

SURVIVING GRANTEE AFFIDAVIT

STATE OF ALABAMA }
COUNTY OF SHELBY }

I, Laurie Boston Sharp as attorney-in-fact for James A. Dawson AKA James Dawson, being first duly sworn, on oath depose and state the following:

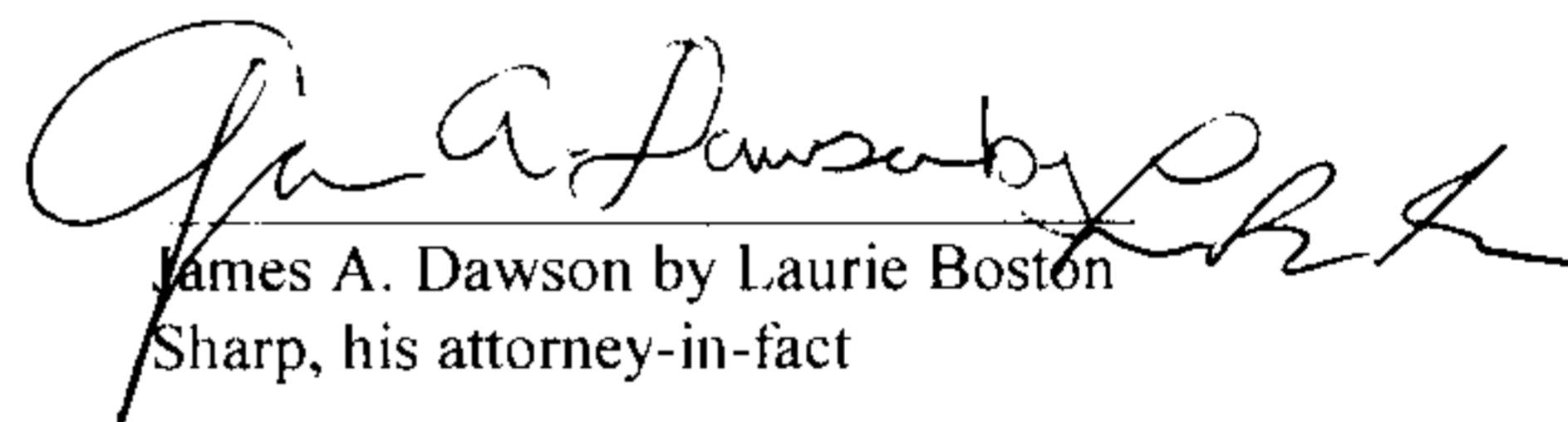
James A. Dawson is the surviving grantee of that certain deed recorded in Instrument No. 20070222000082150, in the Probate Office of Shelby County, Alabama and that certain deed recorded in Instrument No. 1999-23586, in the Probate Office of Shelby County, Alabama,

Jo Ann Dawson, listed as a joint grantee in the aforementioned deeds, died on or about October 23, 2015, as evidenced by the death certificate attached hereto as Exhibit "A".

James A. Dawson and Jo Ann Dawson, were husband and wife, at the time of her death. There were no decrees of divorce or annulment issued during the marriage.

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(s), 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.

Dated this 31st day of August, 2018.

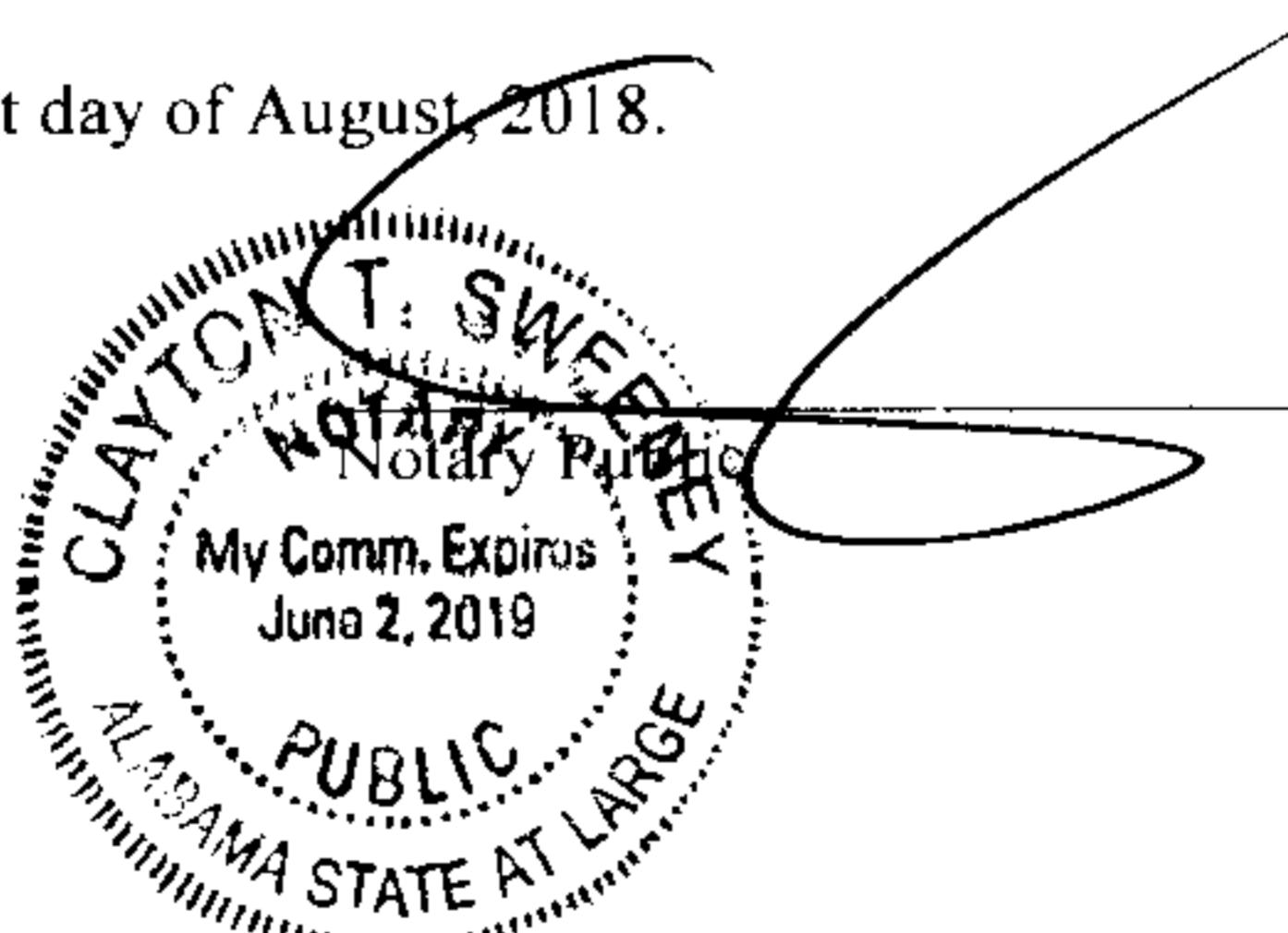


James A. Dawson by Laurie Boston
Sharp, his attorney-in-fact

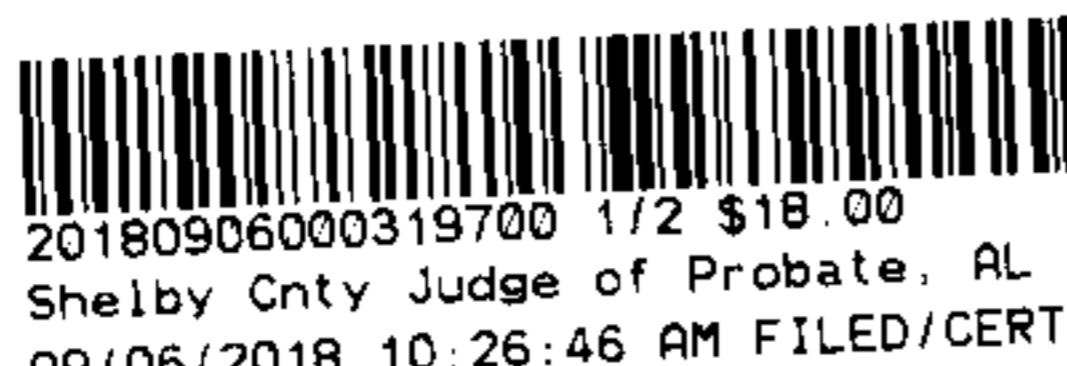
State of Alabama }
Jefferson County }

I, the undersigned, a Notary Public in and for said County and State, hereby certify that Laurie Boston Sharp whose name as attorney-in-fact for James A. Dawson, is signed to the foregoing instrument and who is known to me, acknowledged before me on this day that being informed of the contents of the Instrument, she in her capacity as such attorney-in-fact executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this 31st day of August, 2018.



My Commission Expires: 06/02/2019



ALABAMA
 Center for Health Statistics
 ALABAMA CERTIFICATE OF DEATH

State
File
Number

101 2015-40280

1. DECEASED LEGAL NAME Jo Ann Hunziker Dawson							2. DATE AND TIME OF DEATH Oct 23, 2015 1530
3. ALIAS NAME (IF ANY) None Given							4. DATE AND TIME PRONOUNCED DEAD
5. COUNTY OF DEATH Chilton		6. CITY, TOWN OR LOCATION OF DEATH AND ZIP Clanton, 35045			7. PLACE OF DEATH Hatley Health Care, Inc.		
8. HISPANIC ORIGIN No		9. RACE White		10. SEX Female		11. SERVED IN ARMED FORCES No	
12. AGE 70	UNDER 1 YEAR MONTHS	UNDER 1 DAY DAYS	HRS	MINS	13. DATE OF BIRTH Oct 11, 1945	14. STATE OF BIRTH Ohio	15. SOCIAL SECURITY NUMBER
16. MARITAL STATUS Married		17. SURVIVING SPOUSE James Alfred Dawson			18. RESIDENCE STATE Alabama		
19. RESIDENCE COUNTY Shelby		20. CITY, TOWN OR LOCATION AND ZIP Calera, 35040			21. STREET ADDRESS 2644 Highway 42		
22. INFORMANT NAME, RELATIONSHIP AND ADDRESS James A Dawson, Relationship: Husband 2644 Highway 42 Calera, Alabama 35040					23. OCCUPATION President		
					24. BUSINESS OR INDUSTRY JA Dawson and Co Inc		
25. FATHER'S NAME Joseph Lorin Hunziker		26. MOTHER'S MAIDEN NAME Anne Shoemaker					
27. DISPOSITION OF BODY Cremation		28. DATE OF DISPOSITION Oct 26, 2015		29. CEMETERY OR CREMATORIAL Johns-Ridout's Crematory		30. LOCATION Birmingham, Alabama	
31. FUNERAL HOME NAME AND ADDRESS Ridout's Southern Heritage, 475 Cahaba Valley Rd, Pelham, AL 35124					32. LICENSE NUMBER		
33. FUNERAL DIRECTOR Doug Glasscock					34. LICENSE NUMBER 05619	35. DATE SIGNED Oct 30, 2015	
36. MEDICAL CERTIFICATION: <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN <input type="checkbox"/> MEDICAL EXAMINER <input type="checkbox"/> CORONER							
37. NAME Jeffrey Frank Price MD					38. LICENSE NUMBER 21217	39. DATE SIGNED Oct 30, 2015	
40. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH 107 Health Center Dr, Clanton, Alabama 35045							
41. REGISTRAR Catherine Molchan Donald					42. DATE FILED Nov 2, 2015		

CAUSE OF DEATH

43. PART I. DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED DEATH							INTERVAL
IMMEDIATE CAUSE	A. Creutzfeldt Jakob Disease DUE TO (OR AS A CONSEQUENCE OF):						Unknown
UNDERLYING CAUSE	B. DUE TO (OR AS A CONSEQUENCE OF); C. DUE TO (OR AS A CONSEQUENCE OF): D.						
44. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH							
45. MANNER OF DEATH Natural Cause		46. PREGNANCY IN LAST 42 DAYS No	47. AUTOPSY No	48. FINDINGS CONSIDERED	49. DATE AND TIME OF INJURY		
50. HOW INJURY OCCURRED							
51. INJURY AT WORK		52. PLACE OF INJURY			53. LOCATION OF INJURY		

ADPH HS E2/REV 07-10

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2015-436-079-6

November 4, 2015

Catherine M. Donald
 Catherine Molchan Donald
 State Registrar of Vital Statistics