## **AFFIDAVIT OF SURVIVING JOINT TENANT**

| AFFIDAVIT OF SURVIVING JOINT TENANT  |   |  |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|--|
| STATE OF Alabama )   | 0180207000040570 1/2 \$18 00  |  |  |  |  |  |  |  |  |
| COUNTY OF Shelby )   | nelby Cnty Judge of Probate: AL<br>2/07/2018 10:17:31 AM FILED/CERT |  |  |  |  |  |  |  |  |
| Now on this 24th day of January, 2018, I, Michele K. Haralson, of lawful age, be follows:  | ing duly sworn, state as  |  |  |  |  |  |  |  |  |
| On the 30th day of April 2012, this interest was common, with the right of survivorship, the following real property situated in   | ot as Tenants in  |  |  |  |  |  |  |  |  |
| County, Alabama to wit:  |   |  |  |  |  |  |  |  |  |
| Lot 44, according to the Amended Map of the Resurvey of the Final Plat of Statford Place, Phase III, as recorded in Map Book 14, Page 38, in the Probate Office of Shelby County, Alabama, being situated in Shelby County, Alabama.   |   |  |  |  |  |  |  |  |  |
| There is attached hereto a copy of the Death Certificate of <u>Ronald J. Haralson</u> issued by the Department of Health for the State of <u>Alabama</u> showing Joint Tenant died on the <u>31st</u> day of <u>December</u> , <u>2018</u> .   | <del></del>   |  |  |  |  |  |  |  |  |
| Affiant further states that she is the surviving joint tenant in the described property, and that the decedent named in the certificate of death is one and the same person as the joint tenant named in the deed recorded as above set forth. Affiant further states that on the date of deceased joint tenant's death the two were married to each other and that affiant is the surviving spouse. |   |  |  |  |  |  |  |  |  |
| And further affiant saith not.   |   |  |  |  |  |  |  |  |  |
| Signed Mkharalson  Michele K. Haralson   |   |  |  |  |  |  |  |  |  |
| Affiant Subscribed and sworn to before me this 7 day of FCDMay 2018  |   |  |  |  |  |  |  |  |  |
| Notary Public ACKNOWLEDGMENT   |   |  |  |  |  |  |  |  |  |
| STATE OF <u>Alabama</u> ) COUNTY OF <u>Shelby</u>  |   |  |  |  |  |  |  |  |  |
| Before me, the undersigned, a Notary Public, in and for said County and State o CONJANA 2018 personally appeared Michele K. Haralson t   | o me known to be the  |  |  |  |  |  |  |  |  |
| identical person who executed the within and foregoing instrument and acknow executed the same as her free and voluntary act and deed for the uses and purp IN WITNESS WHEREOF, I have hereunto set my official signature and affixed my   | ledged to me that she oses therein set forth.                       |  |  |  |  |  |  |  |  |
| year first above written.  |   |  |  |  |  |  |  |  |  |
| Versica F. Flouand   |   |  |  |  |  |  |  |  |  |
| Notary Public  My Commission Expires: 47018  |   |  |  |  |  |  |  |  |  |

## NY ALMERANT ...

## ALABAMA

Center for Health Statistics
ALABAMA CERTIFICATE OF DEATH File 101 2017-51309

| L DECEASED                                   | LEGAL NAME             |                         | ·              | ALADAY.                               | ACERT                                 | HICAI                 | LUID          | EDATE Number      |   | TIME OF DEA               | TH .                                  |
|--|------------------------|-------------------------|----------------|---------------------------------------|---------------------------------------|-----------------------|---------------|-------------------|---|---------------------------|---------------------------------------|
|  |                        |                         |                |                                       |                                       |                       |               | 1.                | 1, 2017                                 | 0445                      |                                       |
|  |                        |                         |                |                                       |                                       |                       |               |                   | TIME PRONO                              |                           |                                       |
| None Gi                                      | •                      |                         |                |                                       |                                       | <u></u>               |               |                   |   |                           |                                       |
| 5. COUNTY OF                                 |                        | 6. CIT                  | Y, TOWN        | OR LOCATION OF                        | F DEATH AND ZI                        | P CODE                | 7. PLACE      | OF DEATH          |   |                           |                                       |
| Shelby Pelham, 35124                         |                        |                         |                |                                       |                                       |                       | 121 St        | tratshire Lane    | · .                                     |                           | righten. Be t                         |
| 8. SEX  9. LAST NAME PRIOR TO FIRST MARRIAGE |                        |                         |                |                                       |                                       |                       |               |                   |   | 1                         | ÆD IN<br>ED FORCES                    |
| Male   | T :                    |                         | To a second    | 16 D. M                               |                                       | 12 BERTINE            | N ACE (CA.A.  | Forelon Country   |   | NO<br>SOCIAL SECUR        | ITY NIIMBED                           |
| 11. AGE                                      | MONTHS DAY             |                         | MINS           | 12. DATE OF BIRT                      |                                       |                       | •             | Foreign Country)  | 14.                                     | with BELVK                |                                       |
| 60<br>15 MARITAL:                            | STATUS 1               | 6. SURVIVING            | SPOUSE         | Apr 23, 19                            |                                       | <u>  Alabai</u><br>GE | ma            | <u></u>           | 17. RESIDEN                             | CE STATE                  | · · · · · · · · · · · · · · · · · · · |
| A 1-1  |                        |                         |                |                                       |                                       |                       |               |                   |   | •                         |                                       |
| Married 18. RESIDENC                         |                        |                         |                | N OR LOCATION                         | AND ZIP CODE                          | 12                    | 20. STREET AD | DRESS             | , | <del></del> -             |                                       |
| Shelby                                       |                        | Pe                      | lham           | 35124                                 |                                       |                       | 121 Strai     | tshire Lane       |   |                           |                                       |
|  | NT NAME, RELATI        |                         |                |                                       |                                       |                       |               | <u> </u>          |   |                           |                                       |
| Michele                                      | F Haralson             | , Wife, 12              | <u> 1 Stra</u> | tshire Lane.                          | Pelham, A                             | <u> 4L 35124</u>      |               | * A               |   |                           |                                       |
| 22. FATHER/P.                                | ARENT NAME PRI         | OR TO FIRST             | MARRIAC        | GE.                                   |                                       | 23. MOTHE             | ER/PARENT NA  | ME PRIOR TO FIRST | MARRIAGE                                |                           |                                       |
| <del></del>                                  | Bullard Hara           |                         | OP 0===        | 4ATORY                                | · · · · · · · · · · · · · · · · · · · | <u>  Virgir</u>       |               | ieve Barber       | · · · · · · · · · · · · · · · · · · ·   | <del></del>               | · · · · · · · · · · · · · · · · · · · |
| 24. DISPOSITI                                | {                      | 25. CEMETERY            |                | WAIORY                                |                                       |                       |               |                   | A lahama                                |                           |                                       |
| Cremation DATE OF D                          |                        | Johns Rid 28. FUNERAL D | <del></del>    | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |                                       | <del></del>           |               | Birmingham,       |   | TE SIGNED                 | · · · · · · · · · · · · · · · · · · · |
|  |                        | •                       |                | _                                     |                                       |                       | 06039         |                   |   | 13, 2018                  |                                       |
| Jan 7, 20                                    | U I 8<br>HOME NAME AND | Robert Mi               | <u>uruaug</u>  | .11                                   |                                       |                       |               | 00007             |   | ENSE NUMBER               |                                       |
|  | Southern H             |                         | 75 Ca          | haba Valles                           | / Rd. Pelha                           | ım. AL 35             | 5124          |                   |   |                           |                                       |
| 33.  |                        |                         |                |                                       |                                       |                       |               |                   | <del></del>                             |                           |                                       |
|  | ICAL CER               | TIFICAT                 | ION:           | X_CERTE                               | FYING PHYSICIA                        | 4N                    | MEDICAL EXA   | MINER             | CORONER                                 |                           |                                       |
| 34. NAME                                     |                        |                         |                |                                       |                                       |                       | i             |                   |   | TE SIGNED                 |                                       |
|  | I Frey MD              |                         | A              |                                       |                                       |                       |               | 11871             | <u>Jan</u>                              | 8, 2018                   | ·                                     |
|  | OF PERSON WHO          |                         |                |                                       | 4 4                                   | 0.50.00               |               |                   |   |                           |                                       |
|  | ban Center             | Drive Ste               | 240, 1         | Birminghan                            | n, Alabama                            | 1 35242               |               |                   | 30 DA7                                  | TE FILED                  | · ·                                   |
| 38. REGISTRA                                 |                        | )                       |                |                                       |                                       |                       |               |                   |   | 15, 2018                  |                                       |
| Nicole I                                     | Henderson R            | cusning                 |                | -1                                    | CAUSE O                               | FDEATE                | <del></del>   | <del></del>       | Jan                                     | 10, 2010                  | ****                                  |
| 40, PART I. DI                               | SEASES, INJURIES       | OR COMPLIC              | ATIONS 1       | THAT CAUSED DE                        |                                       | PEALL                 | -A.           | <u> </u>          | · · · · · · · · · · · · · · · · · · ·   | INTERVAL                  | <del></del>                           |
| IMMEDIATE                                    |                        |                         |                | or wall of blad                       |                                       |                       |               |                   | <br>                                    | Unknown                   |                                       |
| CAUSE  | DUE TO (OR A           |                         |                |                                       |                                       |                       | <del></del>   |                   |   |                           |                                       |
| [ ,  | R                      |                         |                |                                       |                                       |                       |               |                   |   |                           |                                       |
| Y. FX  | DUE TO (OR A           | S A CONSEQUI            | ENCE OF)       | :                                     |                                       |                       |               |                   |   |                           |                                       |
| DERLYING                                     | C                      |                         |                |                                       |                                       |                       |               |                   | · · ·                                   | <u> </u>                  |                                       |
| NA C   | DUE TO (OR A           | S A CONSEQUI            | ENCE OF)       | \;                                    |                                       |                       |               |                   |   |                           | •                                     |
|  | D.<br>THER SIGNIFICAL  | NT CONDITION            | VS CONTI       | UBUTING TO DEA                        | \TH                                   |                       |               |                   | <del></del>                             | <u> </u>                  | <del></del>                           |
| raki II.O                                    | DIGITIEA               | Jonati IVI              |                | UING TO DEA                           |                                       |                       | •             |                   |   |                           |                                       |
| 42. MANNER (                                 | OF DEATH               |                         | 43. PREG       | NANT (IF FEMALI                       | E)                                    | 44. AUTOPSY           | 45. FINDINGS  | 46. TOXICOLOGY    | 47. FINDINGS<br>CONSIDERED              | 48. TOBACCO<br>CONTRIBUTE | USE<br>ED TO DEATH                    |
| Natural Causes                               |                        |                         |                |                                       |                                       | No                    | CONSIDERE     | No                | COMSIDERED                              | Unknow                    |                                       |
|  | JRY OCCURRED           |                         | <u> </u>       |                                       |                                       | <u> </u>              | <del></del>   |                   | <del>1</del>                            |                           |                                       |
|  |                        |                         | _              |                                       |                                       |                       |               |                   | <b>P</b> •••                            |                           |                                       |
| 50. DATE AND                                 | TIME OF INJURY         | ′                       | <del>-</del>   | 51. INJU                              | JRY AT WORK                           |                       | 52. IF TRANSI | PORTATION INJURY, | SPECIFY                                 |                           |                                       |
|  |                        |                         |                |                                       |                                       |                       |               | ·                 | · .                                     |                           |                                       |
| 53. PLACE OF INJURY 54. LOCATION OF INJURY   |                        |                         |                |                                       | ATION OF INJUL                        | RY                    |               |                   |   | _ <b>-</b> -              |                                       |
| ·····  |                        |                         |                |                                       |                                       |                       |               | <del></del>       | <del></del>                             |                           | <del></del>                           |
|  |                        |                         |                |                                       |                                       |                       |               |                   |   | ADPH E                    | IS E2/REV 01-1                        |

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2018-116-586-1

January 18, 2018



Nicole Henderson Rushing/ State Registrar of Vital Statistics