This Instrument was Prepared By:

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

20161206000445860 1/4 $24.00
Shelby Cnty Judge of Probate, AL
12/06/2016 02:43:23 PM FILED/CERT

STATE OF ALABAMA)
)
COUNTY OF SHELBY)

Affidavit of Heirship

Before me, the undesigned authority, a Notary Public, in and for said County, in said State, personally appeared *Gloria Jean Jones;* and *Teresa Mae Hall,* who after being by me first duly sworn, deposed and said on oath as follows:

Our names are *Gloria Jean Jones;* and *Teresa Mae Hall*, respectively.

We are the only heirs of *Willis Gene Gentry*, a deceased person, having died testate on or about 03 May, 2006, and *Lessie Mae Gentry,* who died testate on or about 16 March, 2007. A probate estate was opened for *Willis Gene Gentry* and *Lessie Mae Gentry* in the Probate Court of Shelby County, Alabama. We certify that we are the only children of *Willis Gene Gentry* and *Lessie Mae Gentry* and that they had not re-married at the time of his/her death.

Further affiant saith not.

Gloria Jean Jones
Affiant

Teresa Mae Hall
Affiant

STATE OF ALABAMA)
)
COUNTY OF SHELBY)

Sworn to and subscribed to before me and my official seal on this the 17th Day of November, 2016, by **Gloria Jean Jones.**

Brandi Pardue
NOTARY PUBLIC
My Commission Expires: 7-25-18

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STATE OF ALABAMA)
)
COUNTY OF SHELBY)

Sworn to and subscribed to before me and my official seal on this the 17th Day of November, 2016, by **Teresa Mae Hall.**

Brandi Pardue
NOTARY PUBLIC
My Commission Expires: 7-25-18

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

1. DECEASED—NAME First: Lessie Middle: Mae Last (Type last name all capitals): GENTRY
2. DATE OF DEATH (Month, Day, Year): March 16, 2007
3. COUNTY OF DEATH: Shelby
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE: Alabaster 35007
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): Shelby Baptist Medical Center
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA): Inpatient
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: Female
11. AGE: 70 YRS.
12. UNDER 1 YEAR: MOS. DAYS
UNDER 1 DAY: HOURS MINS.
13. DATE OF BIRTH (Month, Day, Year): March 20, 1936
14. DECEASED'S SOCIAL SECURITY NUMBER: [redacted]
15. EDUCATION (Specify ONLY highest grade completed below): Elementary or High School (0-12): 9 College (1-4 or 5+)
16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced): Widowed
17. SURVIVING SPOUSE (If wife, give maiden name)
18. Was Decedent 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: Shelby
22. CITY, TOWN, OR LOCATION AND ZIP CODE: Calera 35040
23. INSIDE CITY LIMITS (Specify Yes or No): No
24. STREET AND NUMBER: 500 Sontepe Road
25. INFORMANT—Name and Address: Teresa G.Hall 485 Sontepe Road Calera,AL 35040
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Homemaker
27. KIND OF BUSINESS OR INDUSTRY: Own Home
28. FATHER—NAME First: Clifford Middle: Lewis Last: Cook
29. MAIDEN NAME OF MOTHER— First: Dora Middle: Bell Last: Blackmon
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other): Burial
31. DATE OF DISPOSITION (Month, Day, Year): 03-19-2007
32. CEMETERY OR CREMATORY—Name: Shelby Memory Gdn.
33. LOCATION—(City or Town—State): Calera,AL
34. FUNERAL HOME—Name and Address: Rockco Funeral Home P.O.Box 647 Montevallo,AL 35115
35. FUNERAL DIRECTOR—Signature: Cody Caldwell
36. DATE SIGNED BY FUNERAL DIRECTOR: 03-24-2007
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 "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:
38. DATE SIGNED (Month, Day, Year): 3/30/07
39. TIME AND DATE OF DEATH: 3/16/07 0230
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. Gary Howard
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46): 33 Salem Rd montevallo Al 35115
43. CERTIFIER LICENSE NUMBER: 13355
44. REGISTRAR— Signature: Sheila Vetter
For State or County use only
45. DATE FILED (Month, Day, Year): April 6, 2007

MEDICAL CERTIFICATION

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Cardiopulmonary arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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. DUE TO (OR AS A CONSEQUENCE OF): Acute MI

c. DUE TO (OR AS A CONSEQUENCE OF): Substernal chest pain

d.

47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: COPD

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 I or Item 47, Part II)

53. DATE OF INJURY (Month, Day, Year)

54. HOUR OF INJURY

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)

NAME OF DECEASED Lessie Mae Gentry SSN: [redacted]

DECEASED BURIAL CERTIFIER CAUSE

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

ADPH-HS-2/Rev. 11-93

20161206000445860 3/4 $24.00
Shelby Cnty Judge of Probate, AL
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This is a true and exact copy of the record on file with the Shelby County Health Department

Sheila Vetter
Signature of Local Registrar

April 9, 2007
Date of Issue

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ALABAMA

CERTIFICATE OF DEATH

County File Number —

State File Number 101

DECEASED

1. DECEASED—NAME First	Middle	Last (Type last name all capitals)	2. DATE OF DEATH (Month, Day, Year)	3. COUNTY OF DEATH
Willis	Gene	GENTRY	May 03,2006	Shelby

4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE	5. INSIDE CITY LIMITS (Specify Yes or No)	6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number)
Calera 35040	No	500 Sontepe 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.	9. RACE—(Specify American Indian, Black, White, etc.)	10. SEX
	No	White	Male

11. AGE	12. UNDER 1 YEAR		UNDER 1 DAY		13. DATE OF BIRTH (Month, Day, Year)	14. DECEASED'S SOCIAL SECURITY NUMBER
75 YRS.	MOS.	DAYS	HOURS	MINS.	February 12,1931	[redacted]

15. EDUCATION (Specify ONLY highest grade completed below)		16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced)	17. SURVIVING SPOUSE (If wife, give maiden name)	18. Was Decedent ever in Armed Forces (Specify Yes or No)
Elementary or High School (0-12)	College (1-4 or 5+)			
9		Married	Lessie Mae Cook	Yes

19. STATE OF BIRTH (If not in USA, name country)	20. RESIDENCE—STATE	21. COUNTY	22. CITY, TOWN, OR LOCATION AND ZIP CODE
Alabama	Alabama	Shelby	Calera 35040

23. INSIDE CITY LIMITS (Specify Yes or No)	24. STREET AND NUMBER	25. INFORMANT—Name and Address
No	500 Sontepe Road	Lessie M.Gentry 500 Sontepe Rd.Calera,Al.35040

26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	27. KIND OF BUSINESS OR INDUSTRY
Mechanic	Steel

28. FATHER—NAME First	Middle	Last	29. MAIDEN NAME OF MOTHER— First	Middle	Last
Willis	Bartee	Gentry	Delphia		Collum

BURIAL

30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other)	31. DATE OF DISPOSITION (Month, Day, Year)	32. CEMETERY OR CREMATORY—Name	33. LOCATION—(City or Town—State)
Burial	05-05-2006	Shelby Memory Gdn.	Calera,Al.

34. FUNERAL HOME—Name and Address	35. FUNERAL DIRECTOR—Signature	36. DATE SIGNED BY FUNERAL DIRECTOR
Rockco Funeral Home P.O.Box 647 Montevallo,Al.35115	William E. Burnett	05-31-2006

CERTIFIER

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** "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: Gary Howard

38. DATE SIGNED (Month, Day, Year): 6/1/06

39. TIME AND DATE OF DEATH	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)
5/3/06 1:30Am	5/3/06 1:30 Am	Dr. Gary Howard

42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)	43. CERTIFIER LICENSE NUMBER
33 Salem Rd montevallo Al 35115	13355

44. REGISTRAR— Signature	For State or County use only	45. DATE FILED (Month, Day, Year)
Sheila Keller		June 13,2006

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. Respiratory arrest	
	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. Pneumonia	
	DUE TO (OR AS A CONSEQUENCE OF):	
	c. Lung cancer	
	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. Anemia

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)	50. AUTOPSY (Specify Yes or No)	51. If yes, were findings considered in determining cause of death? (Specify Yes or No)
Natural	No	

52. HOW INJURY OCCURRED (Enter nature of injury in Item 46, Part I 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)

NAME OF DECEASED Willis Gene Gentry SSN: [redacted]

46. _____
49. _____
55. _____

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

ADPH-HS 2/Rev. 11-93

20161206000445860 4/4 $24.00
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This is a true and exact copy of the record on file with the Shelby County Health Department

Sheila Keller
Signature of Local Registrar

JUN 13 2006
Date of Issue