

Index under the following names:

Mary L. Morton
Gladys L. Morton
Mary Gladys Morton
William Thomas Morton, II
William Thomas Morton
William T. Morton
Margaret M. Morton
Margaret Morton York

STATE OF ALABAMA)
 :
SHELBY COUNTY)

AFFIDAVIT OF HEIRSHIP AND DEVOLUTION OF TITLE TO REAL PROPERTY 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 Margaret M. Morton, also known as Margaret Morton York (the "Affiant"), who, after first being duly sworn, deposes and says the following:

1. My name is Margaret M. Morton, and I am also known as Margaret Morton York. I am over the age of 21 years and reside at 3285 Belmont Glen Drive, Marietta, Georgia 30067. I have personal knowledge of the matters and things set forth herein.

2. I am the daughter of Mary L. Morton, who was also known as Gladys L. Morton and Mary Gladys Morton ("my mother"), and William Thomas Morton, II, who was also known as William Thomas Morton and William T. Morton ("my father;" and my mother and my father being herein collectively called "my parents"), who died on February 6, 2018, and April 17, 2005, respectively. Copies of the death certificates for each of them are attached hereto as **Exhibit A** and **Exhibit B**, respectively.

3. My parents were married until the death of my father in 2005. After my father's death, my mother never remarried. During their lifetimes, neither my father nor my mother had any children born to or adopted by either of them other than me.

4. At the time of his death, my father had no parent who survived him, and his sole surviving heirs were my mother and me.

5. At the time of her death, my mother had no parent who survived her, and her sole surviving heir was me.

6. There was never any estate administration for either my mother or my father in the Probate Court of Shelby County, Alabama, which had been their primary domicile, or elsewhere.

7. By deed dated November 24, 2003, and recorded on December 1, 2003, in Instrument No. 20031201000777030 in the Probate Office of Shelby County, Alabama, my parents (in the names of William T. Morton and Mary L. Morton) acquired, as joint tenants with right of survivorship, the following described real property situated in Shelby County, Alabama (the "Property;" the Property having a property address of 445 Shoshone Drive, Montevallo, Alabama, and being identified by the Shelby County Property Tax Commissioner as Parcel No. 27 5 21 1 001 039.000):

Lot 45, according to the Survey of Indian Highlands, Second Addition, as recorded in Map Book 5, Page 60, in the Probate Office of Shelby County, Alabama.

Prior to the death of my father, my parents' joint tenancy in said Property was not broken and, accordingly, upon the death of my father, my mother became the sole owner of the Property by virtue of being the sole surviving grantee under the above-described deed.

8. Although my father died without any will having been probated, I am informed and believe that any assets of his probate estate would have passed, by operation of Ala. Code §43-8-41, to my mother and me, as his sole surviving heirs. Thus, title to any real estate or interest in real estate in the probate estate of my father (other than the Property which passed directly to my mother pursuant to the terms of the above-described deed) would have devolved upon his death only to my mother and me, as his sole heirs, by operation of Ala. Code §43-2-830(a).

9. Although my mother died without any will having been probated, I am informed and believe that any assets of her probate estate would have passed, by operation of Ala. Code §43-8-42(1), to me, as her sole surviving heir. Thus, title to any real estate or interest in real estate in the probate estate of my mother, including the Property, would have devolved upon her death only to me, as her sole heir, by operation of Ala. Code §43-2-830(a).

10. This Affidavit is made for the purpose of establishing my mother and me as the sole heirs of my father, William Thomas Morton, II, also known as William Thomas Morton and William T. Morton, and the descent of any property left at the death of my father, and also for establishing me as the sole heir of my mother, Mary L. Morton, also known as Gladys L. Morton and Mary Gladys Morton, and the descent of any property left at the death of my mother, 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 Affiant sayeth naught.

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

Done and dated this 26th day of September, 2018.

Margaret M. Morton
Margaret M. Morton

STATE OF GEORGIA)

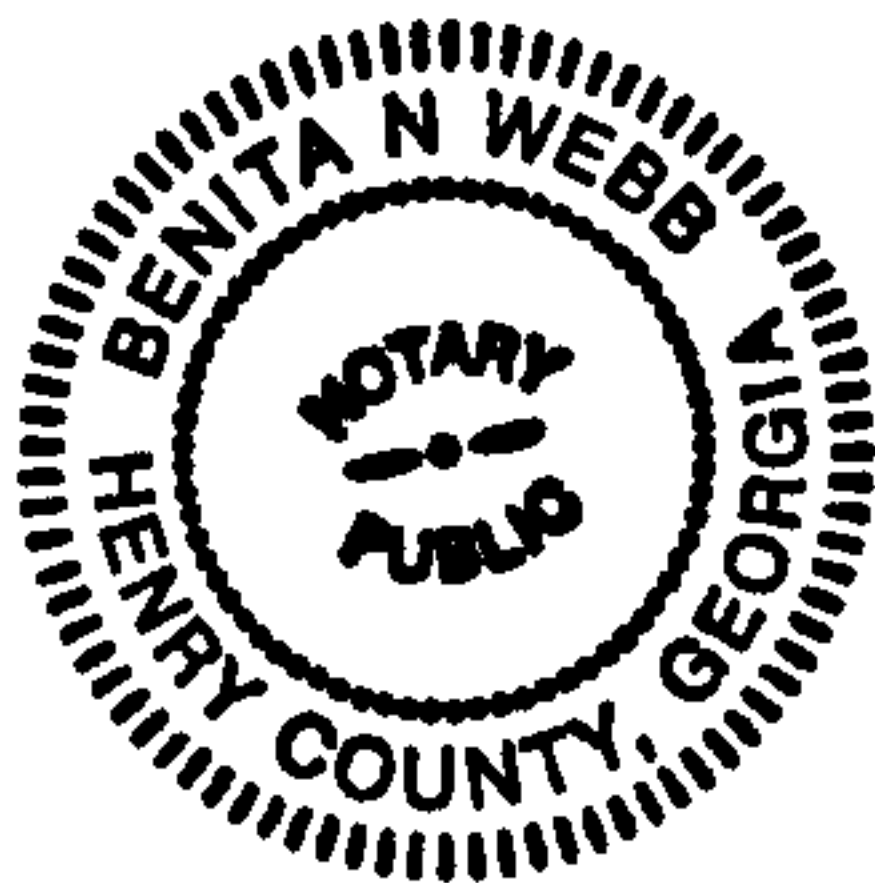
COUNTY OF Cobb)
aka Margaret M. Morton

I, the undersigned authority, a Notary Public in and for said county, in said state, hereby certify that Margaret Morton York, whose name is signed to the foregoing Affidavit, and who is known to me, acknowledged before me on this day that, being informed of the contents of said conveyance, she executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this 26 day of September, 2018.

[NOTARIAL SEAL]

Benita N. Webb
Notary Public
My Commission Expires 4/12/2022



This document prepared by:

Katherine N. Barr, Esq.
Sirote & Permutt, P.C.
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P. O. Box 55727
Birmingham, Alabama 35255-5727
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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) 86	4b. UNDER 1 YEAR Mo: Days: 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 30162	7f. INSIDE CITY LIMITS? YES	8. ARMED FORCES? NO		
9a. USUAL OCCUPATION TEACHER		9b. 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. BYFORMANT'S NAME (First, Middle, Last) ROCKCO FUNERAL HOME		13b. RELATIONSHIP TO DECEDENT 		
13c. MAILING ADDRESS 3716 HIGHWAY 28 S MONTEVALLO ALABAMA 35116		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. 05384	26c. AMENDMENTS 		
27. DATE PRONOUNCED DEAD (Mo., Day, Year) 02/06/2018		28. HOUR PRONOUNCED DEAD 08:31 AM		29. DATE SIGNED 02/06/2018	
29a. PRONOUNCER'S NAME Mark Edwin Schmetsler		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. 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/Certifier (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 611 EAST POINT GA 30344 ATLANTA GEORGIA					
48. REGISTRAR (Signature) /S/ DONNA L. MOORE				49. DATE FILED - REGISTRAR (Mo., Day, Year) 02/19/2018	

Form 3803 (Rev. 04/2012) GEORGIA DEPARTMENT OF HUMAN RESOURCES

DO NOT FOLD THIS CERTIFICATE

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 Shelby Cnty Judge of Probate, AL
 10/04/2018 02:50:20 PM FILED/CERT

