

DATE OF DEATH AFFIDAVIT

STATE OF ALABAMA

SHELBY COUNTY

Before me, the undersigned, personally appeared:

DONALD R JOHNSON

Who, after first being duly sworn, deposed and says the following:

My name is DONALD R JOHNSON.

I am over the age of 21 years, and a citizen of Shelby County, Alabama.

I knew or have known WILLIAM T JOHNSON for more than 48 years.

I have been informed that WILLIAM T JOHNSON reserved a Life Estate in that certain deed recorded in DEED BOOK 132 PAGE 352 dated 1947.

I can attest from my own personal knowledge that WILLIAM T JOHNSON died on or about MARCH 20, 1984.

The purpose of this affidavit is to induce the Underwriter and The Title Group, Incorporated to issue a policy without exception to the insured.

Donald R Johnson
Affiant-DONALD R JOHNSON

State of Alabama
Shelby County

Sworn to and subscribed before me, this the 21st day of September, 2017.

Hea K. Koffenstein
Notary Public


20170921000344590 1/2 \$18.00
Shelby Cnty Judge of Probate, AL
09/21/2017 01:04:49 PM FILED/CERT

My Commission expires:

MY COMMISSION EXPIRES JULY 7, 2021

ALABAMA

Center for Health Statistics

STATE OF ALABAMA CERTIFICATE OF DEATH

84-8128

TYPE OR PRINT IN PERMANENT INK

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

IF NO PHYSICIAN WAS IN ATTENDANCE MEDICAL CERTIFICATION SHOULD BE COMPLETED BY THE LOCAL HEALTH OFFICER, OR CORONER

CERTIFIER

BURIAL

1. DECEASED—NAME FIRST: WILLIAM MIDDLE: TAFT LAST: JOHNSON				DATE OF DEATH (MONTH, DAY, YEAR) MARCH 20, 1984	
2. RACE OF COLOR WHITE		3. SEX M	4. AGE—LAST BIRTHDAY (YEARS) 35		5. COUNTY OF DEATH SHELBY
6. CITY, TOWN, OR LOCATION OF DEATH ALABASTER 059095			7. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) SHELBY MED. CENTER 10		
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) ALABAMA 01		9. CITIZEN OF WHAT COUNTRY U.S.A.		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED 2	
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) REVA MCKINNEY		12. SOCIAL SECURITY NUMBER			
13. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) SERVICE STATION OPER.		14. KIND OF BUSINESS OR INDUSTRY WINTER OIL CO. 621			
15. RESIDENCE—STATE ALABAMA 059036		16. COUNTY SHELBY		17. CITY, TOWN, OR LOCATION HELENA	
18. FATHER—NAME FIRST: JAMES MIDDLE: JOHNSON LAST: JOHNSON		19. MOTHER—MAIDEN NAME FIRST: NORA MIDDLE: WARREN LAST: WARREN			
20. PHYSICIAN'S NAME (IF ANY) DR. McCLELLAN			21. INFORMANT—NAME REVA M. JOHNSON		
22. ADDRESS ALABASTER, ALABAMA			23. ADDRESS P.O. BOX 315 HELENA, ALA. 35080		
18. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))					
IMMEDIATE CAUSE (a) <i>Cardiac Arrest with Hypoxic Brain Damage 3 days</i>					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 days
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (b) <i>Coronary Artery Disease</i>					
STATEMENT OF UNDERLYING CAUSE LAST (c) <i>Atherosclerosis</i>					4149
19. PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					
20. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		21. DATE OF INJURY (MONTH, DAY, YEAR)		22. HOUR	
23. INJURY AT WORK (SPECIFY YES OR NO)		24. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		25. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	
26. CERTIFICATION—PHYSICIAN: 1. ATTENDED THE DECEASED FROM		27. MONTH DAY YEAR 1979 TO 3 20 84		28. AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR 3 20 84	
29. CERTIFICATION—CORONER OR HEALTH OFFICER: On the basis of the examination of the body and/or the investigation, in my opinion death occurred on this date and due to the cause(s) stated.		30. HOUR OF DEATH 11:45 P. M.		31. THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR March 20, 1984 11:45 P. M.	
32. CERTIFIER—PHY., CORONER OR HEALTH OFFICER (TYPE OR PRINT) Bryan McClelland, M. D.		33. SIGNATURE		34. DEGREE OR TITLE MO	
35. MAILING ADDRESS—CERTIFIER		36. STREET OR R.F.D. NO. P. O. Box 522		37. CITY OR TOWN STATE ZIP Alabaster Alabama 35007	
38. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		39. CEMETERY OR CREMATORY—NAME ALLEN CEMETERY		40. LOCATION CITY OR TOWN STATE ZIP RURAL SHELBY CO. 562 35051	
41. DATE (MONTH, DAY, YEAR) MARCH 21, 1984		42. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) BOLTON BROWN SERVICE P.O. BOX 1066 COLUMBIANA ALA			
43. FUNERAL DIRECTOR—SIGNATURE Mike Muscely		44. REGISTRAR—SIGNATURE Kena Deleh Davis		45. DATE RECEIVED BY LOCAL REGISTRAR 04 April 1984	

ADPH-F-VS-2/Rev. 3-81

20170921000344590 2/2 \$18.00
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This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2017-393-831-0

Catherine M. Donald

Catherine Molchan Donald
State Registrar of Vital Statistics

September 7, 2017