

AFFIDAVIT OF HEIRSHIP

THIS AFFIDAVIT MUST BE FILED
IN THE COUNTY CLERK'S RECORD.



20160906000322740 1/2 \$18.00
Shelby Cnty Judge of Probate, AL
09/06/2016 12:44:12 PM FILED/CERT

Reported owner name:	Claim number:
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This Affidavit must be completed by a third disinterested party (Affiant) who will not benefit from the decedent's estate. Do not complete this form if the decedent left a will that was probated in court or there has been some other type of court determination to the estate.

Affidavit of facts concerning the identity of Heirs for the Estate of: Terri Lane Coffey

Before me, the undersigned authority, on this day personally appeared: _____
("Affiant") who, being first duly sworn, upon his/her oath states:

1. My name is: Betina N. Lill

I live at: 30189 AL Hwy 91 Hanceville, AL 35077

I am personally familiar with the family and marital history of: Terri Lane Coffey
(Decedent), and I have personal knowledge of the facts stated in this Affidavit.

2. I knew the decedent from MAY 1994 until 9-4-14 Decedent died on 9-4-2014

Decedent's place of death: Pelham AL Shelby
At the time of decedent's death, Pelham AL Shelby
decedent's residence was: Pelham AL Shelby

3. Provide the following information on the deceased's marital history:
(If never married, please state that below.)

NAME OF SPOUSE	DATE OF MARRIAGE	DATE OF DIVORCE	DATE OF SPOUSE'S DEATH
Thomas Coffey	July 1988	Nov 2003	NA

4. Provide the following information on the deceased's natural born and adopted children:
(If there are none, please state that below. If additional space is needed, please provide information as an attachment.)

NAME OF CHILD/ CURRENT ADDRESS	DATE OF BIRTH	NAME OF CHILD'S OTHER PARENT	DATE OF CHILD'S DEATH
Thomas Justin Coffey	12-22-1988	Thomas D. Coffey	NA

5. Provide the following information on the deceased's grandchildren, born only to the deceased children in Item 4, above:
(If there are none, please state that below.)

NAME OF CHILD/ CURRENT ADDRESS	DATE OF BIRTH	NAME OF GRANDCHILD'S DECEASED PARENT
NO grandchildren	NA	NA

6. If the decedent never married and did not have any children, provide the following information on the deceased's parents:

DECEASED'S PARENTS	PARENT'S NAME/ CURRENT ADDRESS	PARENT'S DATE OF DEATH
MOTHER	NA	
FATHER		

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7. Provide the following information on the deceased's brothers and/or sisters:
(If there are none, please state that below.)

NAME OF CHILD/ CURRENT ADDRESS	DATE OF BIRTH	BROTHER'S OR SISTER'S DATE OF DEATH
Ashley W. Stratton	10/8/1977	11-16-2007

8. Provide the following information on the deceased's nieces and/or nephews born only to the deceased brothers/sisters in Item 7, above:

(If there are none, please state that below. If additional space is needed, please provide information as an attachment.)

NAME OF NIECE OR NEPHEW/ CURRENT ADDRESS	DATE OF BIRTH	NAME OF NIECE OR NEPHEW'S DECEASED PARENT
Joseph W. Stratton	unknown	Ashley W. Stratton Deceased

Signed this 4 day of September, 2016.

Betina N. Lill

(SIGNATURE OF AFFIANT)

State of Alabama

County of Cullman

Sworn to and subscribed to before me on 9-4-16 (DATE)

by Betina N. Lill (NAME OF AFFIANT)

Brenda J. Davis
(NOTARY SIGNATURE)

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(Notary Seal)

My commission expires: 28th day of April, 2016.