#### Index under the following names:

Mary L. Morton
Gladys L. Morton
Mary Gladys Morton
William Thomas Morton, II
William Thomas Morton
William T. 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 (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.

20181004000355270 1/5 \$39.00 Shelby Cnty Judge of Probate, AL

10/04/2018 02:50:20 PM FILED/CERT

DOCSBHM\2246252\1

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]

20181004000355270 2/5 \$39.00 20181004000355270 2/5 \$39.00 Shelby Cnty Judge of Probate: AL 10/04/2018 02:50:20 PM FILED/CERT Done and dated this 26 day of System ber, 2018.

Margaret M. Morton

STATE OF GEORGIA

: 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 ]

Bewita K. Weldt

Notary Public

My Commission Expires 4 12 2022

### This document prepared by:

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

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

DOCSBHM\2246252\1

3

#### Exhibit A Death Certificate of Mary Gladys Morton

			G	EURGI	A UEA	TH CERTIF		State	e Frie Nun	nber 2018GA000009590	
INCERCUTE LEGAL TIEL NAME (For	Abrida	t medi		la IFFE	ME FNI	ER LAST NAME	AT ISR2H	2 5EX	24	DATE OF DEATH (Ma , Day, Yest)	
). DECEDENT'S LEGAL FULL NAME (First, Middle, Land) MARY GLADYS MORTON					THE COME I STATE	MI ISMIN	FEMALE		TUAL DATE OF DEATH 02/06/2018		
	7			LANGST UNDER 1		4c UNDER 1	havi ilin	S DATE OF BE			
3 SOCIAL SECURITY NUMBER	48. AG	(Years)	1.79	Mos	Chays	Hours	Mins			many, (was)	
		94	1		,.	"""	""	03/01/192	:1		
6 BIRTHPLACE	1 7 - F	RESIDENCE	STATE		b COUNT			76 CITY, T	OWN		
ALABAMA	ŧ	ORGIA			COBB	•		KENNES			
TO STREET AND NUMBER	1-4-		··			ZIP CUDE	71 WISIDE C	ITY LIMITS?	18	ARMED FORCES?	
1780 OLD HIGHWAY 41					l -	162	YES		N	- · · · · · · · · · · · · · · · · · · ·	
Se USUAL OCCUPATION			·····		KNO OF	WDUSTRY OR	BUSINESS				
TEACHER				E	DUCATIO	M					
9 MARITIAL STATUS	<u> </u>	10 SPOUS	E NAME					111	FATHER'S	FULL NAME (First, Midd's, Last)	
WIOOWED	L	WILLIAM THOMAS MORT			N .			ED	WARD H	. LANGSTON	
12 MOTHER'S MAIDEN NAME (First, Mide	<del></del>		FORMANT			46 1 B4H		——— <del>——</del>	13b RELA	TIONSHIP TO DECEDENT	
ANNIE LOU TROTT	are, Comp		KCO FUN			-, 2351)					
	<del></del>		ACG FOR	ERME II			<del>.</del>	14 DECEDE	NTS FOL	CALION	
13c MAILING ADORESS			4 et					MASTER'S			
3716 HIGHWAY 28 8 MONTEVALLO		<del></del>	<del></del>		NECEN	OT BAPE NO	an Alark A	merican Indian, o			
15. ORKSIN OF DECEDENT (Hamis, Mox.) NO. NOT COAMBINED AND A ATE		ngrish, etc.)		- 1	MITE	(41 ) POOCE (14	redd, therea, A	mentan meran, i	516. ) [13 <b>5</b> 0 G	reps	
NO. NOT SPANISHMISPANICALATE 17# IF DEATH OCCURRED IN HOSPITAL				13		DEATH OCCUA	REDOTHER	THAN HOSPITA	AL (Specify	·)	
	-							CARE FACIL			
IS HOSPITAL OR OTHER INSTITUTION	HANF IF	not in gillige	give street	and no )		9 CITY, TOWN	<del></del>		.,	20 COUNTY OF DEATH	
ROSS MEMORIAL HEALTH CARE	CENTER	₹				CENNESAW				СОВВ	
21 METHOD OF DISPOSITION (specify)	==-	I — -	ACE OF O	-		<del></del>				23 DISPOSITION DATE (Mo . Day, Year)	
REMOVAL FROM STATE		SIX W	ILE CEMET	ERY WE	YEHEA T	ROAD BRIARF	KELD ALAB	AMA 36036	ļ	02/07/2016	
244 ENBALMER'S NAME		·/	240 EMBA	LMERING	ENSE NO	25 EUN	RAL HOME	NAME			
ARLIS BRADFORD			4144	JAPEN EN				NE RIDGE F	H INC		
250 FUNERAL HOME ADDRESS	<del></del> .	1		<del></del>	·			<del> </del>	·- ·· · · · · · · · · · · · · · · · · ·		
2950 NORTH COBB PKWY P O BO	X 571 K	ENNESA	N GEORG	31A 3015	2						
264 SIGNATURE OF TUNERAL DIRECTO						766 FUN DIR	LICENSE N	O MICHONE	N18		
						05104					
STEVE PRICE	· <del></del>	1:		kilarel		05394	····-				
27 DATE PRONOUNCED BEAD (Mo , De)	y, Yesr)	, , , , , , , , , , , , , , , , , , ,	10UA PRO	NOUNCEI	DEAD						
02/06/2018	<del></del>	108:3	1 AM			CALL LACTOR N		<b>l</b>	29c DA7E	SIGNED	
29e PRONOUNCER'S NAME Mark Edwin Schmetterer					296 LICENSE NUMBER				02/06/2018		
30 TIME OF BEATH	- <del>-</del>			<del></del> .	L		RAED TO ME	DICAL EXAMIN	<del></del>	···	
DE:31 AM					NO						
32 Part I Enter the chain of events-dispuses. Equite respiratory arrest. Of ventralar featuration without sh						er (erntsmå) eventa se	ica es cambir a	Hest,	App	resimate reserved between under smill death	
tende forth fill by the statement remarked in Mallock To	_	DIAC ARE								IMMEDIATE	
MMEDIATE CAUSE (Final A			<u> </u>			· <del>-</del>	<u>.</u>	<del></del>			
disease or condition resulting in death)	MUC		RGAN FA						1 WEEK		
1	)		E ORGAN FAILURE						······································		
	ADV	ANCE AL								UNKNOWN	
	•		6 to, or es a	CONCERNION	ce of	- · ·					
,	,	04	. w. w	ACC (BANKA)	V-				ļ		
Part II Enler significant conditions contribut	ing to de	tion and da	elaled to ca		· · · · · · · · · · · · · · · · · · ·	33 WAS	AUTOPSY P	ERFORMED?	34 WE	RE AUTOPSY FINDINGS AVAILABLE TO	
gwen in Part 1A. <i>Elemal</i> e, <i>indicate if pregr</i>	•				th	1			COMPL	ETE THE CAUSE OF DEATH?	
HEART FAILURE, STROKE						NO					
		· · <del></del>	- ·- · · · ·		40.541.00	ECHANT		27 ACCIDI		IDE, HOMICIDE, UNDETERMINED (Specif	
	EATH		6 IF FEMA		-	EGNAN		NATURA		IOC, MORNORIE, ORGET CIAMMED (OPER)	
			OT APPL		<del></del>	Horas Farm St	real Englace	<del></del>	<del></del>	41 INJURY AT WORK? (Yes or No.)	
NO		_ · <del>-</del>	ingvi 🗚 i		HANTAK I	, radio, radii, 31	, 1001, 1 0001 y	Olica, Elector		, , , , , , , , , , , , , , , , , , , ,	
NO		IME OF IN.	JURY 40 I								
NO SO DATE OF INJURY (Mo , Day, Year)	39 1	IME OF IN.		<del>_</del>	inty)						
NO SO DATE OF INJURY (MO , Day, Year) 12 LOCATION OF BUILDRY (Street, Aparts	39 1	IME OF IN.		<del>_</del>	inty)			1 As R PRIMARE			
NO M DATE OF INJURY (Mo , Day, Year) 12 LOCATION OF INJURY (Street, Aparts	39 1	IME OF IN.		<del>_</del>	nty)	······································		44. (F TRANSF	OITATRO	YRULHI M	
NO  SE DATE OF INJURY (Me , Day, Year)  12 LOCATION OF INJURY (Street, Aparts 13 DESCRIBE HOW INJURY OCCURRED  15 To the best of my knowledge dueth occ	39 1	ME OF IN.	Town, State	e, Zip, Cod	148.0	n The basis of a	ambiation an	d/or swesslast/or	n, in my op	inion death occurred at the time. Cate	
NO  SO DATE OF INJURY (Mo , Day, Year)  12 LOCATION OF INJURY (Street, Aparts 13 DESCRIBE HOW INJURY OCCURRED  15 To the best of dry knowledge death occurred  16 To the best of dry knowledge death occurred  18 Ind due to the cause(s) stated Medical Car	39 1	ME OF IN.	Town, State	e, Zip, Cod	148.0	n The tracks of an	ambiation an	d/or swesslast/or	n, in my op	· · · · · · · · · · · · · · · · · · ·	
NO SO DATE OF INJURY (Mo . Day. Year) 12 LOCATION OF INJURY (Shoot, Aparts 13 DESCRIBE HOW INJURY OCCURRED 15 To the best of dry knowledge death occurred and due to the cause(s) stated Medical Cor AKINWOLE A AWUJO, MD, 48204	39 1 ment Atum orred of the rather (No	ime of in.	Town, State o and place cense No.)	e, Zip, Cod	48 0 and p	lace and due to	the cause(#)	d/or evestigation stelled Medical I	n, in my op Exervinent	inion death occurred at the time, cate Strene: (Name, Title, License No.)	
NO SO DATE OF INJURY (Mo . Day. Year) 12 LOCATION OF INJURY (Shoot, Aparts 13 DESCRIBE HOW INJURY OCCURRED 15 To the best of dry knowledge death occurred and due to the cause(s) stated Medical Cor AKINWOLE A AWUJO, MD, 48204	39 1 ment Atum orred of the rather (No	ME OF IN.	Town, State o and place cense No.)	e, Zip, Cod	48 0 and p	n The basis of extend due to	the cause(#)	d/or evestigation stelled Medical I	n, in my op Exervinent	inion death occurred at the time, cate	
NO DATE OF INJURY (Mo. Day. Year)  12 LOCATION OF MUURY (Shoot, Aparts 13 DESCRIBE HOW INJURY OCCURRED 15 To the best of my knowledge death occurred 16 To the best of my knowledge death occur 16 To the best of my knowledge death occur 16 To the best of my knowledge death occur 16 To the best of my knowledge death occur 16 To the best of my knowledge death occur 16 To the best of my knowledge death occur 16 To the best of my knowledge death occur 18 To the best of my knowledge death occur 18 To the best of my knowledge death occur 18 To the best of my knowledge death occur 18 To the best of my knowledge death occur 18 To the best of my knowledge death occur 18 To the best of my knowledge death occur 18 To the best of my knowledge death occur 18 To the best of my knowledge death occur 18 To the best of my knowledge death occur 18 To the best of my knowledge death occur 18 To the best of my knowledge death occur 18 To the best of my knowledge death occur 18 To the best of my knowledge death occur 18 To the best of my knowledge death occur 18 To the best of my knowledge death occur 18 To the best of my knowledge death occur 18 To the best of my knowledge death occur 18 To the best of my knowledge death occur 18 To the best occur 18	39 1 ment Mun  urred of the	the of in.	Town, State o and place cense No.)	e, Zip, Coi	48 0 and p	lace and due to	the cause(#)	d/or evestigation stelled Medical I	n, in my op Exervinent	inion death occurred at the time, cate Graner (Name, Title, License No.)	
NO DATE OF INJURY (Mo. Day. Year)  12 LOCATION OF MUURY (Shoot, Aparts 13 DESCRIBE HOW INJURY OCCURRED 15 To the best of my knowledge dueth occurred 16 To the best of my knowledge dueth occur 16 To the best of my knowledge dueth occur 16 To the best of my knowledge dueth occur 16 To the best of my knowledge dueth occur 16 To the best of my knowledge dueth occur 16 To the best of my knowledge dueth occur 16 To the best of my knowledge dueth occur 18 To the best occur	39 1 nent Mun original (No	time of in.	Town, State o and place cense No.)  F DEATH	e, Zip, Cod	48 0 and p	DATE SIGNED	Ma , Day, Ye	d/or evvestigation stelled Nedical I	n, in my op Exervinent	inion death occurred at the time, cate Graner (Name, Title, License No.)	
35 TOBACCO USE CONTRIBUTED TO D NO 36 DATE OF INJURY (Mo., Day, Year) 42 LOCATION OF INJURY (Street, Aparts 43 DESCRIBE HOW INJURY OCCURRED and due to the cause(s) stated Medical Ca AKINWOLE A AWUJO, MD, 48204 454 DATE SIGNED (Mo., Day, Year) 02/19/2018 47, NAME, ADORESS, AND SIP CODE OF AKINWOLE A AWUJO 1136 CLEVE	39 1 nent Mun original (No	time of in.	Town, State o and place cense No.)  F DEATH	e, Zip, Cod	48 0 and p	DATE SIGNED	Ma , Day, Ye	d/or evvestigation stelled Nedical I	n, in my op Exervinent	inion death occurred at the time, cate Graner (Name, Title, License No.)	

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

DO NOT FOLD THIS CERTIFICATE

D2/19/2018

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

## Exhibit B Death Certificate of William Thomas Morton

M		Cente	LAB r for Heal	th Stat	istics				
TIPE DI PERMANENT			AL	ABA	MA		(	05-14543	
BLUE MK DO HOT SELLE MK	County File		CERTII	FICATE (		TH -maeer 1			
3.059 0YS	TOTAL STATE	NA.	ite fige bet atre t	'œ44's	5 212 to 61 214 to			S SUL	
. 200	William	Thomas			L b	17,200		helby	
18. 01 20.059045	Nontevallo			CONTINCS SECTIONS COS	1	_	e Drive	, (M. <b>1904</b> M. 1904)	
28.	P. FICSPIAL SORT PRINCE ER YOLD	<b></b>	L Of a SHOP ONCE Specify to Frages, Participan, 45		• —————	Ci-Spart Armen	ndes, Brd. Willia, et 1	31.50	
'27. <u>— — — — — — — — — — — — — — — — — — —</u>	n Age (D) COOKER		11507	No	Start On Non	White	H 08(14)(25 100)( 1	Male	
34 <u>Sayor</u>	71 st 145	945 IC.		<b>,</b>	ember3				
	To the second of	Compiler S-1	MARIAL STARIS Specifi Months	, How Wated		Chickey's const		Mr Negaties and Series Speech He	
	1) SUB OF BURNER WENTER AND	+5   H   X KSCOCE-S	Marr	ried Right	Mary		Langsto	+++	<u> </u>
	Alabama	- I	bama	Shell	by		tevallo		
	NEGOTIMES ASSESSED VERSES VERSES		Durdana			_	.Morton		E
; <b>1</b> 	TER 4004000 PM	Shoshone			Snosno		MONTEVA.	110,A1.3511	<u> </u>
		Agent				suranc	<u>e</u>		
<u>ļ</u>	Lawre	701 DCA	₩ Morton	33 1844	BAWA U MARA	⊢ /n Lillie	Mae	Lavender	
À	N SPORTOLO MOR for y bold (se	want Mades St. Call (	Y DEPOSITE TO	CONSTRUCTION CHECKING	OTI-New		HIELYS-FOR		
1	Bur	1al 04	-20-2005 s	ix Mile	Cemet	_	- 11.7	VILLO, AL.	7 TO
}	P.O.BOX 647 M				6	charles	Hwell	04-19-20	
	1) _ Cortifying Physician a _ Medical Examinar Signature:	www.	Reilly	in signific desired and		unis de la la es unida la la la es unida la la la es	W. Transcons	2-2005	•
	ENING AND SAME	2.30	न्यर्थन्त्रेर्ध्यक्रमञ्जाक	रक्रकारी व्यक्ति	COTA	0 3 LO 400	SCHOOL SCHOOL	MD	•
<u> </u>	4/17/2005 /	19	· · · · · · · · · · · · · · · · · · ·		11.4	UP TK			
	215 THT,	1900 0	NIVER SIT	Y BLUD	AL	35299		17.54	
	4 REGISTRAN — Spans		There	County Jac of	lu		is with	4.3,200	5
ļ			MEDIC	CAL CERTI	FICATION			U	
	MEDITORY DESCRIPTION OF THE PROPERTY OF THE PR	AT IS IS IN THE WAR	MALL CE	LL L	UNG-	CANC	ER.	WOULD HONG A S	Y CASE
		- +						<u> </u>	
	Separately to envisors of projecting in weak-makening through the CASSE	ON THE PROPERTY COMES	COLUMNIE OF:						
	Being & Jean the mines were a	DAY TO JOH AS A COMM	CONTROL OF	<del></del> -		<u> </u>	<del> </del>	<del> </del>	
	47 MATE Discopsion tradescents	- <u>f</u>	المراجع		<u> </u>				
	CHRONIC	OBST	RUCTIVE	PUCI	40 NAA	SA PIR	TEASE	THE MILET WICHMELLE !	
··· ——————————————————————————————————	45 WARTER OF CEARSTONIAN ARREST NO.	ATURAL		ard Chris	· · · · · · · · · · · · · · · · · · ·	AND	Si Pyes upe frang	eradical in description court of the	Nation 1
	LL HOW BURY OCCUPATE SAME HALF & IN	<del></del>		· <del></del> -	<del></del>	WO NO		Тикурала	
								1	ä
19	S PLEASURE COMP No. 14 55 P.	ALL OF A J., W-Equats of him	r' per enc', tent ten fragi	(4e) D,(	KU OLO ALME	ion 3 152 to, (Ay	g Tomb, figgs		
	This is a legal record and my	es be filed within it	va (5) days after deal	<u> </u>	· · · · ·		0.5 /8	ADPH-HE 3/Res	1141
			dad Isaaci		**	; ; ;		J	. 23

20181004000355270 5/5 \$39.00 Shelby Cnty Judge of Probate: AL 10/04/2018 02:50:20 PM FILED/CERT

State Registrar of Vital Statistics

April 5, 2018