knowing that it is a criminal offense to make a false statement for this purpose; and that the above and foregoing is true and correct.

Frances J Hiers — October 23 2015

Frances J Hiers

Date

State of Alabama
County of Shelby

Subscribed and sworn to (or affirmed) before me on this 23 day of October 2015 by Frances J. Hiers

proved to me on the basis of satisfactory evidence to be the person who appeared before me.

(seal)

Signature

My Commission Expires
February 12, 2016

NOTARY PUBLIC
PATSY J. COTHREN
ALABAMA, STATE AT LARGE

This Instrument was prepared by:

DEATH AFFIDAVIT

STATE OF ALABAMA
COUNTY OF Shelby

Before me, the undersigned Notary Public, on this 23 day of October, 20 15 before me personally appeared Frances J. Hiers to me personally known, who being by me duly sworn did say that Affiant is over the age of 19 years and a resident of Shelby County in the State of Alabama the owner of the following described real estate:

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF SHELBY, STATE OF ALABAMA, AND IS DESCRIBED AS FOLLOWS:

LOT 37, ACCORDING TO THE FINAL PLAT OF HIGH RIDGE VILLAGE, PHASE 6, AS RECORDED IN MAP BOOK 30, PAGE 114, IN THE PROBATE OFFICE OF SHELBY COUNTY, ALABAMA.

And that said real estate was formerly owned as joint tenants with the right of survivorship, and not as tenants in common by James P Hiers and Frances J Hiers.

That said James P Hiers died on the 2nd day of January , 2013, and the death certificate is attached as Exhibit "A"

IN WITNESS WHEREOF, Frances J. Hiers, has set his hand on this 23 day of October, 2015.

Frances J. Hiers

FRANCES J. HIERS

STATE OF ALABAMA
COUNTY OF Shelby

I, the undersigned, a Notary Public in and for said County in said State, hereby certify that Frances J. Hiers, whose name is signed to the foregoing, Affidavit and who is known to me, acknowledged before me on this day that, being informed of the contents of the foregoing, Frances J. Hiers executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this the 23 day of October 2015.

Notary Public

My Commission Expires
February 12, 2016

NOTARY PUBLIC
PATSY J. COTHREN
ALABAMA, STATE AT LARGE

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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)	2. DATE OF DEATH (Month, Day, Year)	3. COUNTY OF DEATH
James	P	Hiers	January 2, 2013	Shelby

4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE	5. INSIDE CITY LIMITS (Specify Yes or No)	6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number)
Pelham 35124	Yes	139 Village Lane

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.	9. RACE—(Specify American Indian, Black, White, etc.)	10. SEX
	No	White	Male

11. AGE	12. UNDER 1 YEAR MOS.	DAYS	UNDER 1 DAY HOURS	MINS.	13. DATE OF BIRTH (Month, Day, Year)	14. DECEASED'S SOCIAL SECURITY NUMBER
80 YRS					8/22/1932	[redacted]

15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12)	College (1-4 or 5+)	16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced)	17. SURVIVING SPOUSE (If wife, give maiden name)	18. Was Decedent ever in Armed Forces (Specify Yes or No)
12		Married	Frances White	Yes

19. STATE OF BIRTH (If not in USA, name country)	20. RESIDENCE—STATE	21. COUNTY	22. CITY, TOWN, OR LOCATION AND ZIP CODE
Florida	Alabama	Shelby	Pelham 35124

23. INSIDE CITY LIMITS (Specify Yes or No)	24. STREET AND NUMBER	25. INFORMANT—Name and Address
Yes	139 Village Lane	Frances Hiers 139 Village Lane, Pelham, AL 35124

26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	27. KIND OF BUSINESS OR INDUSTRY
Self Employed	Haeting, Air, & Siding

28. FATHER—NAME First	Middle	Last	29. MAIDEN NAME OF MOTHER— First	Middle	Last
James	P.	Hiers	Addie	M.	Pittman

30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other)	31. DATE OF DISPOSITION (Month, Day, Year)	32. CEMETERY OR CREMATORY—Name	33. LOCATION—(City or Town—State)
Burial	1/5/2013	Jefferson Memorial Gardens, South	Hoover, AL

34. FUNERAL HOME—Name and Address	35. FUNERAL DIRECTOR—Signature	36. DATE SIGNED BY FUNERAL DIRECTOR
Currie-Jefferson 2701 John Hawkins Pkwy, Hoover, AL	[signature]	1/16/13

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: [signature]

38. DATE SIGNED (Month, Day, Year): 1/19/13

39. TIME AND DATE OF DEATH	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)
1/2/13 1047		Jeff Robins M.D.

42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)	43. CERTIFIER LICENSE NUMBER
2000B SouthBridge Pkwy Ste 150 Birmingham, AL 35209	AL25584

44. REGISTRAR—Signature	For State or County use only	45. DATE FILED (Month, Day, Year)
Sheila Miller		Jan 23, 2013

DECEASED

BURIAL CERTIFIER

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.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. ALS	
DUE TO (OR AS A CONSEQUENCE OF): 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): c.	
d.	

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)
Natural		

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)

CAUSE OF DEATH

NAME OF DECEASED James Hiers SSN [redacted]

46.
49.
55.

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

ADPH-HS 2/Rev. 11-93

ANY ALTERATIONS VOID THIS DOCUMENT

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

Sheila Miller
Signature of Local Registrar

Jan 24, 2013
Date of Issue

SHELBY COUNTY ALABAMA

Filed and Recorded
Official Public Records
Judge James W. Fuhrmeister, Probate Judge,
County Clerk
Shelby County, AL
11/02/2015 08:28:41 AM
$23.00 CHERRY
20151102000379360