

AFFIDAVIT OF HEIRSHIP

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

20160906000322750 1/2 \$18.00
Shelby Cnty Judge of Probate, AL
09/06/2016 12:44:13 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: Brenda S Stratton
("Affiant") who, being first duly sworn, upon his/her oath states:

1. My name is: Brenda S. Stratton

I live at: 1909 Chandler Court Pelham AL 35124

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 10-31-1968 until 9-4-2014 Decedent died on 9-4-2014

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

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 D. Coffey	1988	11-20-2003	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
NONE		

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		
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	10-8-77	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	8-22-2007	Ashley W. Stratton

Signed this 2 day of September, 2016.

Brenda S. Stratton
(SIGNATURE OF AFFIANT)

State of Alabama

County of Shelby

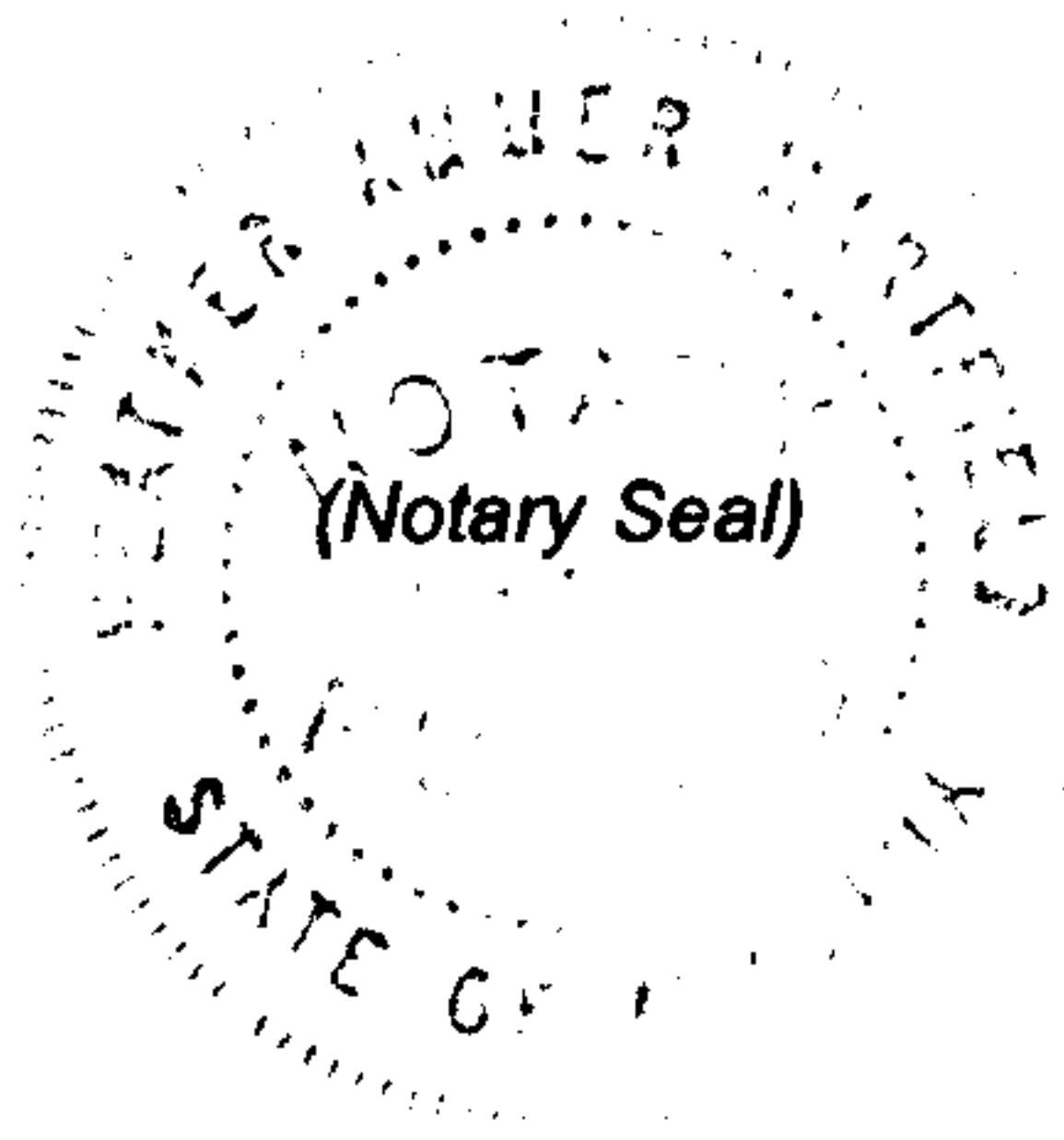
Sworn to and subscribed to before me on September 2nd 2016
(DATE)

by Brenda S. Stratton
(NAME OF AFFIANT)

Heather Ammer Houtfield
(NOTARY SIGNATURE)



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My commission expires: 20th day of August, 2017.