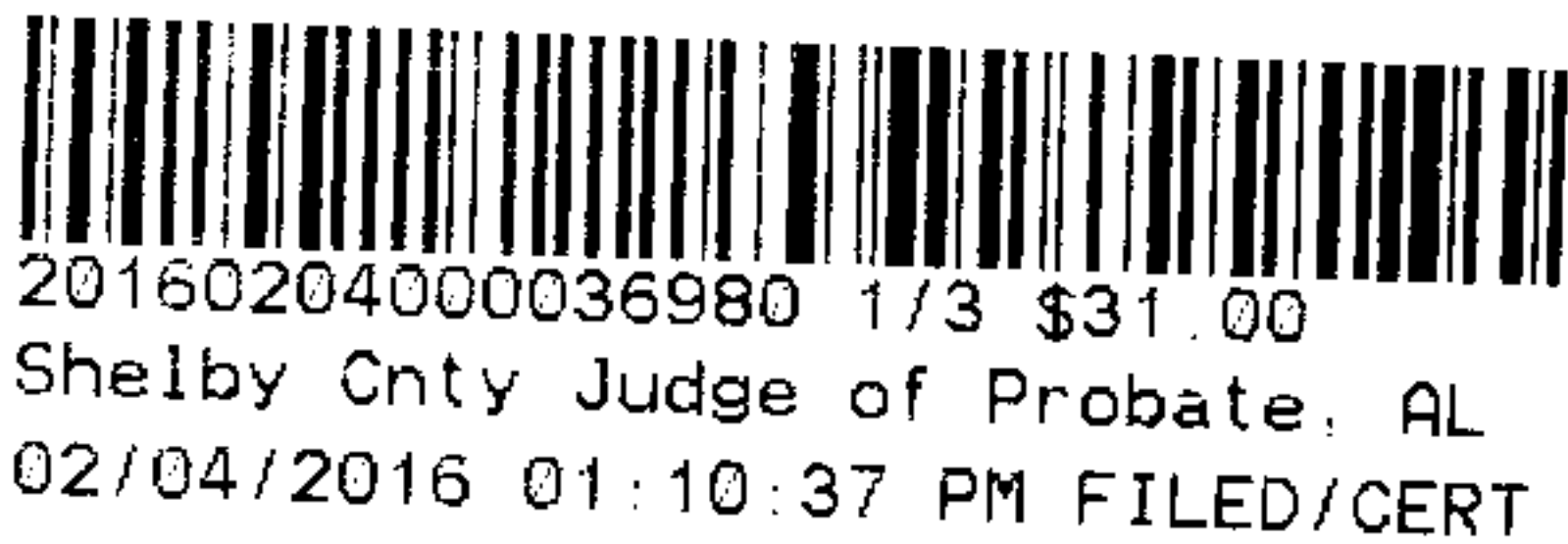


THE PREPARER OF THIS DEED MAKES NO REPRESENTATION AS TO THE STATUS OF THE TITLE OF THE PROPERTY DESCRIBED HEREIN, OR AS TO THE ACCURACY OF THE DESCRIPTION CONTAINED IN PREVIOUSLY FILED DEEDS

This instrument was prepared by:  
Kendall W. Maddox  
Kendall Maddox & Associates, LLC  
2550 Acton Road, Ste 210  
Birmingham, AL 35243

Send Tax Notice To:  
Bonnie Sult  
5560 Surrey Lane  
Birmingham, AL 35242



WARRANTY DEED

STATE OF ALABAMA )  
SHELBY COUNTY ) KNOW ALL MEN BY THESE PRESENTS:

That in consideration of TEN THOUSAND DOLLARS AND OTHER GOOD AND VALUABLE CONSIDERATION to the undersigned grantor (whether one or more), in hand paid by the grantee herein, the receipt whereof is acknowledged, I or we,

ROBERT E. SULT, A MARRIED MAN

(herein referred to as Grantor, whether one or more), grants, bargains, sells, and conveys unto

ROBERT E. SULT, BONNIE-ANN SULT AND JESSICA ZILLMAN

(herein referred to as Grantees), for and during their joint lives as joint tenants and upon the death of either of them, then to the survivor of them in fee simple, together with every contingent remainder and right of reversion, the following described real estate, situated in Shelby County, Alabama, to-wit:

Lot 6, according to the Survey of Wagon Trace, as recorded in Map Book 6, page 140, in the Probate Office of Shelby County, Alabama. Subject to taxes, restrictions, rights-of-way, exceptions, conditions, covenants and easements of record.

Robert E. Sult is the surviving Grantee in that certain warranty deed with right of survivorship recorded at Deed Book 229, page 141, dated March 1, 1989. The other Grantee, Diane M. Sult died on November 8, 2002. A copy of her death certificate is attached.

The above-described property constitutes the homestead of the Grantor and the Grantor's Spouse, Bonnie-Ann Sult. By signing this deed, the Grantor's spouse consents to this conveyance.

TO HAVE AND TO HOLD to the said Grantees for and during their joint lives as joint tenants and upon the death of either of them, then to the survivor of them in fee simple, and to the heirs and assigns of such survivor forever, together with every contingent remainder and right of reversion.

And I (we) do for myself (ourselves) and for my (our) heirs, executors, and administrators covenant with the said GRANTEE, his, her or their successors and assigns, that I am (we are) lawfully seized in fee simple of said premises; that they are free from all encumbrances, unless otherwise noted above; that I (we) have a good right to sell and convey the same as aforesaid; that I (we) will and my (our) heirs, executors and administrators shall warrant and defend the same to the said GRANTEE, his, her or their successors and assigns forever, against the lawful claims of all persons.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 29<sup>th</sup> day of January

2016.  
  
ROBERT E. SULT

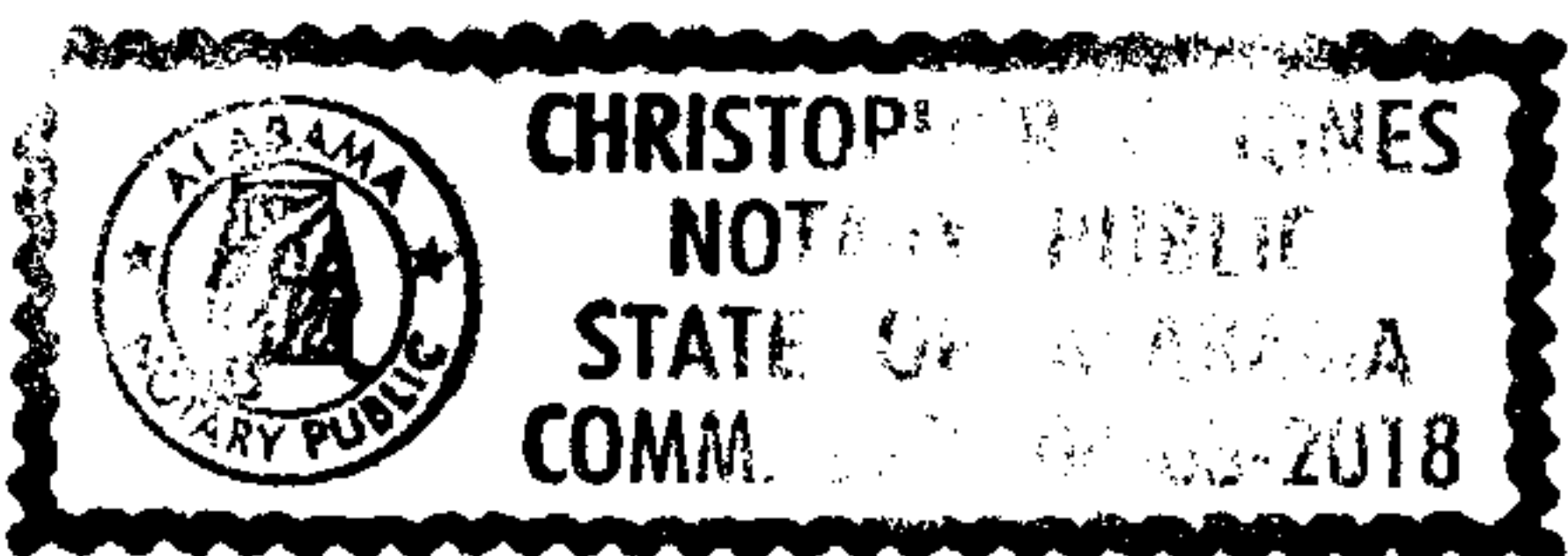
BONNIE-ANN SULT

Shelby County, AL 02/04/2016  
State of Alabama  
Deed Tax: \$10.00

STATE OF ALABAMA )  
COUNTY OF Shelby ) GENERAL ACKNOWLEDGEMENT

I, Christopher T. Jones, a Notary Public in and for said County, in said State, hereby certify that Robert E. Sult and Bonnie-Ann Sult, whose name(s) is/are signed to the foregoing conveyance, and who is/are known to me, acknowledged before me on this date, that, being informed of the contents of the conveyance has/have executed the same voluntarily on the day the same bears date.

Given my hand and official seal this 29<sup>th</sup> day of January, 2016.



Notary Public  
My Commission Expires: 4-2-18



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

November 21, 2002

*Deborah McEntyre*  
Signature of Local or Deputy Registrar

Date of Issue



20160204000036980 2/3 \$31.00  
Shelby Cnty Judge of Probate, AL  
02/04/2016 01:10:37 PM FILED/CERT

# ALABAMA

## CERTIFICATE OF DEATH

County  
File  
Number --

State File Number 101

1. DECEASED—NAME First Middle Last (Type last name all capitals) <b>Diana Clare McCullough SULT</b>				2. DATE OF DEATH (Month, Day, Year) <b>November 8, 2002</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</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>55</b> YRS.		12. UNDER 1 YEAR MOS. DAYS HOURS MINS	
13. DATE OF BIRTH (Month, Day, Year) <b>November 30, 1946</b>				14. DECEASED'S SOCIAL SECURITY NUMBER			
15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) College (1-4 or 5-7) <b>2</b>				16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) <b>married</b>		17. SURVIVING SPOUSE (If wife, give maiden name) <b>Robert E. Sult</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>Mississippi</b>			
20. RESIDENCE—STATE <b>Alabama</b>				21. COUNTY <b>Shelby</b>			
22. CITY, TOWN, OR LOCATION AND ZIP CODE <b>Meadowbrook 35242</b>				23. INSIDE CITY LIMITS (Specify Yes or No) <b>no</b>			
24. STREET AND NUMBER <b>5560 Surrey Lane</b>				25. INFORMANT—Name and Address <b>Robert E. Sult 5560 Surrey Lane Meadowbrook, AL 35242</b>			
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>secretary</b>				27. KIND OF BUSINESS OR INDUSTRY <b>construction</b>			
28. FATHER—NAME First Middle Last <b>Alfred Gerald McCullough</b>				29. MAIDEN NAME OF MOTHER—First Middle Last <b>Elizabeth Lujan Winstead</b>			
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) <b>burial</b>				31. DATE OF DISPOSITION (Month, Day, Year) <b>Nov. 12, 2002</b>		32. CEMETERY OR CREMATORY—Name <b>Magee Cemetery</b>	
33. LOCATION—(City or Town—State) <b>Magee, Mississippi</b>				34. FUNERAL HOME—Name and Address <b>1800 Oxmoor Rd Valley Chapel B'ham, AL 35209</b>			
35. FUNERAL DIRECTOR—Signature <i>John A. Skippin</i>				36. DATE SIGNED BY FUNERAL DIRECTOR <b>Nov 19, 2002</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>John A. Ward, MD</i>						38. DATE SIGNED (Month, Day, Year) <b>11/13/02</b>	
39. TIME AND DATE OF DEATH <b>13:10 11-8-02</b>				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) <b>John Ward, MD</b>	
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) <b>2010 Brookwood Med Center Dr., B'ham AL 35209</b>						43. CERTIFIER LICENSE NUMBER <b>13511</b>	
44. REGISTRAR—Signature <i>Sherry L. Myerson</i>						45. DATE FILED (Month, Day, Year) <b>November 20, 2002</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.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>Adult Respiratory Distress Syndrome</b>		<b>1 mo.</b>	
b. <b>Candida Sepsis</b>		<b>weeks</b>	
c. <b>Malnutrition</b>		<b>Months</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 <b>Stroke, diabetes mellitus, endocarditis</b>		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</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			
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)			

IN PERMANENT  
INK. DO NOT  
GREEN, RED, OR  
INK.

2002 32428

DECEASED

BURIAL

CERTIFIER

CAUSE



REAL ESTATE SALES VALIDATION FORMS

THIS DOCUMENT MUST BE FILED IN ACCORDINACE WITH CODE OF ALABAMA 1975, SECTION 40-22-1


GRANTOR NAME(S): Robert E. Sult  
MAILING ADDRESS: 5560 Surrey Lane  
Birmingham, AL 35242  
PROPERTY ADDRESS: 5560 Surrey Lane  
Birmingham, AL 35242

GRANTEE NAME(S): Robert E. Sult, Bonnie-Ann Sult & Jessica Zillman  
MAILING ADDRESS: 5560 Surrey Lane  
Birmingham, AL 35242  
DATE OF SALE: \_\_\_\_\_  
TOTAL PURCHASE PRICE: \$ 10,000.00  
OR  
ACTUAL VALUE: \$ \_\_\_\_\_  
OR  
ASSESSOR'S MARKET VALUE \$ \_\_\_\_\_

The purchase price or actual value claimed on this form can be verified in the following documentary evidence:  
(Check One) (Recordation of documentary evidence is not required.)

☒ Bill of Sale  
☐ Sales Contract  
☐ Closing Statement

☐ Appraisal  
☐ Other \_\_\_\_\_

  
20160204000036980 3/3 \$31.00  
Shelby Cnty Judge of Probate, AL  
02/04/2016 01:10:37 PM FILED/CERT

If the conveyance document presented for recordation contains all of the required information referenced above, the filing of this form is not required.

INSTRUCTIONS

Grantor's name and mailing address - provide the name of the person or persons conveying interest to property and their current mailing address.

Grantee's name and mailing address - provide the name of the person or persons to whom interest to property is being conveyed.

Property address - the physical address of the property being conveyed, if available.

Date of Sale - the date on which interest to the property was conveyed.

Total purchase price - the total amount paid for the purchase of the property, both real and personal, being conveyed by the instrument offered for record.

Actual value - if the property is not being sold, the true value of the property, both real and personal, being conveyed by the instrument offered for record. This may be evidenced by an appraisal conducted by a license appraiser or the assessor's current market value.

If no proof is provided and the value must be determined, the current estimate of fair market value, excluding current use valuation, of the property as determined by the local official charged with responsibility of valuing property for property tax purposes will be used and the taxpayer will be panelized pursuant to *Code of Alabama 1975 § 40-22-1 (h)*.

I attest, to the best of my knowledge and belief that the information contained in this document is true and accurate. I further understand that any false statements claimed on this form may result in the imposition of the penalty indicated in *Code of Alabama 1975 § 40-22-1 (h)*.

Date: \_\_\_\_\_

Print: Bonnie-Ann Sult

\_\_\_\_\_  
Unattested  
(verified by)

Sign: Bonnie-Ann Sult  
(Grantor/Grantee/Owner/Agent)