

20151215000427620 1/2 \$17.00  
Shelby Cnty Judge of Probate, AL  
12/15/2015 11:54:42 AM FILED/CERT

STATE OF Alabama  
COUNTY OF Shelby ) ss.

AFFIDAVIT OF FACTS RELATING TO TITLE

Being first duly sworn according to law, under penalties of perjury, the undersigned (hereinafter "Affiant"), does hereby state as follows:

1. My full legal name is: John H. Davis
2. By virtue of instrument dated 11/13/1989, recorded 11/17/1989, in Volume 266, Page 746, of the Shelby County Records, title was conveyed from J. E. BISHOP HOMES, INC. to JOHN H. DAVIS AND WIFE, MARGARET D. DAVIS, FOR AND DURING THEIR JOINT LIVES AND UPON THE DEATH OF EITHER OF THEM, THEN TO THE SURVIVOR OF THEM to the following described real estate:

SITUATED IN THE COUNTY OF SHELBY AND STATE OF ALABAMA:

LOT 29, ACCORDING TO THE SURVEY OF JAMESWOOD, SECOND SECTOR, AS RECORDED IN MAP BOOK 11, PAGE 108, IN THE PROBATE OFFICE OF SHELBY COUNTY, ALABAMA; BEING SITUATED IN SHELBY COUNTY, ALABAMA. MINERAL AND MINING RIGHTS EXCEPTED.

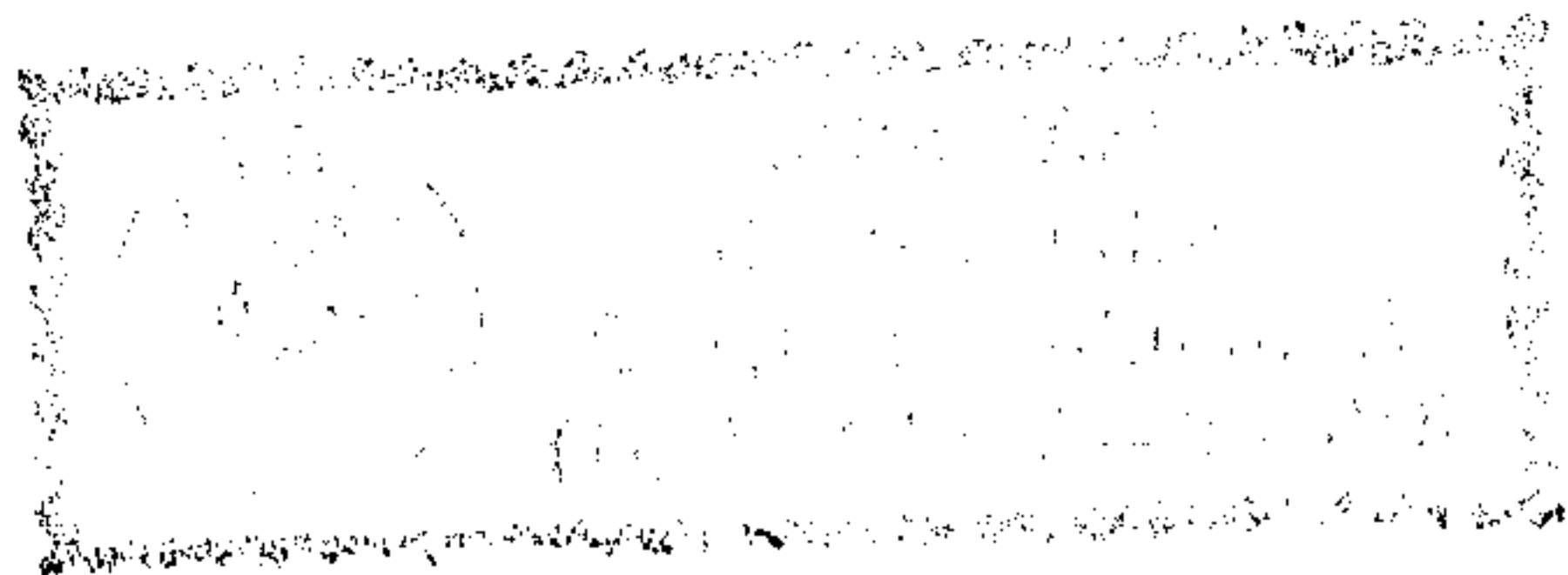
3. As evidenced by the certified copy of the death certificate attached, MARGARET D. DAVIS, is now deceased.
4. The purpose of this Affidavit is to transfer record title of the above described premises to the survivor, JOHN H. DAVIS.

Further, the Affiant sayeth naught.

AFFIANT:

SIGNATURE

Sworn to before me and subscribed in my presence this 14<sup>th</sup> day of December, 2015 by JOHN H. DAVIS (name of affiant/person executing affidavit)..



Notary Public



# ALABAMA

## CERTIFICATE OF DEATH

101

County  
File  
Number

State File Number

1. DECEASED—NAME First Middle Last (Type last name all capitals) <b>Margaret Dessert DAVIS</b>				2. DATE OF DEATH (Month, Day, Year) <b>July 25, 2011</b>		3. COUNTY OF DEATH <b>Jefferson</b>	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE <b>Homewood 35209</b>				5. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number) <b>Brookwood Medical Center</b>	
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA) <b>Inpatient</b>				8. OF HISPANIC ORIGIN (Specify Yes or No) If Yes, Specify Cuban, Mexican, Puerto Rican, etc. <b>No</b>		9. RACE—(Specify American Indian, Black, White, etc.) <b>White</b>	
10. SEX <b>Female</b>				11. AGE <b>60</b> YRS.		12. UNDER 1 YEAR MOS. DAYS HOURS MINS.	
13. DATE OF BIRTH (Month, Day, Year) <b>March 24, 1951</b>				14. DECEASED'S SOCIAL SECURITY NUMBER <b>[REDACTED]</b>			
15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) College (1-4 or 5+) <b>5+</b>				16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) <b>Married</b>		17. SURVIVING SPOUSE (If wife, give maiden name) <b>John Davis</b>	
18. Was Decedent ever in Armed Forces (Specify Yes or No) <b>No</b>							
19. STATE OF BIRTH (If not in USA, name country) <b>Washington, DC</b>		20. RESIDENCE—STATE <b>Alabama</b>		21. COUNTY <b>Shelby</b>		22. CITY, TOWN, OR LOCATION AND ZIP CODE <b>Birmingham, AL 35244</b>	
23. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		24. STREET AND NUMBER <b>5223 Jameswood Circle</b>		25. INFORMANT—Name and Address <b>John Davis 5223 Jameswood Cir, Birmingham, AL 35244</b>			
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>Dietitian</b>				27. KIND OF BUSINESS OR INDUSTRY <b>Shelby County Board of Education</b>			
28. FATHER—NAME First Middle Last <b>Kenneth O'Reilly Dessert</b>				29. MAIDEN NAME OF MOTHER— First Middle Last <b>Joan Elisa Bessolo</b>			
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) <b>Cremation</b>		31. DATE OF DISPOSITION (Month, Day, Year) <b>July 28, 2011</b>		32. CEMETERY OR CREMATORY—Name <b>Johns-Ridout's</b>		33. LOCATION—(City or Town—State) <b>Birmingham, AL</b>	
34. FUNERAL HOME—Name and Address <b>Southern Heritage 475 Cahaba Valley Rd, Pelham, AL 35124</b>				35. FUNERAL DIRECTOR—Signature <i>Kristi Hall</i>		36. DATE SIGNED BY FUNERAL DIRECTOR <b>Aug 26, 2011</b>	
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) <b>7-27-11</b>	
39. TIME AND DATE OF DEATH <b>1324 7-25-11</b>		40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only) <b>7-25-11 1326</b>		41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) <b>Sean O'Malley MD</b>			
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) <b>Beverly Spivey Catron, 1st St, Shady Creek Plaza, Alabama</b>						43. CERTIFIER LICENSE NUMBER <b>22549</b>	
44. REGISTRAR—Signature <i>Rosella Jukes</i>						45. DATE FILED (Month, Day, Year) <b>August 29, 2011</b>	

### 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. <b>Intracerebral Hemorrhage</b>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>8 hrs</b>	
b. <b>Cerebral Aneurysm</b>		c. <b>Myocardial Infarction</b>	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST			
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.) <b>No</b>	
49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) <b>Natural Cause</b>		50. AUTOPSY (Specify Yes or No) <b>No</b>	
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 <b>M.</b>			
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 Jefferson County Department of Health

*Rosella Jukes*  
Signature of Local or Deputy Registrar

August 29 2011

Date of Issue