

20170807000285520
08/07/2017 03:40:20 PM
AFFID 1/4

RECORDING REQUESTED BY:
Nations Title Agency, Inc.
9801 Legler Rd
Lenexa, KS 66219
Ph# 877-256-4117

AND WHEN RECORDED MAIL TO:
Nations Lending Services
9801 Legler Rd, Lenexa KS 66219

AFFIDAVIT EVIDENCING TERMINATION OF JOINT TENANCY

The undersigned, being first duly sworn, says:

I am the surviving joint tenant of LYNN DAVID REDDISH, who died on June 12th, 2015.

At the time of death, decedent was the owner in joint tenancy with me of the following described real property:

Legal Description :

LOT 50 ACCORDING TO THE SURVEY OF CALLOWAY COVE TOWNHOMES PLAT NO. 1 AS RECORDED IN MAP BOOK 31 PAGE 67 IN THE PROBATE OFFICE OF SHELBY COUNTY, ALABAMA.

The status of joint tenancy was created by Joint Tenants With Right of Survivorship Quit Claim Deed recorded on 06/19/2007, in the Recorder's Office of Shelby County, Alabama, at instrument number, 20070619000286110.

This Affidavit is made from my own knowledge, and I will testify positively to the truth of the same in any court whenever called upon for that purpose.

A certified copy of the Certificate of Death of decedent, is attached hereto.

All property and estate of decedent, wheresoever located, at the time of death, did not exceed the value of \$ _____ and;

Further, that there is no Estate Tax due, either Federal or State, on the estate of said deceased.

6/14/16
Date

Patricia J. Reddish
Patricia Reddish Signature

Patricia W Reddish
Patricia Reddish Printed Name

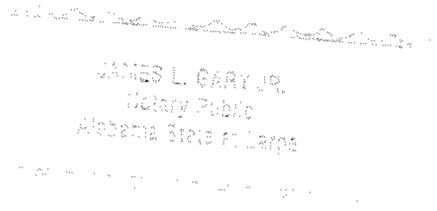
STATE OF ALABAMA)
) SS
COUNTY OF SHELBY)

On JUNE 14, 2017 before me, JAMES GARY, a
Notary Public in and for said county, personally appeared
NOTARY PUBLIC, personally known to me (or proved to me on the basis of
satisfactory evidence) to be the person whose name is subscribed to the within instrument
and acknowledged to me that he/she executed the same in his/her authorized capacity,
and that by his/her signature on the instrument the person or the entity upon behalf of
which the person acted, executed the instrument.

WITNESS my hand and official seal.



Notary Public in and for said County and State
MY COMMISSION EXPIRES 7/22/19


JAMES L. GARY JR.
Notary Public
Alabama State at Large

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2015089568

DATE ISSUED: June 17, 2015

DECEDENT INFORMATION

STATE FILE DATE: June 16, 2015

NAME: LYNN DAVID REDDISH

DATE OF DEATH: June 12, 2015

SEX: MALE

SSN: [REDACTED]

AGE: 059 YEARS

DATE OF BIRTH: September 1, 1955

BIRTHPLACE: STUART, FLORIDA, UNITED STATES

PLACE OF DEATH: HOSPICE

FACILITY NAME OR STREET ADDRESS: COVENANT HOSPICE INPATIENT & PALLIATIVE CARE CENTER

LOCATION OF DEATH: PENSACOLA, ESCAMBIA COUNTY, 32514

SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: MARRIED

SPOUSE (IF FEMALE, MAIDEN NAME): PATRICIA HOLLIS

RESIDENCE: 236 CALLAWAY LANE, PELHAM, ALABAMA 35124, UNITED STATES

COUNTY: SHELBY

OCCUPATION, INDUSTRY, MAINTENANCE MAN, STATE PARK

RACE: [X] White, [] Black or African American, [] Asian Indian, [] Chinese, [] Filipino, [] Native Hawaiian, [] Japanese, [] Korean, [] American Indian or Alaskan Native-Tribe, [] Vietnamese, [] Other Asian, [] Guamanian or Chamorro, [] Samoan, [] Other Pacific Is., [] Other, [] Unknown

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

EVER IN U.S. ARMED FORCES? NO

PARENTS AND INFORMANT INFORMATION

FATHER: FLOYD LESTER REDDISH

MOTHER: MARY EVELYN BISHOP

INFORMANT: PATRICIA REDDISH

RELATIONSHIP TO DECEDENT: WIFE

INFORMANT'S ADDRESS: 236 CALLAWAY LANE, PELHAM, ALABAMA 35124, UNITED STATES

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: PENSACOLA CREMATORY, PENSACOLA, FLORIDA

METHOD OF DISPOSITION: CREMATION

FUNERAL DIRECTOR/LICENSE NUMBER: JENNIFER L. TRAHAN, F045195

FUNERAL FACILITY: TRAHAN FAMILY FUNERAL HOME F041209, 419 YOAKUM COURT, PENSACOLA, FLORIDA 32505

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 hr): 0205

CERTIFIER'S NAME: JAMES M SMITH

CERTIFIER'S LICENSE NUMBER: OS7458

NAME OF ATTENDING PHYSICIAN (if other than Certifier): NOT APPLICABLE

CAUSE OF DEATH AND INJURY INFORMATION

MANNER OF DEATH: NATURAL

CAUSE OF DEATH - PART I - and Approximate Interval - Onset to Death

a. END-STAGE LIVER DISEASE

UNKNOWN

b.

c.

d.

PART II - Other significant conditions contributing to death but not resulting in the underlying cause given in PART I

AUTOPSY PERFORMED? NO

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?

DATE OF SURGERY:

DID TOBACCO USE CONTRIBUTE TO DEATH? NO

REASON FOR SURGERY:

IF FEMALE, NOT APPLICABLE

DATE OF INJURY: NOT APPLICABLE

TIME OF INJURY (24 hr)

INJURY AT WORK?

LOCATION OF INJURY:

DESCRIBE HOW INJURY OCCURRED:

PLACE OF INJURY:

IF TRANSPORTATION INJURY, Status of Decedent:

Type of Vehicle:

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Ken Jones

State Registrar

REQ: 2016047613

WARNING: THE ABOVE SIGNATURE CERTIFIER THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL RECORD ON FILE IN THIS OFFICE. THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT PAGE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL AND THERMOCHROMIC FLUORESCENT SECURITY LINES WITH TEXT. THIS DOCUMENT WILL NOT PRODUCE A COLOR COPY.



CERTIFICATION OF VITAL RECORD



VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

