20171006000365300 1/3 $124.50
Shelby Cnty Judge of Probate, AL
10/06/2017 12:11:58 PM FILED/CERT

STATE OF ALABAMA)
)
SHELBY COUNTY)

SEND TAX NOTICE TO:
321 Valentine Circle
Wilsonville, AL 35186

KNOW ALL MEN BY THESE PRESENTS, that for and in consideration of ONE HUNDRED THREE THOUSAND FIVE HUNDRED AND NO/100 DOLLARS ($103,500.00) to the undersigned EMMA B. MCGOWAN, a widow woman, whose present address is 1654 County Road 150, Sylacauga, AL 35151, herein referred to as Grantor, in hand paid by TERRY DENTON and wife CATHY DENTON, herein referred to as Grantees, whose present address is 321 Valentine Circle, Wilsonville, AL 35186, the receipt whereof is hereby acknowledged, the said Grantor does grant, bargain, sell and convey unto the said Grantees, as joint tenants, with right of survivorship, the following described real estate situated in Shelby County, Alabama:

Commence at the SW corner of the NE 1/4 of the NE 1/4 of Section 7, T-21 S, R-2 E; thence run East along the South line of said quarter-quarter line for 155.90 feet to an iron pin; thence 100 deg. 29'16" left run 510.08 feet to an iron pin; thence 90 deg. 00' right and run 200 feet to an iron pin on the West ROW of Valentine Circle and the POB; thence continue last described course for 222.38 feet to the 397 contour of Lay Lake; thence 86 deg. 24' left run along said contour for 41.86 feet; thence 3 deg. 36' left run along said contour for 58.22 feet; thence 90 deg. 00' left run 225 feet to the West ROW of said Valentine Circle; thence 90 deg. 00' left run along said ROW for 100 feet to the POB.

Parcel # 58-19-03-07-1-001-008.000
Property Address: 321 Valentine Circle
Wilsonville, AL 35186

Previous Deed: RB121 at Pg 458

Emma B. McGowin executes this deed as a widow. James E. McGowin departed this life on October 25, 2012. A copy of the death certificate of James B. McGowan is attached hereto and made a part hereof by reference.

TO HAVE AND TO HOLD unto the said Grantees as joint tenants, with right of survivorship, their heirs and assigns forever; it being the intention of the parties to this conveyance that (unless the joint tenancy hereby created is severed or terminated during the joint lives of the Grantees herein), in the event one Grantee herein survives the other, the entire interest in fee simple shall pass to the surviving Grantee, and if one Grantee does not survive the other, then the heirs and assigns of the

Shelby County, AL 10/06/2017
State of Alabama
Deed Tax:$103.50

Grantees herein shall take as tenants in common.

And the Grantor does for herself and for her heirs, executors, and administrators covenant with the said Grantees, their heirs and assigns, that she is lawfully seized in fee simple of said premises; that it is free from all encumbrances, except as herein stated; that she has a good right to sell and convey the same as aforesaid; that she will and her heirs, executors, and administrators shall warrant and defend the same to the said Grantees, their heirs and assigns forever against the lawful claims of all persons except as herein stated.

IN WITNESS WHEREOF, the Grantor has hereunto set her hand and seal this 5th day of September, 2017.

Emma B McGowin (SEAL)
Emma B. McGowin

STATE OF ALABAMA)
)
TALLADEGA COUNTY)

I, the undersigned authority in and for this County and State, hereby certify that **EMMA B. MCGOWAN**, whose name is signed to the foregoing instrument, and who is known to me, acknowledged before me on this day that, being informed of the contents of this instrument, she executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this 5th day of September, 2017.

Notary Public

This Document Prepared by:
Bell and McConatha, Attorneys, LLC
Post Office Box 101
Sylacauga, AL 35150
(256) 245-7486

20171006000365300 2/3 $124.50
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THE FRONT OF THIS DOCUMENT IS PINK - THE BACK OF THIS DOCUMENT IS BLUE AND HAS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

TYPE IN PERMANENT BLACK INK. DO NOT USE GREEN, RED, OR BLUE INK.

ALABAMA

CERTIFICATE OF DEATH

County File Number —

State File Number 101

1. DECEASED—NAME: First James; Middle E.; Last (Type last name all capitals) MCGOWIN
2. DATE OF DEATH (Month, Day, Year): October 25, 2012
3. COUNTY OF DEATH: Shelby
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE: Alabaster 35007
5. INSIDE CITY LIMITS (Specify Yes or No): Yes
6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number): Shelby Baptist Medical Center
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA): Emergency Room
8. OF HISPANIC ORIGIN? (Specify Yes or No. If Yes, Specify Cuban, Mexican, Puerto Rican, etc.): No
9. RACE—(Specify American Indian, Black, White, etc.): White
10. SEX: Male
11. AGE: 78 YRS.
12. UNDER 1 YEAR: MOS. DAYS
UNDER 1 DAY: HOURS MINS.
13. DATE OF BIRTH (Month, Day, Year): May 21, 1934
14. DECEASED'S SOCIAL SECURITY NUMBER: [redacted]
15. EDUCATION (Specify ONLY highest grade completed below): Elementary or High School (0-12): 12; College (1-4 or 5+)
16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced): Married
17. SURVIVING SPOUSE (If wife, give maiden name): Emma Sue Berry
18. Was Decedent ever in Armed Forces (Specify Yes or No)? Yes
19. STATE OF BIRTH (If not in USA, name country): Alabama
20. RESIDENCE—STATE: Alabama
21. COUNTY: Shelby
22. CITY, TOWN, OR LOCATION AND ZIP CODE: Wilsonville 35186
23. INSIDE CITY LIMITS (Specify Yes or No): Yes
24. STREET AND NUMBER: 321 Valentine Circle
25. INFORMANT—Name and Address: Barry McGowin, 340 Hebb Road, Wilsonville, AL 35186
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Maintenance
27. KIND OF BUSINESS OR INDUSTRY: Hospital
28. FATHER—NAME: First Bluford; Middle Charlie; Last McGowin
29. MAIDEN NAME OF MOTHER—: First Effie; Middle; Last Denis
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other): Burial
31. DATE OF DISPOSITION (Month, Day, Year): Oct 27, 2012
32. CEMETERY OR CREMATORY—Name: Prospect Baptist Cem.
33. LOCATION—(City or Town—State): Westover, AL
34. FUNERAL HOME—Name and Address: Bolton Funeral Home, PO Box 4, Columbiana, AL 35051
35. FUNERAL DIRECTOR—Signature:
36. DATE SIGNED BY FUNERAL DIRECTOR: 11/2/2012
37. ☑ Certifying Physician (Physician certifying cause of death) "To the best of my knowledge death occurred at the time and date, and due to the cause(s) and manner stated." ☐ Medical Examiner ☐ Coroner "On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place, and due to the cause(s) and manner stated." Signature:
38. DATE SIGNED (Month, Day, Year): 10-25-12
39. TIME AND DATE OF DEATH: 10-25-12 1222
40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only):
41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46): J. Tubbs MD
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46): 1000 1st St North Alabaster AL. 35007
43. CERTIFIER LICENSE NUMBER: 26218
44. REGISTRAR—Signature: Sheila Keller
For State or County use only
45. DATE FILED (Month, Day, Year): NOV 5, 2012

NAME OF DECEASED — SSN: James E. McGowin

MEDICAL CERTIFICATION

46. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. LIST ONLY ONE CAUSE ON EACH LINE.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Cardiopulmonary Failure,	
DUE TO (OR AS A CONSEQUENCE OF):	CAD	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.	b. DUE TO (OR AS A CONSEQUENCE OF):	
	c. DUE TO (OR AS A CONSEQUENCE OF):	
	d.	

47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Pacemaker.

48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unk.)

49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause): Natural

50. AUTOPSY (Specify Yes or No): Yes

51. If yes, were findings considered in determining cause of death? (Specify Yes or No)

52. HOW INJURY OCCURRED (Enter nature of injury in Item 46, Part I or Item 47, Part II):

53. DATE OF INJURY (Month, Day, Year):

54. HOUR OF INJURY:

55. INJURY AT WORK (Specify Yes or No):

56. PLACE OF INJURY—(Specify at home, farm, street, factory, office building, etc.):

57. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State):

This is a legal record and must be filed within five (5) days after death.

ADPH-HS 2/Rev. 11-93

This is a true and exact copy of the record on file with the Shelby County Health Department

Sheila Keller
Signature of Local Registrar

Nov 6, 2012
Date of Issue