20180208000042040 02/08/2018 01:17:27 PM DEEDS 1/3

Prepared by:
JUL ANN McLEOD, Esq.
1957 Hoover Court, Suite 306
Birmingham, AL 35226

Send Tax Notice to: Russell Lee Realmuto & Catherine Realmuto 1303 Mineral Springs Road Pell City, AL 35125

| STATE OF ALABAMA | )                                  |
|------------------|------------------------------------|
|                  | ) JOINT WITH RIGHT OF SURVIVORSHIP |
| COUNTY OF SHELBY | ) WARRANTY DEED                    |

KNOW ALL MEN BY THESE PRESENTS: That, for and in consideration of FORTY-FOUR THOUSAND AND NO/100 DOLLARS (\$44,000.00) and other good and valuable consideration, this day in hand paid to the undersigned Grantors, YEVETTE TRUSSELL, a single woman, and MARLENE M. LEE, Trustee, or her successors in trust, under the LEE LIVING TRUST, dated November 28, 2007, and any amendments thereto (hereinafter referred to as Grantors), the receipt whereof is hereby acknowledged, the Grantors do hereby give, grant, bargain, sell and convey unto the Grantees, RUSSELL LEE REALMUTO and CATHERINE REALMUTO (hereinafter referred to as Grantees), for and during their joint lives and upon the death of either, then to the survivor of them in fee simple, together with every contingent remainder and right of reversion, their heirs and assigns, the following described Real Estate, lying and being in the County of Shelby, State of Alabama, to-wit:

Lot 2, according to the Final Plat of Trussell's Resurvey as recorded in Map Book 48, page 30, in the Probate Office of Shelby County, Alabama.

Subject to rights-of-way, covenants, restrictions, easements, agreements, setback lines, reservations, mineral/mining rights, and declarations of record, if any.

\$67,460.00 of the above-recited purchase price is being paid with a purchase money mortgage being recorded simultaneously herewith.

TO HAVE AND TO HOLD, the tract or parcel of land above described together with all and singular rights, privileges, tenements, appurtenances, and improvements unto the said Grantees, for and during their joint lives and upon the death of either of them, then to the survivor of them in fee simple, and to the heirs and assigns of such survivor, their heirs and assigns forever.

And said Grantors, for said Grantors, their heirs, successors, executors and administrators, covenant with Grantees, and with their heirs and assigns, that Grantors are lawfully seized in fee simple of the said Real Estate; that said Real Estate is free and clear from all Liens and Encumbrances, except as hereinabove set forth, and except for taxes due for the current and subsequent years, which are not yet due and payable; and that Grantors will, and their heirs, executors and administrators shall, warrant and defend the same to said Grantees, and their heirs and assigns, forever against the lawful claims of all persons.

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IN WITNESS WHEREOF, said Grantors have hereunto set their hand and seal this the 7th day of February, 2018.

YEVETTE TRUSSELL

MARLENE M. LEE, Trustee

STATE OF ALABAMA

COUNTY OF JEFFERSON

I, the undersigned, a Notary Public, in and for said County and State, hereby certify that YEVETTE TRUSSELL, and MARLENE M. LEE, as Trustee of the LEE LIVING TRUST, dated November 28, 2007, whose names are signed to the foregoing conveyance and who are known to me, acknowledged before me on this day that, being informed of the contents of the instrument, Yevette Trussell, individually, and Marlene M. Lee, as Trustee, and with full authority, executed the same voluntarily on the day the same bears date.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this the 7th day of February, 2018.

NOTARY RUBLIC
My commission expires:

MALCOLM S. MCLEOD My Commission Expires August 15, 2018

## Real Estate Sales Validation Form

This Document must be filed in accordance with Code of Alabama 1975, Section 40-22-1

|                                                                                                                                                          | YEVETTE TRUSSELL and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             |                                           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------------|--|
| MARLENE M. LEE, TRUSTEE OF                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | RUSSELL LEE REALMUTO and    |                                           |  |
| Grantor's Name                                                                                                                                           | THE and LEE LIVING TRUST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Grantee's Nar               | neCATHERINE REALMUTO                      |  |
| Mailing Address                                                                                                                                          | 739 2ND STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Mailing Addre               | ss739 2ND STREET                          |  |
| manning maarcoo                                                                                                                                          | HELENA, AL 35080                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ividiiiig / taaic           | HELENA, AL 35080                          |  |
|                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             | · · · · · · · · · · · · · · · · · · ·     |  |
| Property Address                                                                                                                                         | 739 2ND STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date of Sa                  | ale <u>February 7, 2018</u>               |  |
|                                                                                                                                                          | HELENA, AL 35080                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Tatal Durahasa Dai          | 644 000 00                                |  |
|                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Total Purchase Pri<br>or    | Ce <u>\$44,000.00</u>                     |  |
|                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Actual Value                | \$                                        |  |
| 01802080000420                                                                                                                                           | 040 02/08/2018 01:17:27 PM D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                             | _ <del>'</del>                            |  |
|                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Assessor's Market Val       | ue <u>\$</u>                              |  |
| •                                                                                                                                                        | e or actual value claimed on this form ca                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             | ing documentary evidence: (check          |  |
| one) (Recordation                                                                                                                                        | of documentary evidence is not required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | d)                          |                                           |  |
| Bill of Sale                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                           |  |
| Sales Contra                                                                                                                                             | <del>-</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Other                       |                                           |  |
| X_Closing State                                                                                                                                          | ment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             |                                           |  |
| If the conveyance document presented for recordation contains all of the required information referenced above, the filing of this form is not required. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                           |  |
|                                                                                                                                                          | Ins                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | tructions                   |                                           |  |
| Grantor's name and mailing address - provide the name of the person or persons conveying interest to property and their current mailing address.         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                           |  |
| Grantee's name ar conveyed.                                                                                                                              | nd mailing address - provide the name o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | of the person or persons to | whom interest to property is being        |  |
| _                                                                                                                                                        | the physical address of the property be erty was conveyed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ing conveyed, if available. | Date of Sale - the date on which          |  |
| Total purchase prid<br>the instrument offe                                                                                                               | ce - the total amount paid for the purcha<br>red for record.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | se of the property, both re | al and personal, being conveyed by        |  |
|                                                                                                                                                          | e property is not being sold, the true value<br>for record. This may be evidenced by a<br>ue.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                             |                                           |  |
| valuation, of the pr                                                                                                                                     | ded and the value must be determined, to<br>operty as determined by the local official<br>e used and the taxpayer will be penalize                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | d charged with the respons  | sibility of valuing property for property |  |
| further understand                                                                                                                                       | of my knowledge and belief that the info<br>that any false statements claimed on the<br>1975 § 40-22-1 (h).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |                                           |  |
|                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                           |  |
| Date February 7                                                                                                                                          | <u>, 2018</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PrintMalcolm S. McL         | .eod                                      |  |
|                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | $-M_{I} = 0$                | 1/1 // 1/1//                              |  |
| Unattested                                                                                                                                               | المراحة على المرا | Sign _ <i>///s/rs/w</i>     | Water Mills                               |  |
|                                                                                                                                                          | (verified by)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (Grantor/G                  | rantee/Owner/Agent) circle one            |  |



Judge James W. Fuhrmeister, Probate Judge, County Clerk Shelby County, AL 02/08/2018 01:17:27 PM S22.00 CHERRY 20180208000042040

Filed and Recorded

Official Public Records