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 Cowell

Notary Public

My commission expires: My Commission Expires August 14, 2019

(NOTARIAL SEAL)

EXHIBIT A

Death Certificate of Vera Lee Phillips Smith

EXHIBIT A

Death Certificate of Vera Lee Phillips Smith

07/19/2016 15:25 (FAX) P.003/006

STATE OF ALABAMA
ST. CLAIR COUNTY

NOT VALID WITHOUT SEAL

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

SIGNATURE OF LOCAL REGISTRAR

December 18, 2014
DATE OF ISSUANCE

ALABAMA

CERTIFICATE OF DEATH

State File Number 101

1. DECEDENT - NAME: First: Vera Middle: Phillips Last: SMITH
2. DATE OF DEATH: November 26, 2014
3. COUNTY OF DEATH: Jefferson
4. CITY, TOWN, OR LOCATION OF DEATH: Birmingham 35235
5. IF NOT IN CITY OR TOWN, GIVE LOCATION: Yes
6. FACILITY NAME: St. Vincent's East Hospital
7. IF HOSPITAL OR OTHER INSTITUTION: Inpatient
8. IF HISPANIC, SPECIFY: No
9. RACE: White
10. SEX: Female
11. AGE: 67 yrs
12. IF UNDER 1 YEAR: Months: Days: Hours: Minutes:
13. DATE OF BIRTH: April 28, 1947
14. SOCIAL SECURITY NUMBER: [redacted]
15. MARITAL STATUS: Married
16. SURVIVING SPOUSE: Morris Keith Smith
17. WAS DECEDENT EVER IN U.S. ARMED FORCES: No
18. STATE OF BIRTH: Alabama
19. CITIZEN OF: Alabama
20. COUNTY: Shelby
21. CITY, TOWN, OR LOCATION AND ZIP CODE: Vincent 35178
22. WAS RESIDENCE WITHIN CITY LIMITS: Yes
23. STREET AND NUMBER: 4650 Hwy 89
24. INFORMANT - NAME AND ADDRESS: Cheryl Smith-Sims 101 Shadydale Pell City, AL 35125
25. USUAL OCCUPATION: Cake Decorator
26. KIND OF BUSINESS/INDUSTRY: Grocery
27. FATHER - NAME: First: Oscar Middle: Lee Last: Phillips
28. MOTHER - NAME: First: Nellie Middle: Mae Last: Partridge
29. METHOD OF DISPOSITION: Burial
30. DATE OF DISPOSITION: 11-30-2014
31. CEMETERY OR CREMATORY - NAME: Vincent City Cemetery
32. LOCATION - City or Town, State: Vincent, AL
33. FUNERAL HOME - NAME AND ADDRESS: Tilgroe Funeral Home 2219 2nd Ave N Pell City, AL 35125
34. DATE FILED: Dec. 17, 2014
35. CERTIFYING PHYSICIAN: Medical Examiner / Coroner
36. DATE SIGNED: 12/8/2014
37. TIME OF DEATH: 11:26pm
38. WAS MEDICAL EXAMINER OR CORONER CONTACTED: 11-26-14
39. NAME AND TITLE OF PERSON WHO COMPLETES CAUSE OF DEATH: Kent Tucker, M.D.
40. ADDRESS OF PERSON WHO COMPLETES CAUSE OF DEATH: 100 Pilot medical Drive Suite 175 Birmingham, AL 35235
41. LICENSE NUMBER: 10570
42. SIGNATURE: [signature]
43. DATE SIGNED: December 18, 2014

MEDICAL CERTIFICATION

44. PART I. Enter the disease, injury, or complication that caused the death. Do not enter the mode of dying, such as heart failure, shock, or hemorrhage. Enter only one cause on a line. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. [illegible]
DUE TO (OR AS A CONSEQUENCE OF):
DUE TO (OR AS A CONSEQUENCE OF):
DUE TO (OR AS A CONSEQUENCE OF):

Other significant conditions contributing to death but not resulting in the underlying cause given in Part I:

45. PART II. Enter the interval between onset and death for conditions entered in Part I.

46. MANNER OF DEATH: Natural
47. IF FEMALE: Was the decedent pregnant within the past year? No
48. DID TOBACCO USE CONTRIBUTE TO DEATH?
49. DATE OF INJURY:
50. TIME OF INJURY:
51. PLACE OF INJURY - Home, Farm, Street, Factory, Office Building, etc.:
52. LOCATION OF INJURY - State, City or Town, Street: