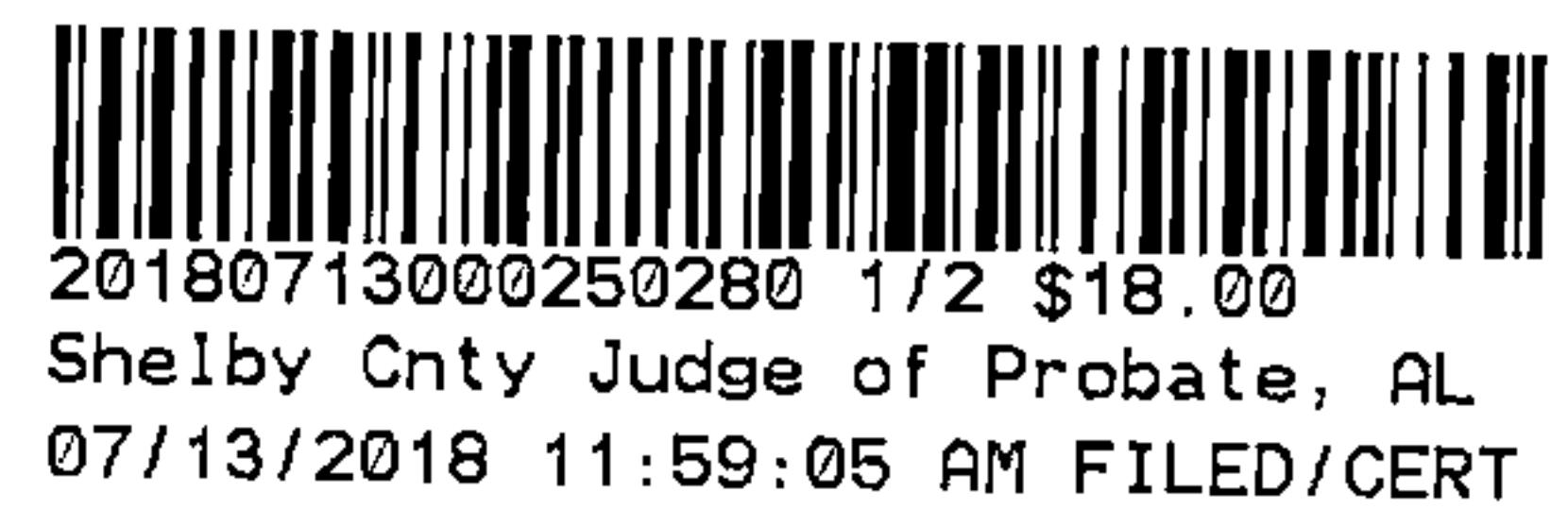


SURVIVING GRANTEE AFFIDAVIT

STATE OF ALABAMA

COUNTY OF SHELBY



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



Catherine H. Scott
Notary Public
Commission Expires: 7-25-2018

ALABAMA
CERTIFICATE OF DEATH

State File No. 101

County
File
Number

1. DECEASED NAME				2. DATE OF DEATH (Month, Day, Year)	3. PLACE OF DEATH
George Michael RITCHIEY				January 5, 2011	Jefferson
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE		5. PLACE CITY LIMITS (Specify Yes or No)		6. PLACE OF DEATH - HOSPITAL, OTHER, OR VETERAN'S HOME	
Birmingham 35235		Yes		St. Vincent East	
7. HOSPITAL (Specify if patient, ER or Out-patient, DOA)		8. IF HOSPITALICATED (Specify Yes or No) If Yes, Specify Cause		9. RACE (Specify American Indian, Black, White, etc.)	
Inpatient		No		White	
11. AGE		12. UNDER 1 YEAR		13. DATE OF BIRTH (Month, Day, Year)	
61 yrs.		MOS.	MONTHS	September 12, 1949	
15. EDUCATION (Specify Grade Completed Below)		16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced)		17. SURVIVING SPOUSE (If any, give maiden name)	
Elementary or High School (0-12)		College (14 or 5+) 5+		Rosalie Nancy Renno	
18. STATE OF BIRTH (If not in USA, name country)		19. RESIDENCE - STATE		20. CITY, TOWN OR LOCATION AND ZIP CODE	
Alabama		Alabama		Pelham 35124	
22. MARRIED CITY LIMITS (Specify Yes or No)		24. STREET AND NUMBER		25. INFORMANT - Name and Address	
Yes		6498 Quail Run Drive		6498 Quail Run Drive, Pelham, AL 35124	
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)		27. KIND OF BUSINESS OR INDUSTRY		28. DATE SIGNED BY FUNERAL DIRECTOR	
Attorney		Law		Jan. 14, 2011	
23. FATHER - NAME		26. MARRIED NAME OF MOTHER		29. DATE SIGNED BY FUNERAL DIRECTOR	
George Ritchey		Dorothy Jane Pettus			
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other)		31. DATE OF DISPOSITION (Month, Day, Year)		32. CEMETERY OR CREMATORY - NAME	
Burial		Jan. 10, 2011		Elmwood	
34. FUNERAL HOME - Name and Address		35. FUNERAL DIRECTOR - Signature		36. DATE SIGNED BY FUNERAL DIRECTOR	
Johns-Ridout's		2116 Univ. Blvd B'ham, AL 35233		Jan. 14, 2011	
37. ✓ Certifying Physician (Physician certifying cause of death) "To the best of my knowledge death occurred at the time and date, and due to the cause(s) and manner stated — Medical Examiner <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place, and due to the cause(s) and manner stated Signature: <i>St. James</i>		38. TIME AND DATE OF DEATH		39. DATE AND TIME PROCLAIMED DEAD (For Coroner/M.E. use only)	
		0757 1-5-2011		40. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH	
				Adelab Thomas MD	
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 48)		43. CERTIFIED LICENSE NUMBER		44. DATE FILED (Month, Day, Year)	
48 Medical Park East Dr. Ste 455 Bham, AL 35135		15172		Jan. 14, 2011	
45. REGISTRAR - Signature		For State or County use only			
		<i>Adelab Thomas</i>			

MEDICAL CERTIFICATION

46. NAME OF DECEASED		47. 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.		48. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		IMMEDIATE CAUSE (Final disease or condition resulting in death) → <i>Metastatic Lung Cancer</i>			
		a. DUE TO (OR AS A CONSEQUENCE OF):			
		b. DUE TO (OR AS A CONSEQUENCE OF):			
		c. DUE TO (OR AS A CONSEQUENCE OF):			
49. HOW INJURY OCCURRED (Enter nature of injury in Item 48, Part I or Item 47, Part II)		50. DATE OF INJURY (Month, Day, Year)		51. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No or Unc.)	
52. INJURY AT WORK (Specify Yes or No)		53. PLACE OF INJURY - (Specify at home, farm, school, factory, office building, etc.)		54. HOUR OF INJURY	
55. 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.

2018071300250280 2/2 \$18.00
Shelby Cnty Judge of Probate, AL
07/13/2018 11:59:05 AM FILED/CERT

ADPH-MB 2/Rev. 11-89

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

Rosalie J. Renno
Signature of Local or Deputy Registrar

January 13, 2011