

STATE OF ALABAMA)
COUNTY OF St. Clair)

20170602000194680
06/02/2017 10:43:38 AM
AFFID 1/3

AFFIDAVIT OF HEIRSHIP

Before me, the undersigned Notary Public in the aforesaid County in said State, personally appeared Brandon Davis, who after first being duly sworn did depose and say as follows:

1. My name is Brandon Davis, and I am over the age of 19 years. I have personal knowledge of the facts set forth herein. I have no interest in the estate or assets of Vera Lee Phillips Smith ("Decedent").

2. The Decedent was my friend [relationship -- friend, cousin, etc.] and I had known her for 32 years at the time of her death. During Decedent's lifetime, I was well acquainted with the Decedent's affairs and the Decedent's family.

3. The Decedent died on November 26, 2014 (a copy of Decedent's death certificate is attached hereto as Exhibit A). There was no probate administration of Decedent's estate.

4. The Decedent was married at the time of her death and was survived by her spouse, Morris Keith Smith, and her children: Cheryl Diane Smith Sims, Carolyn Ann Smith Wright, and Phillip Keith Smith, all of whom are over 19 years of age and competent. During Decedent's lifetime, the only children Decedent had were Cheryl Diane Smith Sims, Carolyn Ann Smith Wright, and Phillip Keith Smith. There were no other children, or children of deceased children.

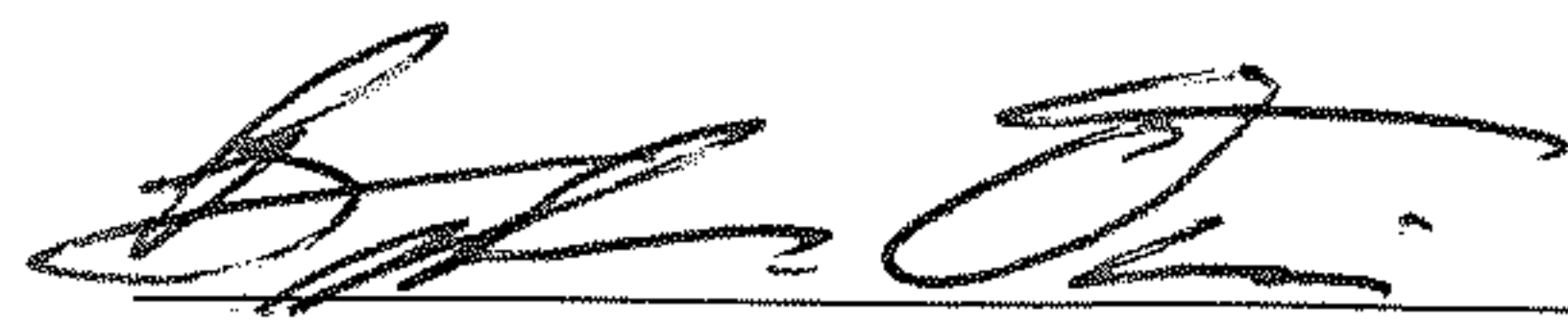
5. The Decedent is one of the grantees of those certain two deeds recorded in the Office of the Probate Court in Shelby County, Alabama as Instrument No. 1993-04053 and Instrument No. 20060424000189760.

6. I acknowledge that a title company is relying on the information provided herein as the basis for its issuance of title insurance on the property located at 250 Highway 50, Vandiver, Shelby County, Alabama 35176, being described as Parcel Nos. 04-1-11-0-001-077.000 and 04-1-11-0-001-077.003.

[Signature Page Follows]

Dated this the 21st day of April, 2017.

Signature:



Print Name:

Brandon Davis

Address:

128 Sunrise Circle
Pell City AL 35125

STATE OF ALABAMA)

COUNTY OF St. Clair,

Before me, the undersigned Notary Public in and for said county in said state, personally appeared Brandon Davis who, being first duly sworn, makes oath that (s)he has read the foregoing affidavit and that the same is true and accurate to the best of her knowledge and belief, and that (s)he executed the foregoing Affidavit voluntarily on said date.

Subscribed and sworn to before me this the 21 day of April, 2017

Angela Hughes Carroll

Notary Public

**My Commission Expires
August 14, 2019**

(NOTARIAL SEAL)

My commission expires: _____

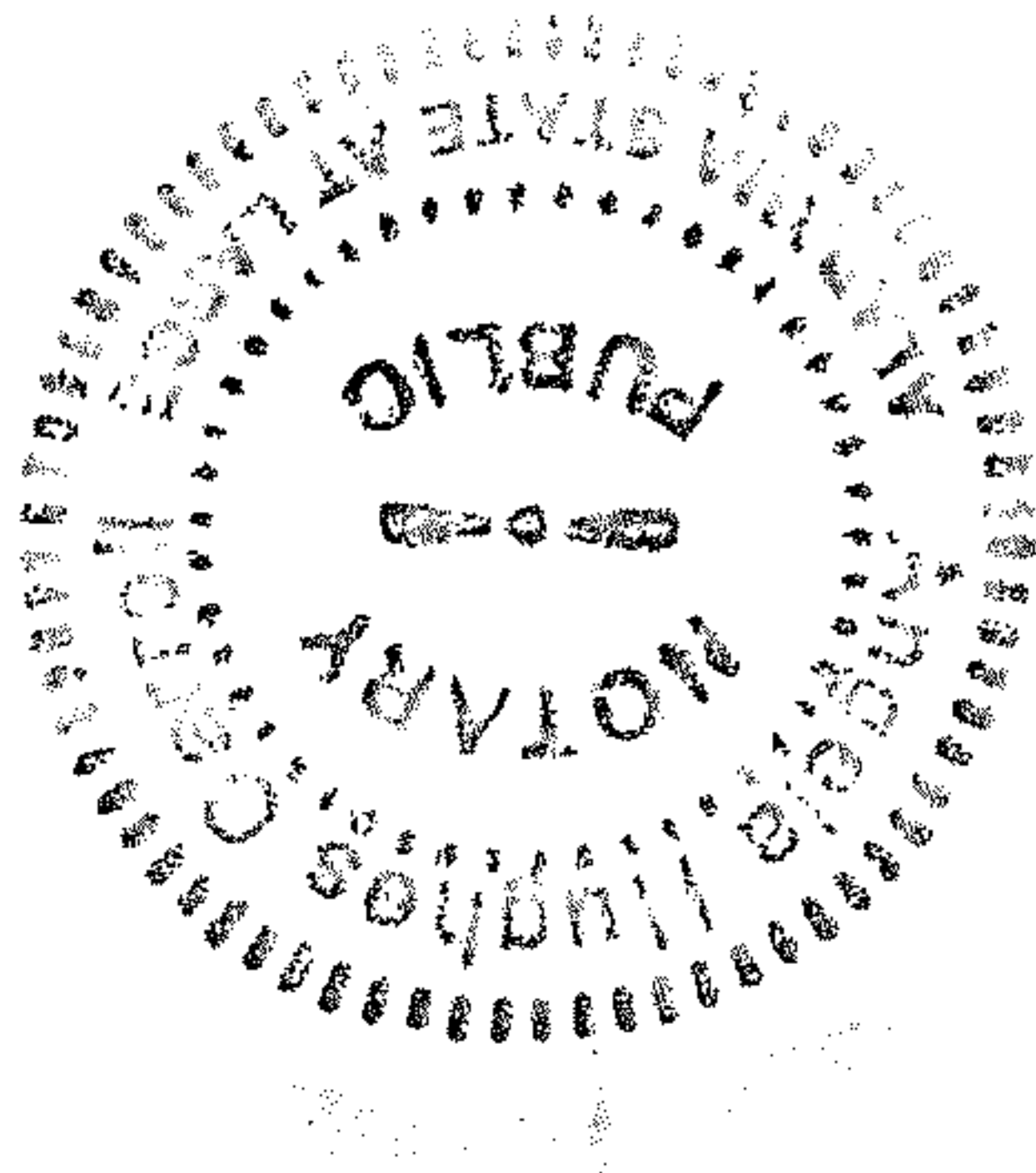


EXHIBIT A

Death Certificate of Vera Lee Phillips Smith

EXHIBIT A

Death Certificate of Vera Lee Phillips Smith

07/19/2016 15:25

(FA0)

P.003/006

STATE OF ALABAMA
ST. CLAIR COUNTY

NOT VALID WITHOUT SEAL.

THIS IS AN OFFICIAL COPY OF THE RECORD TENDERED TO THE ST. CLAIR COUNTY
HEALTH DEPARTMENT.

[Signature]
SIGNATURE OF LOCAL REGISTRAR

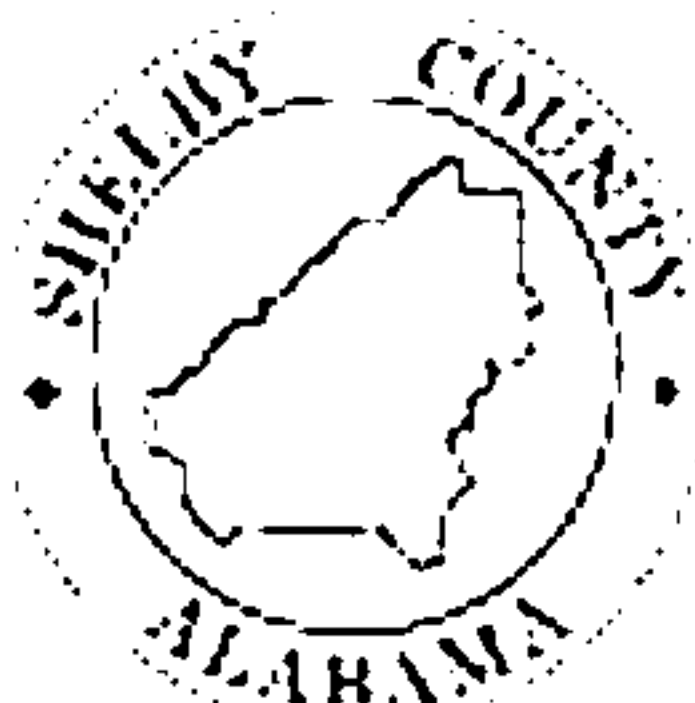
December 18, 2014
DATE OF ISSUANCE

ALABAMA
CERTIFICATE OF DEATHTYPE INFORMATION
PLEASE PRINT OR
USE GROSS PRINT OR
RETYPE

1. DECEASED - NAME FIRST MIDDLE LAST (Type last name in all capitals)		2. DATE OF DEATH (Month, Day, Year)		3. COUNTY OF DEATH	
Vera Phillips SMITH		November 26, 2014		Jefferson	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE		5. PLACE OF DEATH - HOSPITAL OR OTHER INSTITUTION (If not a home, give name and number)		6. SEX	
Birmingham 35235		St. Vincent's East Hospital		Female	
7. IF HOSPITAL (Specify location, floor or department, etc.)		8. OF HOSPITAL (Specify Yes or No) (Specify Color, Religion, Puerto Rican, etc.)		9. RACE - (Specify American Indian, White, Black, etc.)	
Inpatient		No		White	
10. AGE (Specify in years, months, and days)		11. DATE OF BIRTH (Month, Day, Year)		12. DECEASED'S SOCIAL SECURITY NUMBER	
67 yrs		April 28, 1947		[REDACTED]	
13. MARITAL STATUS (Specify - Married, Widowed, Divorced, Single, etc.)		14. MARITAL STATUS (Specify - Married, Widowed, Divorced, Single, etc.)		15. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Specimen #)	
Married		Married		Morris Keith Smith	
16. STATE OF BIRTH (If not USA, name country)		17. RESIDENCE - STATE		18. CITY, TOWN, OR LOCATION AND ZIP CODE	
Alabama		Alabama		Shelby Vincent 35178	
19. HOME CITY, TOWN, OR LOCATION (If not USA, name country)		20. HOME CITY, TOWN, OR LOCATION (If not USA, name country)		21. HOME CITY, TOWN, OR LOCATION (If not USA, name country)	
Yes 4650 Hwy 99		101 Shadydale		Pell City, AL 35125	
22. USUAL OCCUPATION (If not a worker, state during most of working life even if retired)		23. KIND OF BUSINESS OR INDUSTRY		24. MAILED NAME OF MOTHER - First Middle Last	
Cake Decorator		Grocery		Nellie Mae Partridge	
25. DISPOSITION OF BODY (Specify - Burial, Cremation, Medical Donation, Hospital Disposal, Other)		26. DATE OF DISPOSITION (Month, Day, Year)		27. CEMETERY OR CREMATORY - Name	
Burial		11-30-2014		Vincent City Cemetery Vincent, AL	
28. FUNERAL HOME - Name and Address (If not a funeral home, specify location)		29. DATE OF FUNERAL (Month, Day, Year)		30. DATE OF BURIAL (Month, Day, Year)	
2219 2nd Ave N Pell City, AL 35125		Dec. 17, 2014		Dec. 17, 2014	
31. Certifying Physician (Physician certifying cause of death) (If not a physician, state name and title of certifier)		32. SIGNATURE OF PHYSICIAN (If not a physician, state name and title of certifier)		33. DATE SIGNED (Month, Day, Year)	
[Signature]		[Signature]		12/8/2014	
34. TIME AND DATE OF DEATH (Specify time and date)		35. SIGNATURE OF PERSON WHO COMPLETED CAUSE OF DEATH (Specimen #)		36. OTHER DISEASE NUMBER	
11:26pm 11-26-14		Kent Tucker, MD		10570	
37. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Specimen #)		38. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Specimen #)		39. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Specimen #)	
100 Pitt medical Drive Suite 175 Birmingham, AL 35205		[REDACTED]		[REDACTED]	
40. REGISTRAR - Name		41. DATE FILED (Month, Day, Year)		42. DATE OF DEATH (Month, Day, Year)	
[Signature]		December 18, 2014		November 26, 2014	

MEDICAL CERTIFICATION

43. PART I. State the disease, lesion, or complication that caused the death. Do not give the mode of dying such as (cardiac arrest), stroke, or heart failure. LIST ONLY ONE DISEASE OR COMPLICATION.		44. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (Direct cause of death resulting in death) → <i>Cardiac arrest</i>			
DUE TO (OR AS A CONSEQUENCE OF): <i>Pharyngeal wall myeloma</i>			
DUE TO (OR AS A CONSEQUENCE OF):			
DUE TO (OR AS A CONSEQUENCE OF):			
45. PART II. Other significant conditions present during the death but not resulting in the underlying disease given in Part I.		46. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes or No)	
[REDACTED]		No	
47. MANNER OF DEATH (Specify - Accidents, Homicide, Suicide, Unintentional, Cardiovascular, Pending Investigation, Unknown Cause)		48. AUTOPSY (Specify Yes or No)	
Natural Cause		No	
49. HOW INJURY OCCURRED (Specify nature of injury, date, time, place, and how it occurred)		50. DATE OF INJURY (Month, Day, Year)	
[REDACTED]		[REDACTED]	
51. INJURY AT WORK (Specify Yes or No)		52. PLACE OF INJURY (Specify - Home, Work, School, Other Building, etc.)	
No		[REDACTED]	
53. LOCATION OF INJURY (Specify - Home, Work, School, etc.)		54. PHASE OF INJURY	
[REDACTED]		[REDACTED]	



Filed and Recorded
Official Public Records
Judge James W. Fuhrmeister, Probate Judge,
County Clerk
Shelby County, AL
06/02/2017 10:43:38 AM
\$21.00 CHARITY
20170602000194680

[Signature]