Parcel I.D. #:

Send Tax Notice To: Daryl & Rebecca Dorough
689 Dorough Road
Columbiana, AL 35051

WARRANTY DEED

Joint Tenancy With Right of Survivorship

STATE OF ALABAMA)
)
COUNTY OF SHELBY)

Know all men by these presents, that in consideration of the sum of Ten Thousand Dollars and 00/100 ($ 10,000.00), the receipt of sufficiency of which are hereby acknowledged, that **Novia F. Dorough as Power of Attorney of Anita Moore, who is the widow of J. M. Moore who died intestate on or about 14 May, 2009, without an estate being probated,** hereinafter known as GRANTOR, does hereby bargain, grant, sell and convey the following described real property being situated in Shelby County, Alabama, to **Daryl Dorough** and **Rebecca Dorough, a married couple,** hereinafter known as the GRANTEE;

One acre of uniform width off the south end of the following described property; That part of the North ½ of the East ½ of the SE 1/4 of NW 1/4 of Section 7, Township 20, Range 1 East, which lies east of the Gable Road, being a parcel approximately 420 feet wide, east and west by 660 feet long, north and south.

AND

One acre of uniform width off of the North end of the following described property: That part of the South half of the East half of the SE 1/4 of NW 1/4 of Section 7, Township 20, Range 1 East, which lies East of the Gable Road, being a parcel approximately 420 feet wide, East and West, by 660 feet long, North and South.

Subject to any and all easements, rights of way, covenants and restrictions of record.

This deed was prepared without the benefit of a title search, and a survey was not performed. The legal description was taken from that certain instrument recorded in Book 323, Page 155, in the Probate Judge's Office of Shelby County, Alabama.

Shelby County, AL 05/04/2016
State of Alabama
Deed Tax:$10.00

20160504000150120 1/5 $36.00
Shelby Cnty Judge of Probate, AL
05/04/2016 03:57:00 PM FILED/CERT

TO HAVE AND TO HOLD to the said GRANTEE as joint tenants, with right of survivorship, their heirs and assigns, forever; it being the intention of the parties to this conveyance, that (unless the joint tenancy hereby created is severed or terminated during the joint lives of the grantees herein) in the event one grantee herein survives the other, the entire interest in fee simple shall pass to the surviving grantee, and if one does not survive the other, then the heirs and assigns

of the grantees herein shall take as tenants in common, together with every contingent remainder and right of reversion.

And we do for ourselves and for our heirs, executors, and administrators covenant with the said GRANTEES, their heirs, and assigns, that we are lawfully seized in fee simple of said premises; that they are free from all encumbrances, unless otherwise noted above; that we have a good right to sell and convey he same as aforesaid; that we will and our heirs, executors and administrators shall warrant and defend the same to the said GRANTEES, their heirs and assigns forever, against the lawful claims of all person.

IN WITNESS WHEREOF, we have hereunto set our hands and seals, on this the 19 Day of April, 2016.

Anita Moore

By: Novia F. Dorough, Attorney in Fact under
Power of Attonrey as recorded in
Instrument #: 20160217000050320
in the Probate Court of Shelby County, AL

STATE OF ALABAMA)
)
COUNTY OF SHELBY)

I, the undersigned, a Notary Pubic in and for said State, do hereby certify that *Novia F. Dorough, as Power of Attorney,* whose name is signed to the foregoing conveyance, and who is personally known to me, acknowledged before me and my official seal of office, that he did execute the same voluntarily on the day the same bears date.

Given under my hand and official seal of office on this the 19 Day of April, 2016.

NOTARY PUBLIC
My Commission Expires: 18 March, 2020

This Instrument Prepared By:

Clint C. Thomas, P.C.
Attorney at Law
P.O. Box 1422
Calera, AL 35040

20160504000150120 3/5 $36.00
Shelby Cnty Judge of Probate, AL
05/04/2016 03:57:00 PM FILED/CERT

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

TYPE IN PERMANENT BLACK INK. DO NOT USE GREEN, RED, OR BLUE INK.

ALABAMA

CERTIFICATE OF DEATH

County File Number —

State File Number 101

DECEASED

1. DECEASED—NAME First: James	Middle: Manuel	Last (Type last name all capitals): MOORE	2. DATE OF DEATH (Month, Day, Year): May 14 2009	3. COUNTY OF DEATH: Shelby
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE: Columbiana 35051		5. INSIDE CITY LIMITS (Specify Yes or No): No	6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number): 745 Dorough Road	
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: 70 YRS.	12. UNDER 1 YEAR: MOS. / DAYS — UNDER 1 DAY: HOURS / MINS.		13. DATE OF BIRTH (Month, Day, Year): December 31 1938	14. DECEASED'S SOCIAL SECURITY NUMBER: [redacted]
15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12): 12	College (1-4 or 5+)	16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced): Married	17. SURVIVING SPOUSE (If wife, give maiden name): Anita Dorough	18. Was Decedent ever in Armed Forces (Specify Yes or No): Yes
19. STATE OF BIRTH (If not in USA, name country): Alabama	20. RESIDENCE—STATE: AL	21. COUNTY: Shelby	22. CITY, TOWN, OR LOCATION AND ZIP CODE: Columbiana 35051	
23. INSIDE CITY LIMITS (Specify Yes or No): No	24. STREET AND NUMBER: 745 Dorough Road		25. INFORMANT—Name and Address: Anita Moore 745 Dorough Road Columbiana, Alabama 35051	
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Welder			27. KIND OF BUSINESS OR INDUSTRY: Machine Shop	
28. FATHER—NAME First / Middle / Last: Manley Van Moore			29. MAIDEN NAME OF MOTHER— First / Middle / Last: Elvira Victoria Brock	

BURIAL

30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other): Burial	31. DATE OF DISPOSITION (Month, Day, Year): May 18, 2009	32. CEMETERY OR CREMATORY—Name: Mt Zion Cemetery	33. LOCATION—(City or Town—State): Westover, AL
34. FUNERAL HOME—Name and Address: Bolton Funeral Home 207 Highway 47 South Columbiana AL 35051		35. FUNERAL DIRECTOR—Signature: Connie S. Dority	36. DATE SIGNED BY FUNERAL DIRECTOR: June 6, 2009

CERTIFIER

37. X 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: CBaker MD

38. DATE SIGNED (Month, Day, Year): 5/19/09

39. TIME AND DATE OF DEATH: 8:35 PM 05/14/2009	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): Dr. Cynthia Baker
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46): 2400 John Hawkins Parkway, Birmingham, AL. 35244		43. CERTIFIER LICENSE NUMBER: 21095
44. REGISTRAR— Signature: Sheila Keller — For State or County use only		45. DATE FILED (Month, Day, Year): June 8, 2009

MEDICAL CERTIFICATION

CAUSE

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. End-stage lung disease	
	DUE TO (OR AS A CONSEQUENCE OF):	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Asbestosis	
	DUE TO (OR AS A CONSEQUENCE OF):	
	c.	
	DUE TO (OR AS A CONSEQUENCE OF):	
	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 Unk.)

49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause): Natural	50. AUTOPSY (Specify Yes or No): 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 1 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

455-60-1797

SSN: _____

6/8/09 #1 correct per FH SK

Manuel Moore

NAME OF DECEASED

46. _____
49. _____
55. _____

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

Sheila Keller
Signature of Local Registrar

June 8, 2009
Date of Issue

Real Estate Sales Validation Form

This Document must be filed in accordance with Code of Alabama 1975, Section 40-22-1

Grantor's Name Anita Moore
Mailing Address 2-N
295 West Oxmoor Rd.
Homewood, AL 35209

Grantee's Name Daryl Dorough
Mailing Address 689 Dorough Rd.
Columbiana, AL 35051

Property Address _____

Date of Sale 4/5/16
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
X Closing Statement
___ Appraisal
___ Other _____

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 licensed 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 the responsibility of valuing property for property tax purposes will be used and the taxpayer will be penalized 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 3/29/16

Print Clint C. Thomas

Unattested

Sign _____

(Grantor/Grantee/Owner/Agent) circle one

ied by)

Form RT-1