

This Document Prepared By:
Karen Davis
2020 Little Ridge Circle
Birmingham, Alabama 35242

After Recording Send Tax Notice To:
Karen Davis, et al
2020 Little Ridge Circle
Birmingham, Alabama 35242

610484

Assessor's Parcel Number: 09-3-06-0-001-014.061

WARRANTY DEED
TITLE OF DOCUMENT

STATE OF ALABAMA

KNOW ALL MEN BY THESE PRESENTS:

SHELBY COUNTY

THAT in consideration of ONE AND NO/100 DOLLARS (\$1.00), to the undersigned grantor (whether one or more), in hand paid by the grantee herein, the receipt whereof is acknowledged, I or we, **Karen Davis, formerly known as Karen M. Combs, a married woman, who acquired title without marital status, and surviving joint tenant of Marion Davis, as per attached certified copy of Certificate of Death**, (herein referred to as grantor, whether one or more), whose mailing address is 2020 Little Ridge Circle, Birmingham, Alabama 35242, grant, bargain, sell and convey unto **Karen Davis and Eric A. Combs, wife and husband**, (herein referred to as grantee, whether one or more), whose mailing address is 2020 Little Ridge Circle, Birmingham, Alabama 35242, the following described real estate, situated in Shelby County, Alabama, to wit:

SEE EXHIBIT "A" ATTACHED HERETO AND BY THIS REFERENCE MADE A PART HEREOF.

COMMONLY known as: 2020 Little Ridge Circle, Birmingham, Alabama 35242

TO have and to hold to the said grantee, his, her or their heirs and assigns forever.

The land described herein (You must make a selection):

✓ is homestead property of the said Grantor

 is **NOT** homestead property of the said Grantor

Subject To: Restrictions, Conditions, Covenants, Rights, Rights of Way, and easements now of record, if any.

AND I (we) do for myself (ourselves) and for my (our) heirs, executors, and administrators covenant with the said GRANTEES, their heirs and assigns, that I am (we are) lawfully seized in fee simple of said premises; that they are free from all encumbrances, unless 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 GRANTEES, their heirs and assigns forever, against the lawful claims of all persons.

IN WITNESS WHEREOF, **Karen Davis, f/k/a Karen M. Combs**, have hereunto set my (our) hand(s) and seal(s), this 10TH day of FEBRUARY, 2016.

Karen Davis, f/k/a Karen M. Combs

Karen Davis, f/k/a
Karen M. Combs

General Acknowledgement

STATE OF ALABAMA
SHELBY COUNTY

I, HORACE D. PETERS JR a Notary Public in and for said County, in said State, hereby certify that **Karen Davis, f/k/a Karen M. Combs**, whose name(s) is/are signed to the foregoing conveyance and who is/are known to me, acknowledged before me on this day, that, being informed of the contents of the above and foregoing conveyance, he/she/they executed the same voluntarily on the day the same bears date.

NOTARY STAMP/SEAL

Given under my hand and official seal of office this 10TH
day of FEBRUARY, 2016.

Horace D. Peters Jr
NOTARY PUBLIC
My Commission Expires: 08/03/2019



20160801000270690 08/01/2016 02:44:46 PM DEEDS 3/5

EXHIBIT "A"
LEGAL DESCRIPTION

THE FOLLOWING DESCRIBED REAL ESTATE, SITUATED IN COUNTY OF SHELBY, STATE OF ALABAMA, TO-WIT:

LOT 50, ACCORDING TO THE SURVEY OF LITTLE RIDGE ESTATES, AS RECORDED IN MAP BOOK 9, PAGE 174 A AND B, IN THE PROBATE OFFICE OF SHELBY COUNTY, ALABAMA.

Source of Title Ref.: Deed: Recorded February 4, 2004; Doc. No. 20040204000057540

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

ALABAMA

Center for Health Statistics

ALABAMA

CERTIFICATE OF DEATH

13-04239

County
File
Number

State File Number 101

1. DECEASED—NAME First Middle Last Marion Max Davis		2. DATE OF DEATH (Month, Day, Year) January 21, 2013		3. COUNTY OF DEATH Jefferson	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Birmingham, Al 35242		5. INSIDE CITY LIMITS (Specify Yes or No) Yes		6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number) 2020 Little Ridge Circle	
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA) No		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 73 YRS.		12. UNDER 1 YEAR MO. 7 DAYS 27 HOURS 13 MIN.	
13. DATE OF BIRTH (Month, Day, Year) March 27, 1939		14. DECEASED'S SOCIAL SECURITY NUMBER [REDACTED]		15. EDUCATION (Specify High School, College, etc.) High School	
16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Divorced		17. SURVIVING SPOUSE (If wife, give maiden name) Karen Combs		18. Was Deceased ever in Armed Forces (Specify Yes or No) No	
19. STATE OF BIRTH (If not in USA, name country) Alabama		20. RESIDENCE—STATE Alabama		21. COUNTY Jefferson	
22. CITY, TOWN, OR LOCATION AND ZIP CODE Birmingham, Al 35242		23. INSIDE CITY LIMITS (Specify Yes or No) Yes		24. STREET AND NUMBER 2020 Little Ridge Road	
25. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Owner/Operator		26. KIND OF BUSINESS OR INDUSTRY Public Accounting Firm		27. INFORMANT—Name and Address Karen Combs 35242	
28. FATHER—NAME First Middle Last Macon Montgomery Davis		29. MOTHER—NAME First Middle Last Eva Leigh Johnston		30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial	
31. DATE OF DISPOSITION (Month, Day, Year) 01/22/13		32. CEMETERY OR CREMATORY—Name Asbury cemetery		33. LOCATION—City or Town—State Guntersville, Ala	
34. FUNERAL HOME—Name and Address Hamilton Funeral Home Po Box 274 Hamilton, Al 35570		35. FUNERAL DIRECTOR—Signature Rand Jackson		36. DATE SIGNED BY FUNERAL DIRECTOR 07063	
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 Signature: [Signature]		38. DATE SIGNED (Month, Day, Year) January 23, 2013		39. TIME AND DATE OF DEATH 1-21-13 9:15am	
40. DATE AND TIME PHONICALLY DEAD (For Coroner/M.E. use only) 01/21/13 9:15am		41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Form 46) Andrew Jackson MD		42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Form 46) Gentiva Hospice-2084 Valleydale Rd, Birmingham, Al 35244	
43. REGISTRAR—Signature Jane Crow		44. DATE FILED (Month, Day, Year) February 1, 2013		45. DATE FILED (Month, Day, Year) February 1, 2013	

MEDICAL CERTIFICATION

46. PART 1: 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) → Myocardial Infarction Complicated by Aortic Aneurysm		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 mos	
47. PART 2: Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1. Arteriosclerosis		48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unknown) No	
49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) Natural Cause		50. AUTOPSY (Specify Yes or No) No	
51. HOW INJURY OCCURRED (Enter nature of injury in Item 46, Part 1 or Item 47, Part 2) [Blank]		52. DATE OF INJURY (Month, Day, Year) [Blank]	
53. PLACE OF INJURY (Specify at Home, Farm, street, factory, office building, etc.) [Blank]		54. HOUR OF INJURY [Blank]	
55. INJURY AT WORK (Specify Yes or No) [Blank]		56. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State) [Blank]	

This is a legal record and must be filed within five (5) days after death

FEB 04 2013

ADPH-12/Rev 11-83

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This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2013-154-657-1

Catherine M. Donald

February 20, 2013

Catherine Molchan Donald
State Registrar of Vital Statistics

ALL ALTERATIONS VOID THIS DOCUMENT

Davis, Marion

NAME OF DECEASED

Item #36 should read January 22, 2013 per letter from FH. 2-11-2013 yum

TYPE IN PINK INK
BLACK INK DO NOT
USE GREEN, RED, OR
BLUE INK3. 032020
6. 001
9. 99
10. 237620
20. 237620
26. 42400

Real Estate Sales Validation Form*This Document must be filed in accordance with Code of Alabama 1975, Section 40-22-1*

Grantor's Name Karen Davis
 Mailing Address 2020 Little R. Pge Circle
Birmingham, AL 35242

Grantee's Name Karen Davis
 Mailing Address 2020 Little R. Pge Circle
Birmingham, AL 35242

Property Address 2020 Little R. Pge Circle
Birmingham, AL 35242

Date of Sale 2-10-16
 Total Purchase Price \$ 1.00

or
 Actual Value \$ 0

or
 Assessor's Market Value \$ 22,520.00
1/2 the value 11,260.00

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

☐ Appraisal

☐ Sales Contract

☒ Other removing the deceased & adding spouse

☐ Closing Statement

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 2/10/16

Print Karen Davis Eric A. Conas

Unattested

[Signature]

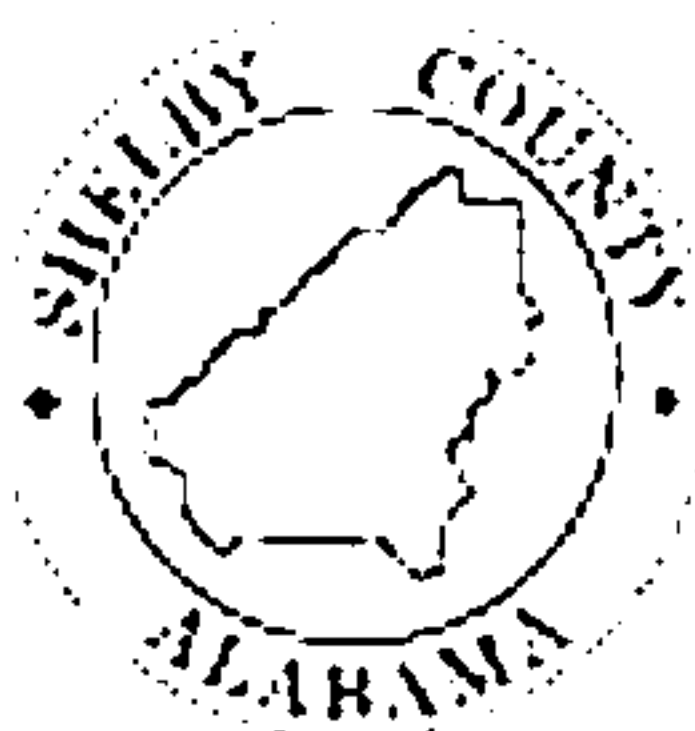
(verified by)

Sign [Signature] [Signature]

(Grantor/Grantee/Owner/Agent) circle one

Print Form

Form RT-1



Filed and Recorded
 Official Public Records
 Judge James W. Fuhrmeister, Probate Judge,
 County Clerk
 Shelby County, AL
 08/01/2016 02:44:46 PM
 \$38.50 CHERRY
 20160801000270690

[Signature]