This instrument was prepared without benefit of title evidence or survey by:

William R. Justice
P.O. Box 587, Columbiana, Alabama 35051

WARRANTY DEED

Shelby County, AL 05/09/2017
State of Alabama
Deed Tax:$128.00

20170509000160910 1/5 $155.00
Shelby Cnty Judge of Probate, AL
05/09/2017 11:04:48 AM FILED/CERT

STATE OF ALABAMA

SHELBY COUNTY KNOW ALL MEN BY THESE PRESENTS,

That in consideration of One and no/100 DOLLARS ($1.00) and other good and valuable consideration to the undersigned GRANTOR in hand paid by the GRANTEE herein, the receipt whereof is acknowledged, the undersigned Marjorie J. Kaley, a widow (herein referred to as GRANTOR) does grant, bargain, sell and convey unto Sandra S. Higginbotham (herein referred to as GRANTEE) the following described real estate situated in Shelby County, Alabama to-wit:

Lot 13 and the South half of Lot 12 of Block 1 of Alabaster Highlands Subdivision, as recorded in Map Book 4, Page 43, in the Probate Office of Shelby County, Alabama.

Subject to current taxes, easements, covenants, setback lines, and encumbrances of record.

GRANTOR is the surviving grantee named in deeds recorded in Deed Book 261, Page 495, and Deed Book 261, 497, in the Probate Office of Shelby County, Alabama. The other grantee, Jacob W. Kaley, Jr., died on or about December 29, 2013, while married to GRANTOR.

TO HAVE AND TO HOLD to the said GRANTEE and her heirs and assigns forever.

And GRANTOR does for GRANTOR and for GRANTOR'S heirs, executors, and administrators covenant with the said GRANTEE, his, her or their heirs and assigns, that GRANTOR is lawfully seized in fee simple of said premises; that they are free from all encumbrances unless otherwise noted above; that GRANTOR has a good right to sell and convey the same as aforesaid; that GRANTOR will and GRANTOR'S heirs, executors and administrators shall warrant and defend the same to the said GRANTEE, his, her or their heirs and assigns forever, against the lawful claims of all persons.

IN WITNESS WHEREOF, GRANTOR has hereunto set GRANTOR'S hand and seal, this 9th day of May, 2017.

Marjorie J. Kaley

Marjorie J. Kaley

Sandra S. Higginbotham

Sandra S. Higginbotham as agent and attorney in fact under a Durable Power of Attorney executed January 11, 2010

STATE OF ALABAMA
SHELBY COUNTY

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that Sandra S. Higginbotham, whose name as agent and attorney in fact for Marjorie J. Kaley is signed to the foregoing conveyance, and who is known to me, acknowledged before me on this day, that, being informed of the contents of the conveyance, she in her capacity as such agent and attorney in fact, and with full authority, executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this 9th day of May, 2017.

NOTARY PUBLIC

Notary Public

My commission expires: 9-11-19

acct # 1000300089513

562424

STATE OF ALABAMA)
COUNTY OF SHELBY)

DURABLE POWER OF ATTORNEY

This instrument is intended to constitute a Durable Power of Attorney, through which I, **MARJORIE J. KALEY**, the undersigned, of the County of Shelby, State of Alabama, do hereby make, constitute and appoint the following designated person to act as my agent. I revoke all prior powers of attorney that I have made.

I. FINANCIAL

I appoint my daughter, **SANDRA S. HIGGINBOTHAM**, my true and lawful attorney in fact, for me and in my name, place and stead, and on my behalf and for my use and benefit, to do, perform and execute all and every act that I may legally do through an attorney in fact, **including, but not limited to, specifically the power to sell, convey, encumber and transfer ownership to anyone (including my attorney in fact, whether with or without consideration) of any and all of my real and personal property, including my homestead, and to change ownership or beneficiary of my life insurance to anyone (including my attorney in fact, whether with or without consideration), and to make gifts to anyone (including my attorney in fact) and to handle any and all banking related matters, including but not limited to, any checking or savings accounts and certificates of deposit**, and to possess every proper power necessary to carry out the purposes for which this power is granted, with full power of substitution and revocation, hereby ratifying and affirming that which my said attorney in fact shall lawfully do or cause to be done by my said attorney in fact by virtue of the power herein conferred upon my said attorney in fact.

II. ALL MEDICAL DECISIONS EXCEPT END OF LIFE DECISIONS

I appoint my daughter, **SANDRA S. HIGGINBOTHAM**, my medical attorney in fact in my name place and stead, and on my behalf and for my use and benefit, to make all health care decisions for me that do not include end of life decisions, and to possess every proper power necessary to carry out the purposes for which this power is granted, with full power of substitution and revocation, hereby ratifying and affirming that which my said medical attorney in fact shall do by virtue of the power herein conferred upon my said medical attorney in fact. My medical attorney in fact is specifically authorized to obtain protected health information from any and all of my health care providers.

III. END OF LIFE DECISIONS

It is my specific intent that this durable power of attorney shall serve as a medical directive pursuant to **Code of Alabama** § 26-1-2(g)(1)-(14) through which I designate my daughter, **SANDRA S. HIGGINBOTHAM**, to serve as my health care proxy empowered to make end of life health care decisions for me in accordance with those powers granted to health care proxies as set forth in the Natural Death Act, **Code of Alabama** § 22-8A-4, if, in the opinion of my attending physician, I am no longer able to give directions to health care providers. My health care proxy may make any end of life health care decision on my behalf that I could make but for the lack of capacity to make a decision, subject only to specific applicable limitations provided for in **Code of Alabama** § 26-1-2(g)(1). My health care proxy shall have the authority to make decisions regarding provision, withholding or withdrawal of life-sustaining treatment and artificially provided nutrition and hydration if my physician and another physician determine that I have an incurable terminal illness or injury which will lead to my death within six months or less or if, in the judgment of my attending physician and another physician, I am in a condition of permanent unconsciousness.

The rights, powers and authority of my said agent herein granted shall commence and be in full force and effect on the date I shall have signed this Durable Power of Attorney. The authority conferred herein shall not be affected by disability, incompetency or incapacity of the said principal, **MARJORIE J. KALEY**, and such rights, powers and authority shall remain in full force and effect thereafter until revoked by me by written notice to my herein designated agent. Any action taken in good faith pursuant to the foregoing authority without actual knowledge of my death shall be binding upon me, my heirs, assigns and personal representatives.

In Witness Whereof, as principal, I have signed this Durable Power of Attorney at Pelham, Alabama, this 11th day of January, 2010, and I have directed that photographic copies of this power be made that shall have the same force and effect as an original.

Marjorie J. Kaley
MARJORIE J. KALEY
DATE: 1/11/2010

STATE OF ALABAMA)
COUNTY OF SHELBY)

I, Matthew Allen, a Notary Public in and for said County in said State, hereby certify that **MARJORIE J. KALEY** whose name is signed to the foregoing Durable Power of Attorney and who is known to me, acknowledged before me on this day that, being informed of the contents of said Durable Power of Attorney, **MARJORIE J. KALEY** executed the same on the day the same bears date.

Given under my hand this the 11th day of January, 2010.

(SEAL)

NOTARY PUBLIC My Commission Expires March 15, 2011
My commission expires _____

MARJORIE J. KALEY has been personally known to me and I believe her to be of sound mind. I did not sign her signature above for or at her direction and I am not appointed as the medical health care proxy therein. I am not related to her by blood, adoption, or marriage, entitled to any portion of her estate according to the laws of intestate succession or under any Will of declarant or Codicil thereto, or directly financially responsible for her medical care.

1/11/2010
DATE

Carol Higgins
WITNESS

1/11/2010
DATE

WITNESS

I, **SANDRA S. HIGGINBOTHAM**, accept the health care proxy designation of the declarant.

DATE

SANDRA S. HIGGINBOTHAM

This document prepared by Jan Neal, Davis & Neal, 207 N. 4th Street, Opelika, Alabama 36801

Real Estate Sales Validation Form

This Document must be filed in accordance with Code of Alabama 1975, Section 40-22-1

Grantor's Name Marjorie J. Kaley
Mailing Address 1634 NE 17th St.
Sumterville, FL 33585

Grantee's Name Sandra S. Higginbotham
Mailing Address 1634 NE 17th St.
Sumterville, FL 33585

Property Address 4th Ave SW
Alabaster, AL

Date of Sale 5-9-17
Total Purchase Price $
or
Actual Value $
or
Assessor's Market Value $ 127,840

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
____ Sales Contract
____ Closing Statement
_____ Appraisal
_____ Other

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 5-9-17 Print Sandra S. Higginbotham

____ Unattested _____ Sign Sandra S. Higginbotham
(verified by) (Grantor/Grantee/Owner/Agent) circle one

Form RT-1