

20151102000379360
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
Frances J Hiers

October 23 2015
Date

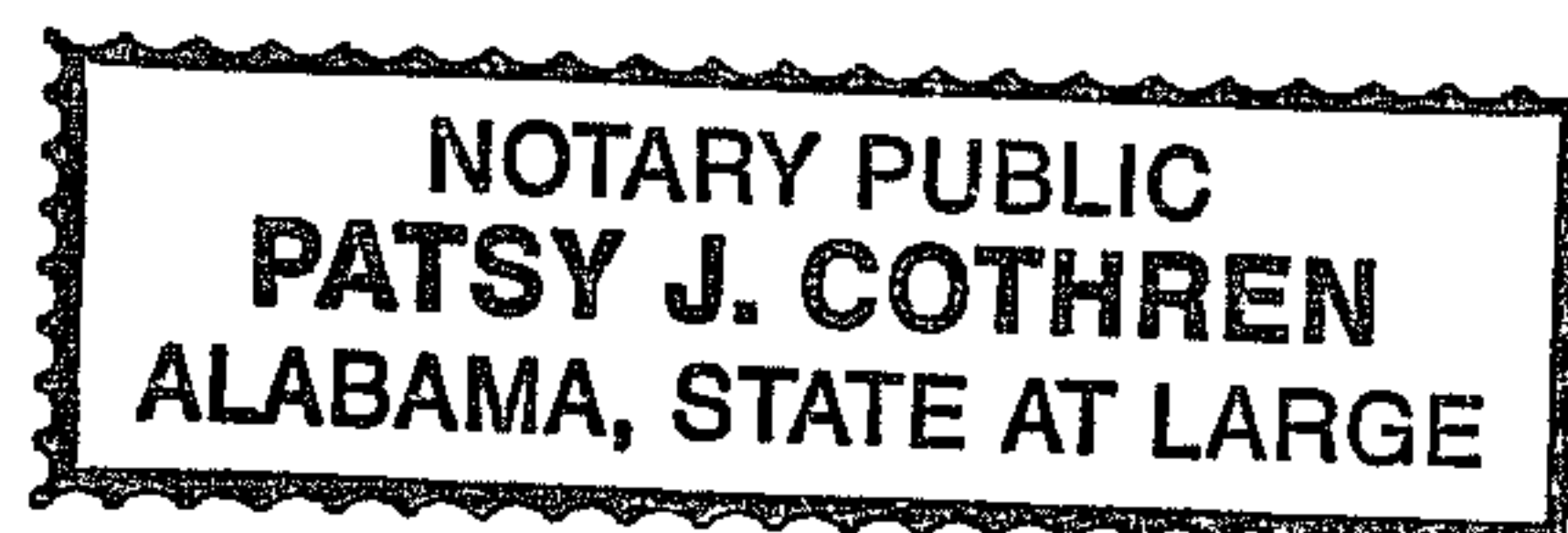
State of ALABAMA
County of SHELBY

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.

Signature Patsy J. Cothren

My Commission Expires
February 12, 2016



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:

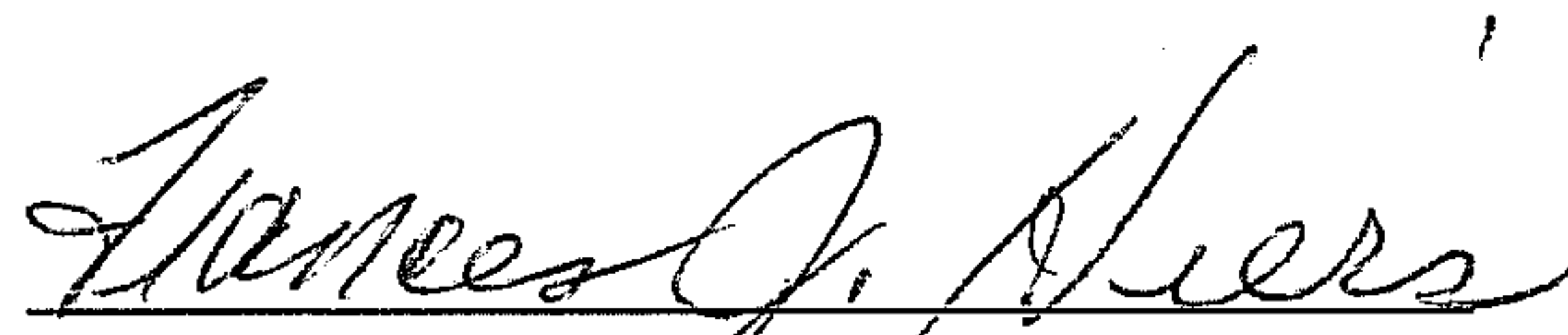
THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF SHELBY, STATE OF ALABAMA, AND IS DESCRIBED AS FOLLOWS:

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"

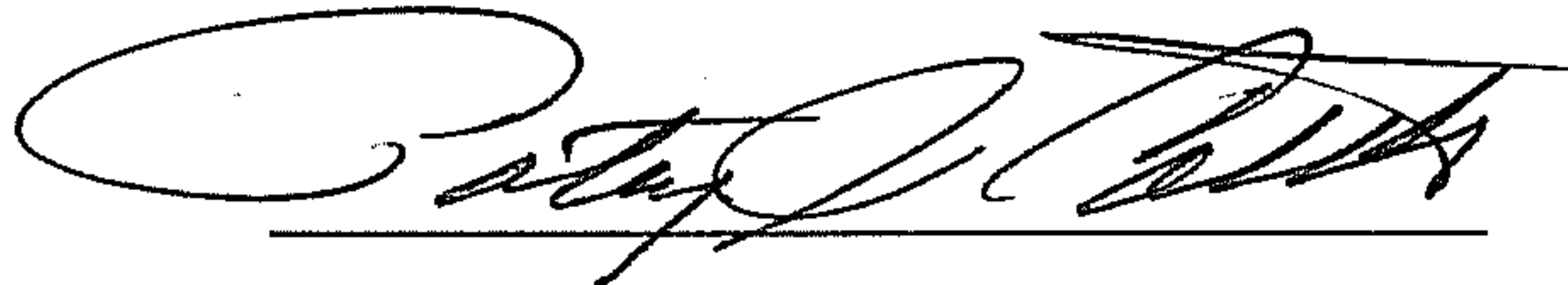
IN WITNESS WHEREOF, Frances J. Hiers, has set his hand on this 23 day of October, 20 15.


FRANCES J. HIERS

STATE OF ALABAMA
COUNTY OF Shelby

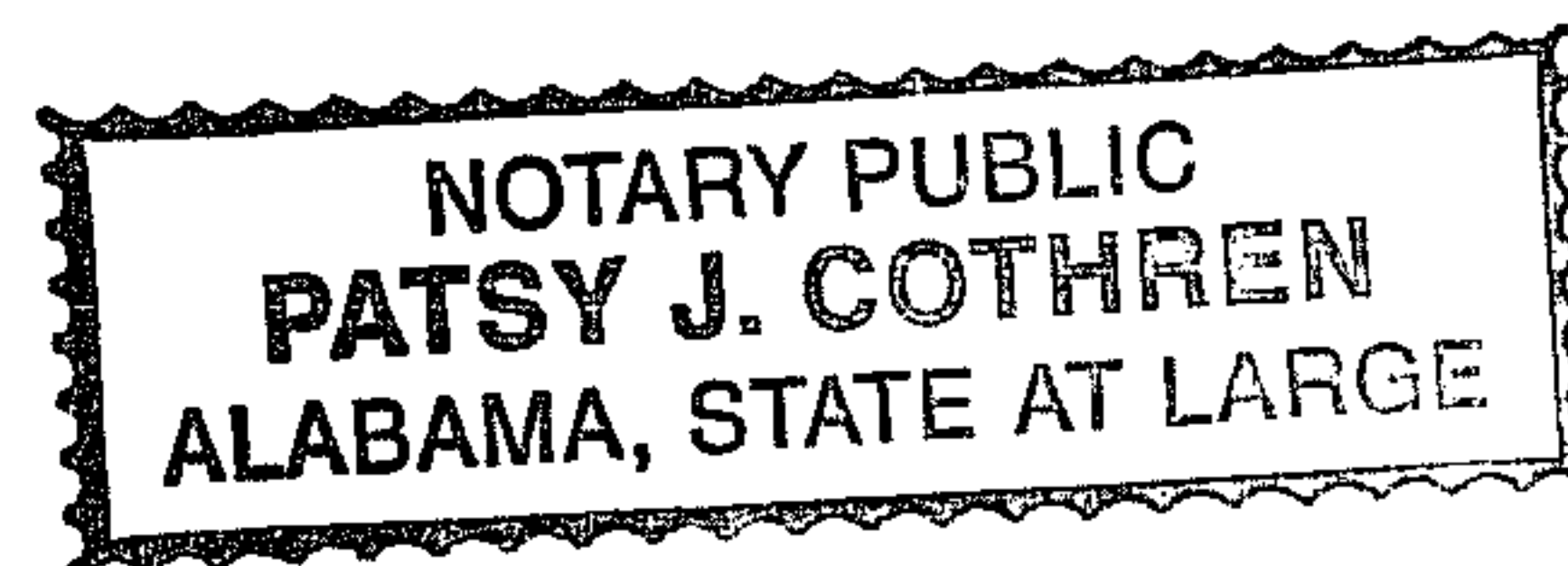
I, the undersigned, a Notary Public in and for said County in said State, hereby certify that FRANCES J. Hiers, whose name is signed to the foregoing, Affidavit and who is known to me, acknowledged before me on this day that, being informed of the contents of the foregoing, FRANCES J. Hiers executed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



20151102000379360 11/02/2015 08:28:41 AM AFFID 4/4

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) James P Hiers			2. DATE OF DEATH (Month, Day, Year) January 2, 2013		3. COUNTY OF DEATH Shelby	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Pelham 35124			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) 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.) No		9. RACE—(Specify American Indian, Black, White, etc.) White	
10. SEX Male			11. AGE 80 yrs		12. UNDER 1 YEAR MOS: DAYS: HOURS: MINS:	
13. DATE OF BIRTH (Month, Day, Year) 8/22/1932			14. DECEASED'S SOCIAL SECURITY NUMBER [REDACTED]			
15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) College (1-4 or 5-6) 12			16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married		17. SURVIVING SPOUSE (If wife, give maiden name) Frances White	
18. Was Decedent ever in Armed Forces (Specify Yes or No) Yes			19. STATE OF BIRTH (If not in USA, name country) Florida			
20. RESIDENCE—STATE Alabama			21. COUNTY Shelby		22. CITY, TOWN, OR LOCATION AND ZIP CODE Pelham 35124	
23. INSIDE CITY LIMITS (Specify Yes or No) Yes			24. STREET AND NUMBER 139 Village Lane		25. INFORMANT—Name and Address Frances Hiers 139 Village Lane, Pelham, AL 35124	
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Self Employed			27. KIND OF BUSINESS OR INDUSTRY Heating, Air, & Siding			
28. FATHER—NAME—First Middle Last James P. Hiers			29. MAIDEN NAME OF MOTHER—First Middle Last Addie M. Pittman			
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial			31. DATE OF DISPOSITION (Month, Day, Year) 1/5/2013		32. CEMETERY OR CREMATORY—Name Jefferson Memorial Gardens, South Hoover, AL	
33. LOCATION—(City or Town—State) Hoover, AL			34. FUNERAL HOME—Name and Address Currie-Jefferson 2701 John Hawkins Pkwy, Hoover, AL			
35. FUNERAL DIRECTOR—Signature <i>[Signature]</i>			36. DATE SIGNED BY FUNERAL DIRECTOR 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: <i>[Signature]</i>			38. DATE SIGNED (Month, Day, Year) 1/1/13			
39. TIME AND DATE OF DEATH 1/2/13 1047			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) L. P. Robbins M.D.	
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) 2000 B South Bidsen Pkwy. Ste 150 Birmingham, AL 35209			43. CERTIFIER LICENSE NUMBER AL25584			
44. REGISTRAR—Signature <i>[Signature]</i>			45. DATE FILED (Month, Day, Year) Jan 23, 2013			

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>ALS</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) <u>Natural</u>		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 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

Signature of Local Registrar

Date of Issue



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

[Signature]

NAME OF DECEASED: James Hiers

ANY ALTERATIONS VOID THIS DOCUMENT