

## SCRIVENER'S AFFIDAVIT

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STATE OF ALABAMA

COUNTY OF SHELBY

20151214000425010

12/14/2015 08:01:36 AM

AFFID 1/2

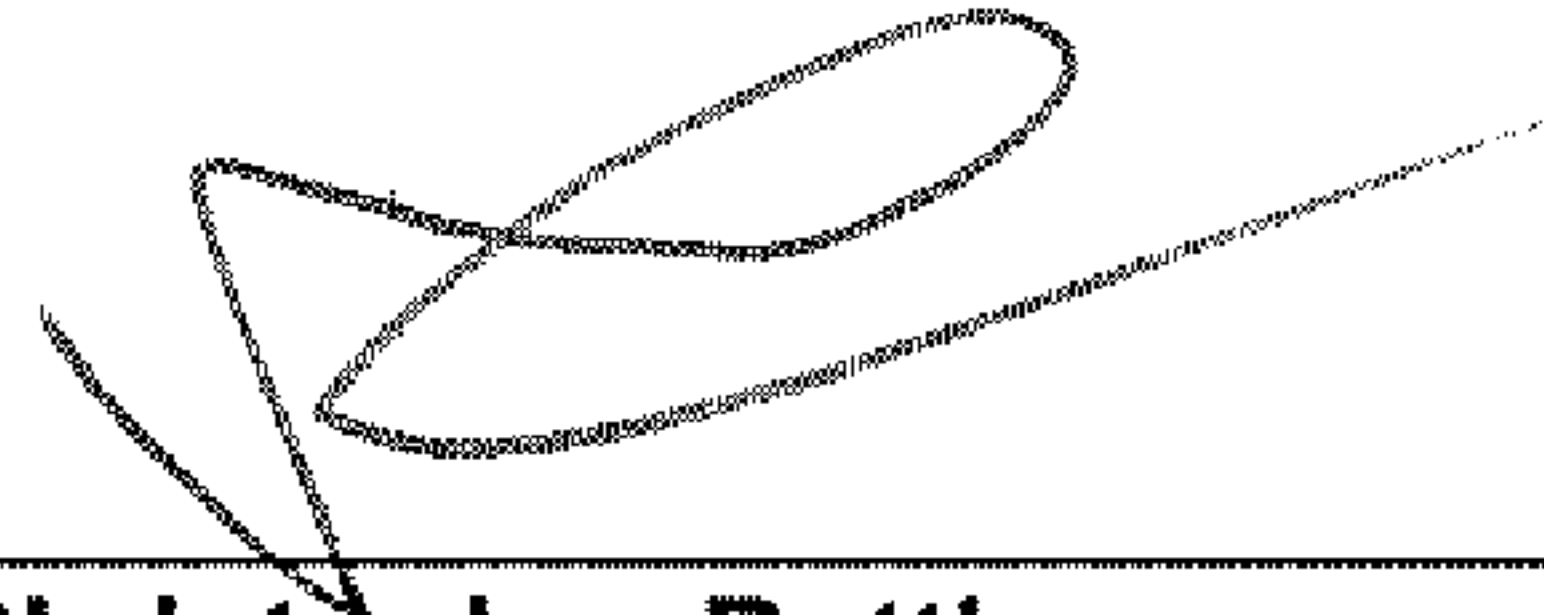
Before me, the undersigned, a Notary Public in and for said State and County personally appeared B. Christopher Battles, who, being by me first duly sworn, deposes and says as follows:

My name is **B. Christopher Battles**. On or about October 5, 2015, my office prepared an Affidavit as to Heirs regarding the family history of **James Quinton Richey, deceased**, as recorded in Instrument 20151023000370790, filed in the Office of the Judge of Probate of Shelby County, on 10/23/2015.

An error was made as to the date of death of James Quinton Richey, deceased. The decedent's correct date of death is **April 3, 2014**, as referenced in the attached Certificate of Death.

This affidavit is given for the purpose of correcting the error in said deed and confirming said error was a typographical error.

Further affiant sayeth not.



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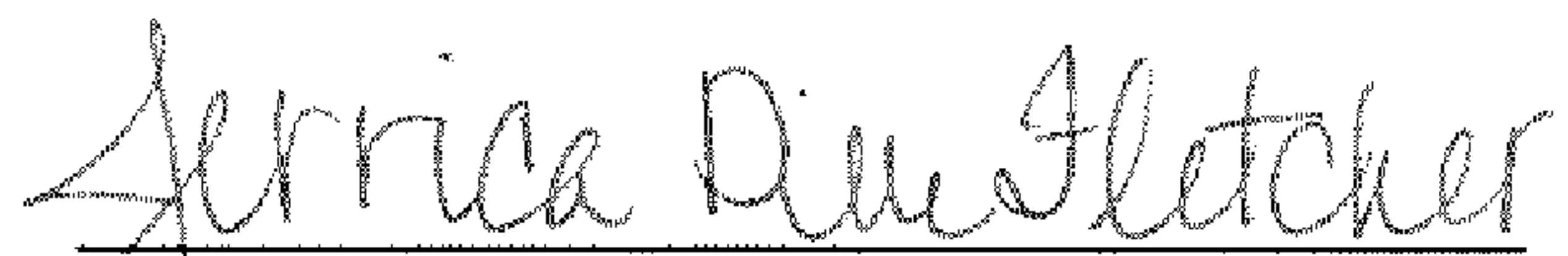
**B. Christopher Battles**

STATE OF ALABAMA

COUNTY OF SHELBY

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

Given under my hand and seal this the 8th day of December, 2015



NOTARY PUBLIC

My Commission Expires: 05/01/2017

PREPARED BY:

B. Christopher Battles  
3150 Highway 52, West  
Pelham, AL 35124

JERRICA PIKE FLETCHER  
Notary Public, State of Alabama  
Alabama State At Large  
My Commission Expires  
May 01, 2017

20151214000425010 12/14/2015 08:01:36 AM AFFID 2/2

THE FRONT OF THIS DOCUMENT IS PINK. THE BACK OF THIS DOCUMENT IS BLUE AND HAS AN OFFICIAL WATERMARK. HOLD AT AN ANGLE TO VIEW.

**ALABAMA**  
**Center for Health Statistics**  
**ALABAMA CERTIFICATE OF DEATH** **101 2014-11303**

1. DECEASED LEGAL NAME <b>James Quinton Richey</b>				2. DATE AND TIME OF DEATH <b>Apr 3, 2014 1719</b>	
3. ALIAS NAME(S) IF ANY <b>None Given</b>				4. DATE AND TIME PRONOUNCED DEAD <b>Apr 3, 2014 1724</b>	
5. COUNTY OF DEATH <b>Shelby</b>		6. CITY, TOWN OR LOCATION OF DEATH AND ZIP <b>Harpersville, 35078</b>		7. PLACE OF DEATH <b>282 Highway 83</b>	
8. HISPANIC ORIGIN <b>No</b>		9. RACE <b>White</b>		10. SEX <b>Male</b>	
11. SERVED IN ARMED FORCES <b>Yes</b>		12. AGE <b>80</b>		13. DATE OF BIRTH <b>Nov 15, 1933</b>	
14. STATE OF BIRTH <b>Alabama</b>		15. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		16. RESIDENCE STATE <b>Alabama</b>	
17. SURVIVING SPOUSE <b>Florence Merchant</b>		18. MARITAL STATUS <b>Married</b>		19. RESIDENCE COUNTY <b>Shelby</b>	
20. CITY, TOWN OR LOCATION AND ZIP <b>Harpersville, 35078</b>		21. STREET ADDRESS <b>282 Highway 83</b>		22. OCCUPATION <b>Maintenance</b>	
23. INFORMANT NAME, RELATIONSHIP AND ADDRESS <b>Florence Richey, Relationship: Wife</b>		24. BUSINESS OR INDUSTRY <b>Refrigeration</b>		25. FATHER'S NAME <b>James Olon Richey</b>	
26. MOTHER'S MAIDEN NAME <b>Jessie Mae Unknown</b>		27. DEPOSITION OF BODY <b>Burial</b>		28. DATE OF DEPOSITION <b>Apr 5, 2014</b>	
29. CEMETERY OR CREMATORY <b>Harpersville City Cemetery</b>		30. LOCATION <b>Harpersville, Alabama</b>		31. FUNERAL HOME NAME AND ADDRESS <b>Kilgroe Funeral Home, Pell City, P O Box 1070, Pell City, AL 35125</b>	
32. LICENSE NUMBER <b>[REDACTED]</b>		33. FUNERAL DIRECTOR <b>Mitch Barteo</b>		34. LICENSE NUMBER <b>[REDACTED]</b>	
35. DATE SIGNED <b>Apr 7, 2014</b>		36. MEDICAL CERTIFICATION: <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN <input type="checkbox"/> MEDICAL EXAMINER <input type="checkbox"/> CORONER		37. NAME <b>Michael J Burch MD</b>	
38. LICENSE NUMBER <b>26222</b>		39. DATE SIGNED <b>Apr 4, 2014</b>		40. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH <b>1000 Southlake Park, Suite 100, Birmingham, Alabama 35244</b>	
41. REGISTRAR <b>Catherine Molchan Donald</b>		42. DATE FILED <b>Apr 7, 2014</b>		43. PART I. DISEASE, INJURY OR COMPLICATIONS THAT CAUSED DEATH <b>IMMEDIATE CAUSE</b>	
44. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH		45. MANNER OF DEATH <b>Natural Cause</b>		46. PREGNANCY OR LACTATION <b>No</b>	
47. AUTOPSY <b>No</b>		48. FINDINGS CONSIDERED <b>No</b>		49. DATE AND TIME OF INJURY	
50. HOW INJURY OCCURRED		51. INJURY AT WORK		52. PLACE OF INJURY	
53. LOCATION OF INJURY		54. DATE SIGNED		55. DATE SIGNED	

**CAUSE OF DEATH**

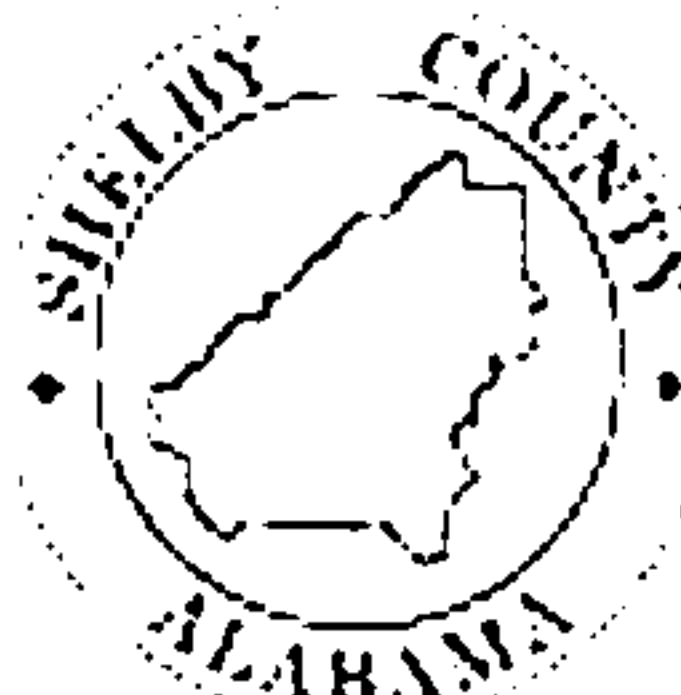
43. PART I. DISEASE, INJURY OR COMPLICATIONS THAT CAUSED DEATH		INTERVAL	
IMMEDIATE CAUSE		Unknown	
A. Cerebrovascular Disease			
DUE TO (OR AS A CONSEQUENCE OF):			
B. DUE TO (OR AS A CONSEQUENCE OF):			
C. DUE TO (OR AS A CONSEQUENCE OF):			
D. DUE TO (OR AS A CONSEQUENCE OF):			
44. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH			
45. MANNER OF DEATH		46. PREGNANCY OR LACTATION	
Natural Cause		No	
47. AUTOPSY		48. FINDINGS CONSIDERED	
No		No	
49. DATE AND TIME OF INJURY			
50. HOW INJURY OCCURRED			
51. INJURY AT WORK		52. PLACE OF INJURY	
53. LOCATION OF INJURY			

ADPH 101 E1/REV 07-10

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2014-208-192-0

April 7, 2014

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



Filed and Recorded  
Official Public Records  
Judge James W. Fuhrmeister, Probate Judge,  
County Clerk  
Shelby County, AL  
12/14/2015 08:01:36 AM  
\$17.00 CHERRY  
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