

Index under the following names:

Mary L. Morton
Gladys L. Morton
Mary Gladys Morton
William Thomas Morton, II
William Thomas Morton
William T. Morton
Laura York McDonald
Jack Burton McDonald, Jr.
Margaret M. Morton
Margaret Morton York
Robert Edward York

STATE OF ALABAMA)
 :
SHELBY COUNTY)

AFFIDAVIT OF HEIRSHIP OF
MARY L. MORTON A/K/A GLADYS L. MORTON AND MARY GLADYS MORTON
(DECEASED) AND WILLIAM THOMAS MORTON, II A/K/A
WILLIAM THOMAS MORTON AND WILLIAM T. MORTON (DECEASED)

Before me, the undersigned, personally appeared Laura York McDonald and Burton McDonald, who, after first being duly sworn, depose and say the following:

1. Our names are Laura York McDonald and Jack Burton McDonald, Jr. We are both over the age of 21 years, are married to each other, and reside at 3133 Guilford Road, Birmingham, Alabama 35223. We have personal knowledge of the matters and things set forth herein.

2. We were both personally acquainted with Mary L. Morton, who was also known as Gladys L. Morton and Mary Gladys Morton ("Mrs. Morton"), her husband William Thomas Morton, II, who was also known as William Thomas Morton and William T. Morton ("Mr. Morton;" Mrs. Morton and Mr. Morton collectively called "Mr. and Mrs. Morton"), and their family for at least twenty (20) years. We are the sister and brother-in-law, respectively, of Robert Edward York, who is married to Mr. and Mrs. Morton's daughter, Margaret M. Morton, who is also known as Margaret Morton York ("Margaret").

3. Mrs. Morton died on or about February 6, 2018, and a copy of her death certificate is attached hereto as **Exhibit A**. Mr. Morton died on or about April 17, 2005, and a copy of his death certificate is attached hereto as **Exhibit B**. After Mr. Morton's death, Mrs. Morton never remarried.

4. Mr. and Mrs. Morton were married and had only one child of their marriage, namely Margaret. To the best of our knowledge, there was no other child, either living or dead, who was born to or adopted by either Mr. Morton or Mrs. Morton during their lifetimes.

5. At the time of his death, Mr. Morton had no parent who survived him and his sole surviving heirs were Mrs. Morton and Margaret.

6. At the time of her death, Mrs. Morton had no parent who survived her and her sole surviving heir was Margaret.

7. It is our understanding that there was never any estate administration for either Mr. Morton or Mrs. Morton in the Probate Court of Shelby County, Alabama, or elsewhere.

8. This Affidavit is made for the purpose of establishing Margaret as the sole surviving heir of Mr. and Mrs. Morton, with the knowledge that this Affidavit may be used as evidence in court, or filed for record in any Probate Office for future reference.

Further the Affiants sayeth naught.


**[Remainder of Page Intentionally Left Blank -
Signature Page Follows]**



20181004000355260 2/5 \$42.00
Shelby Cnty Judge of Probate, AL
10/04/2018 02:50:19 PM FILED/CERT

Done and dated this 19th day of September 2018


Laura York McDonald


Jack Burton McDonald, Jr

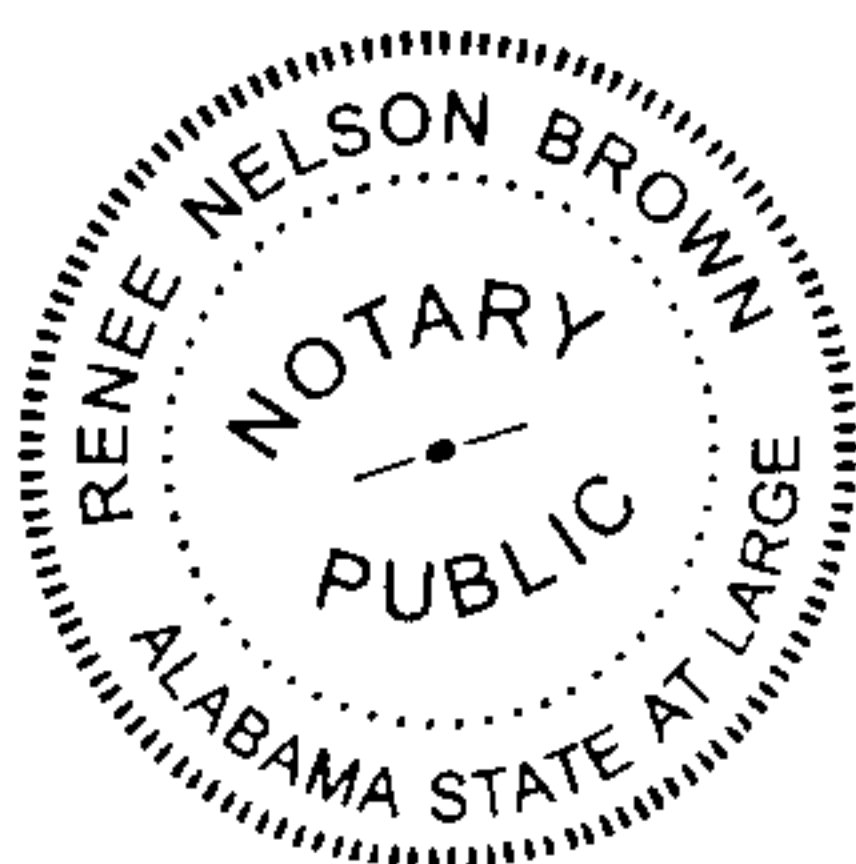
STATE OF ALABAMA)


COUNTY OF JEFFERSON)

I, the undersigned authority, a Notary Public in and for said county, in said state, hereby certify that Laura York McDonald and Jack Burton McDonald, Jr., whose names are signed to the foregoing Affidavit, and who are known to me, acknowledged before me on this day that, being informed of the contents of said conveyance, they executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this 19th day of September 2018.

[NOTARIAL SEAL]



Notary Public 
My Commission 7-23-2019

Katherine N. Barr, Esq.
Sirote & Permutt, P.C.
2311 Highland Avenue South (35205)
P. O. Box 55727
Birmingham, Alabama 35255-5727
Telephone (205) 930-5100



20181004000355260 3/5 \$42.00
Shelby Cnty Judge of Probate. AL
10/04/2018 02:50:19 PM FILED/CERT

Exhibit A

Death Certificate of Mary Gladys Morton

GEORGIA DEATH CERTIFICATE

State File Number **2018GA000009590**

1 DECEDENT'S LEGAL FULL NAME (First, Middle, Last) MARY GLADYS MORTON		1a IF FEMALE, ENTER LAST NAME AT BIRTH LANGSTON		2 SEX FEMALE	2a DATE OF DEATH (Mo., Day, Year) ACTUAL DATE OF DEATH 02/06/2018
3 SOCIAL SECURITY NUMBER [REDACTED]	4a AGE (Years) 96	4b UNDER 1 YEAR MOS Days	4c UNDER 1 DAY Hours Mins	5. DATE OF BIRTH (Mo., Day, Year) 03/01/1921	
6 BIRTHPLACE ALABAMA	7a RESIDENCE - STATE GEORGIA	7b COUNTY COBB		7c CITY, TOWN KENNESAW	
7d STREET AND NUMBER 1780 OLD HIGHWAY 41		7e ZIP CODE 30152	7f INSIDE CITY LIMITS? YES	8 ARMED FORCES? NO	
8a USUAL OCCUPATION TEACHER		8b KIND OF INDUSTRY OR BUSINESS EDUCATION			
9 MARITAL STATUS WIDOWED	10 SPOUSE NAME WILLIAM THOMAS MORTON		11 FATHER'S FULL NAME (First, Middle, Last) EDWARD H. LANGSTON		
12 MOTHER'S MAIDEN NAME (First, Middle, Last) ANNIE LOU TROTT	13a INFORMANT'S NAME (First, Middle, Last) ROCKCO FUNERAL HOME		13b RELATIONSHIP TO DECEDENT		
13c MAILING ADDRESS 3715 HIGHWAY 26 S MONTEVALLO ALABAMA 35115			14 DECEDENT'S EDUCATION MASTER'S DEGREE		
15 ORIGIN OF DECEDENT (Italian, Mex., French, English, etc.) NO, NOT SPANISH/HISPANIC/LATINO		16 DECEDENT'S RACE (White, Black, American Indian, etc.) (Specify) WHITE			
17a IF DEATH OCCURRED IN HOSPITAL		17b IF DEATH OCCURRED OTHER THAN HOSPITAL (Specify) NURSING HOME-LONG TERM CARE FACILITY			
18 HOSPITAL OR OTHER INSTITUTION NAME (If not in either give street and no.) ROSS MEMORIAL HEALTH CARE CENTER		19 CITY, TOWN or LOCATION OF DEATH KENNESAW		20 COUNTY OF DEATH COBB	
21 METHOD OF DISPOSITION (specify) REMOVAL FROM STATE	22 PLACE OF DISPOSITION SIX MILE CEMETERY WEST ASHBY ROAD BRIARFIELD ALABAMA 35036			23 DISPOSITION DATE (Mo., Day, Year) 02/07/2018	
24a EMBALMER'S NAME ARLIS BRADFORD	24b EMBALMER LICENSE NO 4144	25 FUNERAL HOME NAME WINKENHOFER PINE RIDGE F H INC			
25a FUNERAL HOME ADDRESS 2950 NORTH COBB PKWY P O BOX 571 KENNESAW GEORGIA 30152					
26a SIGNATURE OF FUNERAL DIRECTOR STEVE PRICE		26b FUN. DIR. LICENSE NO 05394	AMENDMENTS		
27 DATE PRONOUNCED DEAD (Mo., Day, Year) 02/06/2018	28 HOUR PRONOUNCED DEAD 08:31 AM				
29a PRONOUNCER'S NAME Mark Edwin Schmetterer		29b LICENSE NUMBER RN178458	29c DATE SIGNED 02/06/2018		
30 TIME OF DEATH 08:31 AM		31 WAS CASE REFERRED TO MEDICAL EXAMINER NO			
32 Part I. Enter the chain of events, diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.					Approximate interval between onset and death
IMMEDIATE CAUSE (Final disease or condition resulting in death) A CARDIAC ARREST Due to, or as a consequence of B MULTIPLE ORGAN FAILURE Due to, or as a consequence of C ADVANCE ALZHEIMER'S DISEASE Due to, or as a consequence of D.					IMMEDIATE
					1 WEEK
					UNKNOWN
Part II. Enter significant conditions contributing to death but not related to cause given in Part I. A. If female, indicate if pregnant or birth occurred within 90 days of death HEART FAILURE, STROKE					33 WAS AUTOPSY PERFORMED? NO
34 WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?					
35 TOBACCO USE CONTRIBUTED TO DEATH NO		36 IF FEMALE (range 10-54) PREGNANT NOT APPLICABLE		37 ACCIDENT, SUICIDE, HOMICIDE UNDETERMINED (Specify) NATURAL	
38 DATE OF INJURY (Mo., Day, Year)	39 TIME OF INJURY	40 PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify)		41 INJURY AT WORK? (Yes or No)	
42 LOCATION OF INJURY (Street, Apartment Number, City or Town, State, Zip, County)					
43 DESCRIBE HOW INJURY OCCURRED				44 IF TRANSPORTATION INJURY	
45 To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated. Medical Certifier (Name, Title, License No.) AKINWOLE A AWUJO, MD, 48204			46 On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. Medical Examiner/Coroner (Name, Title, License No.)		
45a DATE SIGNED (Mo., Day, Year) 02/19/2018	45b HOUR OF DEATH 08:31 AM	46a DATE SIGNED (Mo., Day, Year)	46b HOUR OF DEATH		
47 NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH AKINWOLE A AWUJO 1136 CLEVELAND AVE SUITE 811 EAST POINT GA 30344 ATLANTA GEORGIA					
48 REGISTRAR (Signature) /S/ DONNA L. MOORE				49 DATE FILED - REGISTRAR (Mo., Day, Year) 02/19/2018	

Form 3903 (Rev. 04/2012), GEORGIA DEPARTMENT OF HUMAN RESOURCES

DO NOT FOLD THIS CERTIFICATE

Exhibit B
Death Certificate of William Thomas Morton

ALABAMA
Center for Health Statistics
ALABAMA
CERTIFICATE OF DEATH

05-14543

State File Number **101**

County File Number _____

1. DECEASED—NAME First Middle Last (Type last name at capital)
William Thomas MORTON

2. DATE OF DEATH (Month, Day, Year)
April 17, 2005

3. COUNTY OF DEATH
Shelby

4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE
Montevallo 35115

5. INSIDE CITY LIMITS (Specify Yes or No)
Yes

6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—If not at home, give street and number
445 Shoshone Drive

7. HOSPITAL (Specify Hospital, PT or Outpatient, NCA)
No

8. IF IN SPANISH ORIGIN Specify Yes or No. If Yes, Specify Color.
No

9. RACE—Specify American Indian, Black, White, etc.
White

10. SEX
Male

11. AGE
71 yrs.

12. UNDER 1 YEAR
NO

13. UNDER 1 DAY
NO

14. DATE OF BIRTH (Month, Day, Year)
September 30, 1933

15. DECEASED'S SOCIAL SECURITY NUMBER
[REDACTED]

16. MARRITAL STATUS (Specify Married, Never Married, Widowed, Divorced)
Married

17. SURVIVING SPOUSE (If wife, give maiden name)
Mary Gladys Langston

18. Was Deceased ever in Armed Forces? (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
Montevallo 35115

23. INSIDE CITY LIMITS (Specify Yes or No)
Yes

24. STREET AND NUMBER
445 Shoshone Drive

25. INFORMANT—Name and Address
**Mary L. Morton
445 Shoshone Dr. Montevallo, AL 35115**

26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)
Agent

27. KIND OF BUSINESS OR INDUSTRY
Insurance

28. FATHER—NAME First Middle Last
Lawrence Morton

29. MOTHER—NAME First Middle Last
Lillie Mae Lavender

30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital, Other)
Burial

31. DATE OF CREMATION
04-20-2005

32. CEMETERY OR CREMATORY—Name
Six Mile Cemetery

33. LOCATION—City or Town—State
Centreville, AL

34. FUNERAL HOME—Name and Address
**Rockco Funeral Home
P.O. Box 647 Montevallo, AL 35115**

35. FUNERAL DIRECTOR—Signature
Cady Caldwell

36. DATE SIGNED BY FUNERAL DIRECTOR
04-19-2005

37. Certifying Physician (Physician certifying cause of death. To the best of my knowledge death occurred in the home and was due to the cause stated and manner stated.)
Medical Examiner
Signature: **Philip O'Reilly**

38. DATE SIGNED (Month, Day, Year)
4-22-2005

39. TIME AND DATE OF DEATH
4/17/2005 12:30 PM

40. DATE AND TIME PROMULGATED (For Coroner/M.E. use only)
4/17/2005 12:30 PM

41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (per 40)
Philip O'Reilly MD

42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (per 40)
215 THT, 1900 UNIVERSITY BLVD AL 35294

43. CERTIFIER LICENSE NUMBER
21754

44. REGISTRAR—Signature
Sheila Keller

45. DATE FILED (Month, Day, Year)
May 3, 2005

MEDICAL CERTIFICATION

46. PART I. Enter the disease, injury, or condition 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. APPROXIMATE INTERVAL BETWEEN CAUSE AND DEATH

IMMEDIATE CAUSE (If a consequence of another cause, list it on line 47)
SMALL CELL LUNG CANCER 6 months

47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
CHRONIC OBSTRUCTIVE PULMONARY DISEASE

48. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Unintentional Circumstances, Pending Investigation, Natural Cause)
NATURAL CAUSE

49. HOW INJURY OCCURRED (Enter cause of injury in item 46, Part I or item 47, Part II)
NO

50. DATE OF INJURY (Month, Day, Year)
NO

51. HOURS OF INJURY
NO

52. PLACE OF INJURY (Specify at home, farm, street, factory, office building, etc.)
NO

53. LOCATION OF INJURY (Specify at home, farm, street, factory, office building, etc.)
NO

54. HOURS OF INJURY
NO

55. PLACE OF INJURY (Specify at home, farm, street, factory, office building, etc.)
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