

SURVIVING GRANTEE AFFIDAVIT

STATE OF ALABAMA

COUNTY OF SHELBY



Shelby Cnty Judge of Probate, AL
07/13/2018 11:59:05 AM FILED/CERT

I, Rosalie N. Ritchey being first duly sworn, on oath depose and state the following:

My name is Rosalie N. Ritchey . I am one and the same as Rosalie N. Ritchey, a joint grantee of that certain deed recorded in Instrument No Book 60, Page 449 in the Probate Office of Shelby County, Alabama.

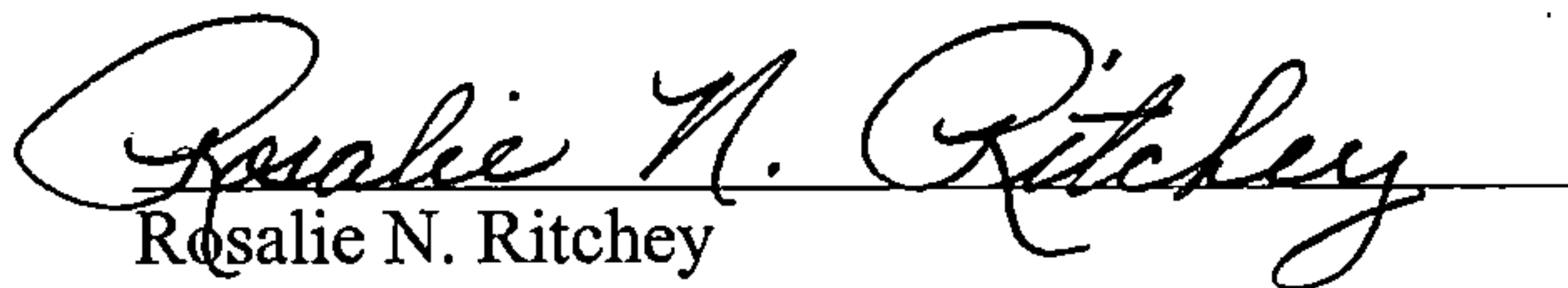
My spouse George M. Ritchey, also listed as a joint grantee in the aforementioned deed, died on January 5, 2011 as evidenced by the death certificate attached hereto and incorporated herein as Exhibit A.

George M. Ritchey and I were husband and wife at the time of his death. There were no decrees of divorce or annulment issued during the marriage.

This affidavit is also to state that I, Rosalie N. Ritchey am one and the same person as Rosalie Ritchey, Grantor in that certain deed recorded in Instrument No 20141028000339810 and to state that at the time of the execution of that deed I was an unmarried woman.

This affidavit is given to induce Reli Settlement Solutions, LLC to issue its title insurance policy or policies without exception to the marital status of the joint grantees in the aforementioned deed, and as an inducement therefore, said affiant agrees to indemnify and hold the aforementioned Title Insurer and/or its agent harmless of and from any and all loss, cost, damage and expense of every kind, including Attorney's fees, which said aforementioned Title Insurer and/or its agent shall or may suffer or incur or become liable for under its said policy or policies now to be issued, or any reissue, renewal or extension thereof, directly or indirectly, as a result of any misrepresentation herewith.

Signed this 5th day of July, 2018.

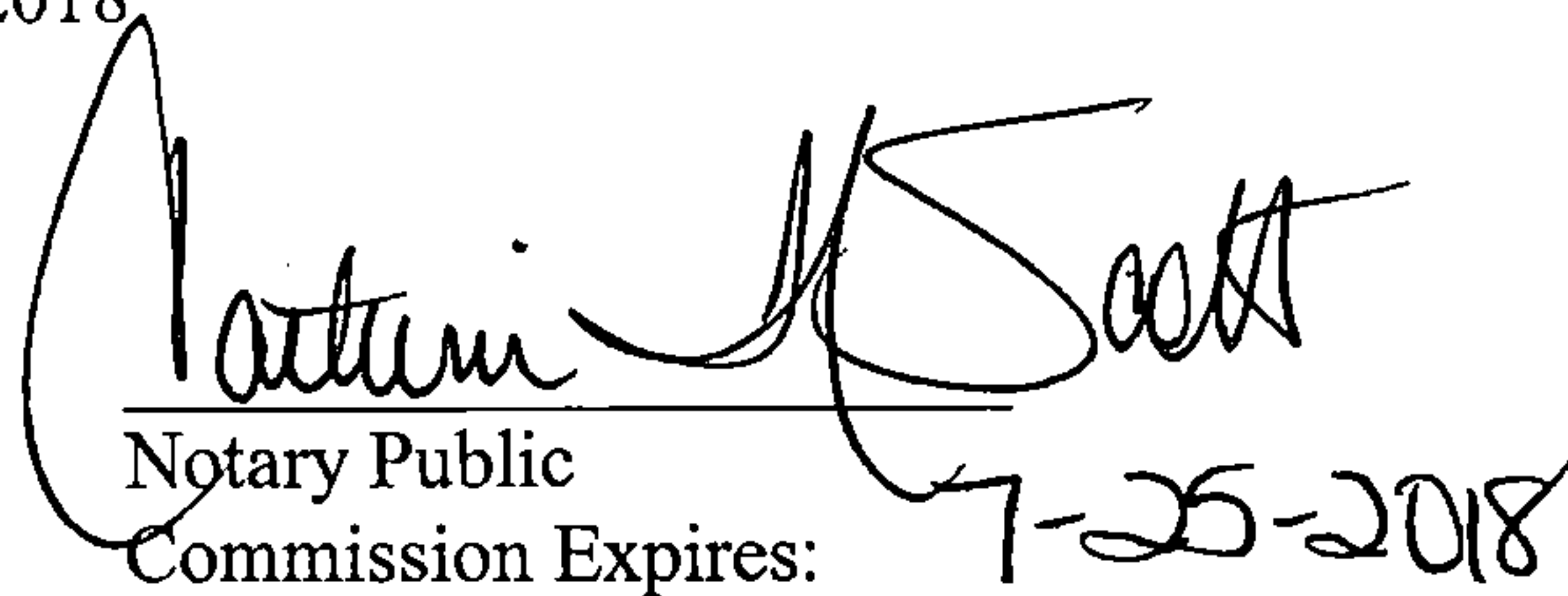

Rosalie N. Ritchey

STATE OF ALABAMA

COUNTY OF SHELBY

Sworn to and subscribed before me this 5th day of July, 2018




Notary Public
Commission Expires: 7-25-2018

ALABAMA

CERTIFICATE OF DEATH

State File Number **101**

1. DECEASED NAME First: George Middle: Michael Last: RITCHEY		2. DATE OF DEATH (Month, Day, Year) January 5, 2011		3. COUNTY Jefferson			
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Birmingham 35235			5. RESIDE CITY LIMITS (Specify Yes or No) Yes		6. PLACE OF DEATH - HOSPITAL OR OTHER INSTITUTION - If not, specify place of death		
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DCA) Inpatient		8. OF HISPANIC ORIGIN (Specify Yes or No) If Yes, Specify Origin No		9. RACE - (Specify American Indian, Black, White, etc.) White		10. SEX Male	
11. AGE 61 YRS.		12. UNDER 1 YEAR MOS. 1 DAYS 1 HOURS 1 MINS.		13. DATE OF BIRTH (Month, Day, Year) September 12, 1949		14. DECEASED'S SOCIAL SECURITY NUMBER [REDACTED]	
15. EDUCATION (Specify Only Highest grade completed) Elementary or High School (9-12)		16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married		17. SURVIVING SPOUSE (If wife, give maiden name) Rosalie Nancy Renno		18. Was decedent ever a U.S. Armed Forces member? (Specify Yes or No) Yes	
19. STATE OF BIRTH (If not in USA, name country) Alabama		20. RESIDENCE - STATE Alabama		21. COUNTY Shelby		22. CITY, TOWN, OR LOCATION AND ZIP CODE Pelham 35124	
23. INCLUDE CITY LIMITS (Specify Yes or No) Yes		24. STREET AND NUMBER 6498 Quail Run Drive		25. INFORMANT - Name and Address Rosalie Nancy Ritchey 6498 Quail Run Drive Pelham, AL 35124			
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Attorney				27. KIND OF BUSINESS OR INDUSTRY Law			
28. FATHER - NAME First Middle Last George Ritchey		29. MOTHER - NAME First Middle Last Dorothy Jane Pettus					
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial		31. DATE OF DISPOSITION (Month, Day, Year) Jan. 10, 2011		32. CEMETERY OR CREMATORY - Name Elmwood		33. LOCATION - City or Town - State B'ham, AL	
34. FUNERAL HOME - Name and Address Johns-Ridout's		35. FUNERAL DIRECTOR - Signature <i>[Signature]</i>		36. DATE SIGNED BY FUNERAL DIRECTOR Jan. 14, 2011			
37. <input checked="" type="checkbox"/> Certifying Physician (Physician certifying cause of death) To the best of my knowledge death occurred at the time and date, and due to the cause(s) and manner stated. Medical Examiner Signature: <i>[Signature]</i> 38. DATE SIGNED (Month, Day, Year) 1/6/11							
39. TIME AND DATE OF DEATH 0757 1-5-2011		40. DATE AND TIME PROCLAIMED DEAD (For Coroner/M.E. use only)		41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 48) Adeeb Thomas MD			
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 48) 48 Medical Park East Dr. Ste 455 Bham AL 35235						43. CERTIFIED LICENSE NUMBER 15172	
44. REGISTRAR - Signature <i>[Signature]</i>						45. DATE FILED (Month, Day, Year) Jan. 14, 2011	

MEDICAL CERTIFICATION

46. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. LIST ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (Final disease or condition resulting in death) → Metastatic Lung Cancer		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
a. DUE TO (OR AS A CONSEQUENCE OF):			
b. DUE TO (OR AS A CONSEQUENCE OF):			
c. DUE TO (OR AS A CONSEQUENCE OF):			
47. PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Pneumonia			
48. MANNER OF DEATH (Specify - Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) Natural		49. AUTOPSY (Specify Yes or No) NO	
50. HOW INJURY OCCURRED (Enter nature of injury in Item 48, Part I or Item 47, Part II)		51. If yes, were findings considered in determining cause of death? (Specify Yes or No)	
52. DATE OF INJURY (Month, Day, Year)		53. HOUR OF INJURY	
54. INJURY AT WORK (Specify Yes or No)		55. PLACE OF INJURY - (Specify at home, farm, street, factory, office building, etc.)	
56. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State)			

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



20180713000250280 2/2 \$18.00
Shelby Cnty Judge of Probate, AL
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ADPH MS 2 / Rev 11-93

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

[Signature]
Signature of Local or Deputy Registrar

January 13 2011

Date of Filing

ANY ALTERATIONS VOID THIS DOCUMENT

SSN:

NAME OF DECEASED **Ritchey George Mike** is correct per Tina at fh 1-14-11 dt.