

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



20160204000036980 1/3 \$31.00  
Shelby Cnty Judge of Probate, AL  
02/04/2016 01:10:37 PM FILED/CERT

**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.

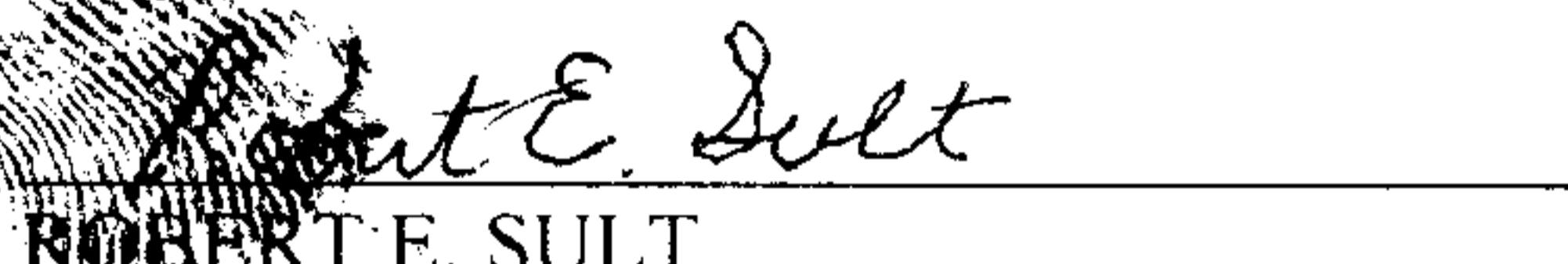
Robert E. Sult is the surviving Grantee in that certain warranty deed with right of survivorship recorded at Deed Book 229, page 141, dated March 1, 1989. The other Grantee, Diane M. Sult died on November 8, 2002. A copy of her death certificate is attached.

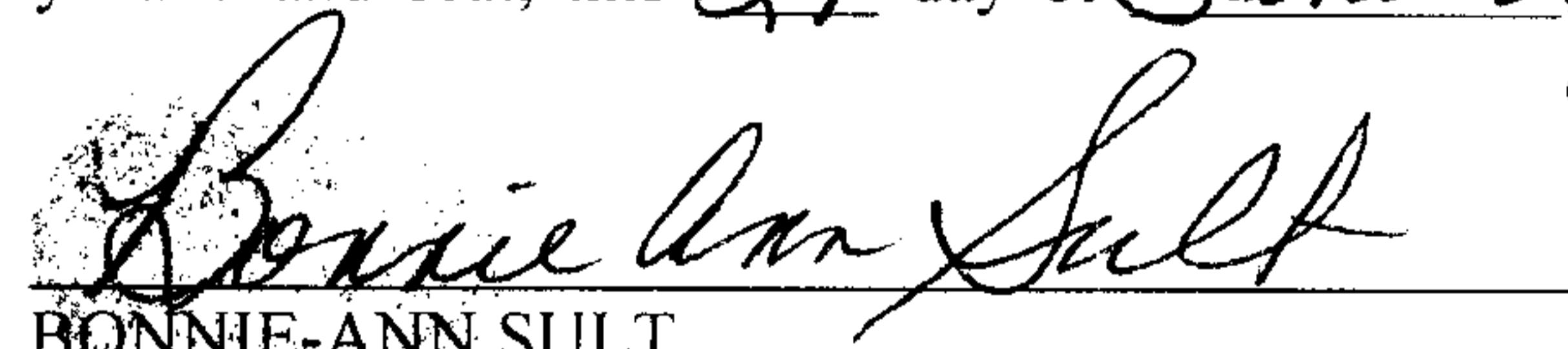
The above-described property constitutes the homestead of the Grantor and the Grantor's Spouse, Bonnie-Ann Sult. By signing this deed, the Grantor's spouse consents to this conveyance.

**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

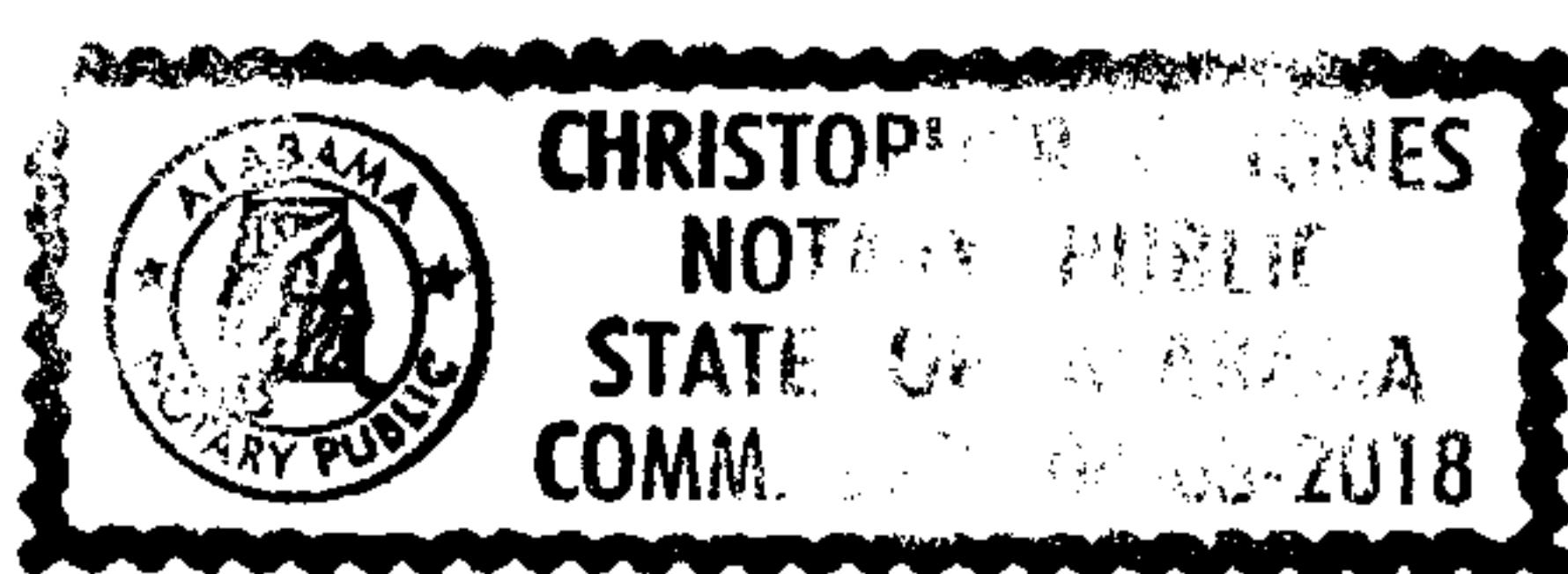
**STATE OF ALABAMA**  
**COUNTY OF Shelby**) **GENERAL ACKNOWLEDGEMENT**

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:

4/3/18



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

*Deborah M. Interne*  
Signature of Local or Deputy Registrar

November 21, 2002

Date of Issue



2016020400036980 2/3 \$31.00  
Shelby Cnty Judge of Probate, AL  
02/04/2016 01:10:37 PM FILED/CERT

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

County  
File  
Number

## ALABAMA CERTIFICATE OF DEATH

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
Diana Clare McCullough SULT			November 8, 2002	Jefferson
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)	
Homewood 35209		yes	Brookwood	
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.)
inpatient		no		white
11. AGE	12. UNDER 1 YEAR	13. DATE OF BIRTH (Month, Day, Year)	14. DECEASED'S SOCIAL SECURITY NUMBER	
55 YRS.	MOS. DAYS	November 30, 1946		
15. EDUCATION (Specify ONLY highest grade completed below)		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)
Elementary or High School (0-12)		College (1-4 or 5-7)	married	Robert E. Sult
19. STATE OF BIRTH (If not in USA, name country)		20. RESIDENCE—STATE	21. COUNTY	22. CITY, TOWN, OR LOCATION AND ZIP CODE
Mississippi		Alabama	Shelby	Meadowbrook 35242
23. INSIDE CITY LIMITS (Specify Yes or No)	24. STREET AND NUMBER		25. INFORMANT—Name and Address	
no	5560 Surrey Lane		Robert E. Sult 5560 Surrey Lane Meadowbrook, AL 35242	
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)			27. KIND OF BUSINESS OR INDUSTRY	
secretary			construction	
28. FATHER—NAME First Middle Last			29. MAIDEN NAME OF MOTHER—First Middle Last	
Alfred Gerald McCullough			Elizabeth Lujean Winstead	
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other)		31. DATE OF DISPOSITION (Month, Day, Year)	32. CEMETERY OR CREMATORIAL—Name	33. LOCATION—(City or Town—State)
burial		Nov. 12, 2002	Magee Cemetery	Magee, Mississippi
34. FUNERAL HOME—Name and Address		35. FUNERAL DIRECTOR—Signature	36. DATE SIGNED BY FUNERAL DIRECTOR	
Valley Chapel		1800 Oxmoor Rd B'ham, AL 35209	<i>John W. Wager</i>	Nov. 19, 2002
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) <i>11/13/02</i>	
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)	
13:10 11-8-02			John Ward, MD	
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)			43. CERTIFIER LICENSE NUMBER	
2010 Brookwood Med Center Dr. B'ham AL 35209			13511	
44. REGISTRAR—Signature		For State or County use only	45. DATE FILED (Month, Day, Year)	
<i>Sherry L. Myers</i>			November 20, 2002	

### 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. <i>Adult Respiratory Distress Syndrome</i> DUE TO (OR AS A CONSEQUENCE OF)			1 mo.
b. <i>Cardiac Sepsis</i> DUE TO (OR AS A CONSEQUENCE OF)			Weeks
c. <i>Malnutrition</i> DUE TO (OR AS A CONSEQUENCE OF)			Months
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 Unknown)
<i>Stroke, diabetes mellitus, endocarditis</i>			No
49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) <i>Natural</i>			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
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)

# 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.

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## 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.

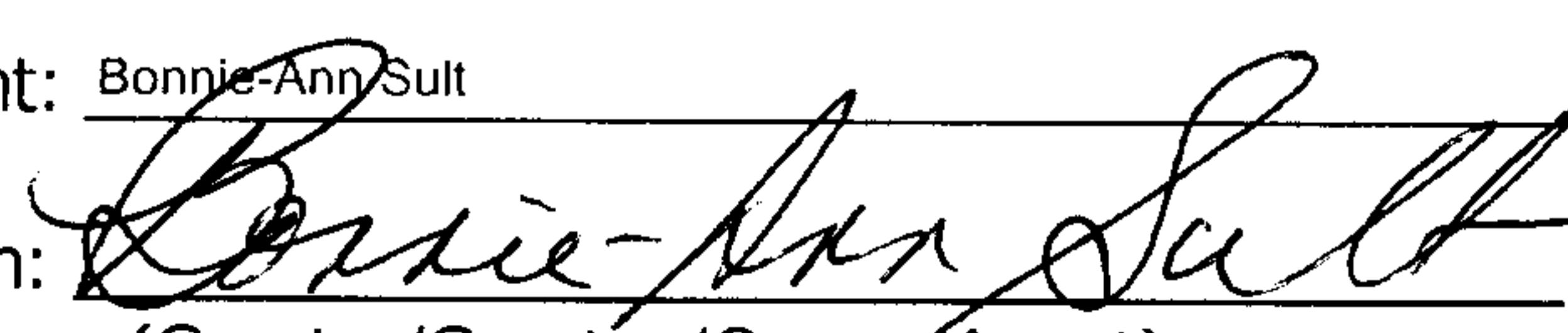
If no proof is provided and the value must be determined, the current estimate of fair market value, excluding current use valuation, of the property as determined by the local official charged with responsibility of valuing property for property tax purposes will be used and the taxpayer will be panelized 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:   
(Grantor/Grantee/Owner/Agent)