

OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY

HEIRSHIP AFFIDAVIT

(Heirship of Grace T. Gowers Deceased)



20160506000154010 1/2 \$17.00
Shelby Cnty Judge of Probate, AL
05/06/2016 12:58:25 PM FILED/CERT

FILE NUMBER: 8895
STATE OF ALABAMA
COUNTY OF SHELBY

MARY JANE WILLINGHAM, of lawful age, being first duly sworn, upon his/her oath deposes and says:

20 That he/she was personally well acquainted with the above decedent, during her lifetime, having known her for 20 years, and that affiant bears the following relationship to the said decedent, to-wit: FRIEND

SHELBY
Affiant further states that the said decedent departed this life at HOSPITAL, in SHELBY County, State of AL, on or about 12/19/2000, being 83 years old at the date of her death.

Affiant further states that he/she was well acquainted with the family and near relatives of the said decedent, and with all those who would under the laws of the State of AL, be her heirs, and that the following statements and the answers to the following named questions are based upon the personal knowledge of affiant and are true and correct:

QUESTION 1- Did the decedent leave a will? ANSWER: YES

QUESTION 2- If so, has the will been admitted to probate- at what place, and when? ANSWER: NO

QUESTION 3- Is there any other document purporting to be the Last Will and Testament of Grace T. Gowers? ANSWER: NO

QUESTION 4- Has an administrator been appointed for the estate of said deceased? ANSWER: NO

QUESTION 5- If so, give the County in which the said administration proceedings are pending, and the name and address of the administrator. ANSWER: NA

QUESTION 6- Did the decedent receive the benefit of any Medicaid payments? ANSWER: Yes No X
If yes, attach copy of Division of Medicaid Waiver of Recovery pursuant to Section 43-13-371.

QUESTION 7- Give the name and address of the surviving widow or widower of decedent. ANSWER: DILLION GOWERS
If not living, state date of death .

QUESTION 8- If the decedent was married more than once, give the name of the former husband or wife, and state whether said former spouse is dead or divorced.
ANSWER: NA

QUESTION 9- On the blank lines below, give the names and places of residence of all surviving children of deceased, together with the other information called for: ANSWER: (Give names of surviving children only)

Name of Child	Date of Birth	If not living Date of death	Surviving Husband or Wife	If not living Date of Death
1. <u>NA</u>	<u> </u>	<u> </u>	<u>NA</u>	<u> </u>
2. <u>NA</u>	<u> </u>	<u> </u>	<u>NA</u>	<u> </u>



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QUESTION 10- Give below the names of any deceased children of the decedent, together with the other information called For: ANSWER:

	Name of Child	Date of Birth	Date of death	Surviving Husband or Wife	If not living Date of Death
1.	NA				
2.	NA				

QUESTION 11- Give the names of the children of any deceased son or daughter of the decedent: ANSWER:

Name of Child	Date of Birth	Address or if not living, Date of death	Name of Father and Mother
1. NA			
2. NA			

QUESTION 12- Did the decedent have any adopted children, or step-children taken into his home?
ANSWER: Yes X No _____. IF SO, WRITE THEIR NAMES, AGES, AND ADDRESSES IN THE
BLANK LINES BELOW:

Name	Age	Address
1. DEBBIE HODGES	OVER 19	7883 STEMLEY RD, TALLADEGA, AL 35160
2. ANNA BYRD	OVER 19	125 WESTERN AVE, SYLACAUGA, AL 35150
3. NA		

QUESTION 13- Did the decedent leave any unpaid debts; and if so, give as nearly as possible, the amount of such debts, and

Whether they have since been paid. **NONE**
ANSWER: _____

QUESTION 14- If the decedent left no children, then give below the names and addresses (together with other information called for), of his surviving father, mother, brothers and sisters: ANSWER:

	Name	Relationship	Age	Address or if not living Date of Death
1.	NA			
2.	NA			
3.	NA			

QUESTION 15- If the decedent left no children nor children of a deceased child, then give below the names of any deceased brothers and sisters of the decedent, together with the other information called for: ANSWER:

Name of Brother/Sister	Date of Birth	Date of Death	Surviving Children	If not living Date of Death
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Signature of Affiant

STATE OF ALABAMA)
COUNTY OF Jefferson)

Sworn to and subscribed before me, this
The 2nd day of May, 2016.

My Commission Expires 2/7/2018