

STATE OF ALABAMA
COUNTY OF SHELBY

AFFIDAVIT OF DEATH

BEFORE ME, the undersigned authority, personally appeared M. Frances Fowler Hodges, Personal Representative of the Estate of Evelyn Fowler, who is known to me to be the person described herein and being by me first duly sworn, deposes and says:

My name is M. Frances Fowler Hodges, Personal Representative of the Estate of Evelyn Fowler. My parents Luke E. Fowler, Jr., and Evelyn Fowler took title as Joint Tenants with Right of Survivorship, purchased the following described property evidenced by deed recorded on 7/31/1978 in Book 313, Page 934, in the Office of the Judge of Probate of Shelby County, Alabama, and further described as follows:

Lots 15 and 16, in Block 54, according to the Re-survey of Russell R. Hetz property, as recorded in Map Book 3, Page 119, in the Probate Office of Shelby County, Alabama.

Property Address: 1856 8th Avenue, Calera, AL 35040

Luke E. Fowler, Jr. departed this lifetime on 8/22/1998, leaving Evelyn Fowler as the sole surviving Grantee on this date.

Copy of Death Certificate attached as "Exhibit A"

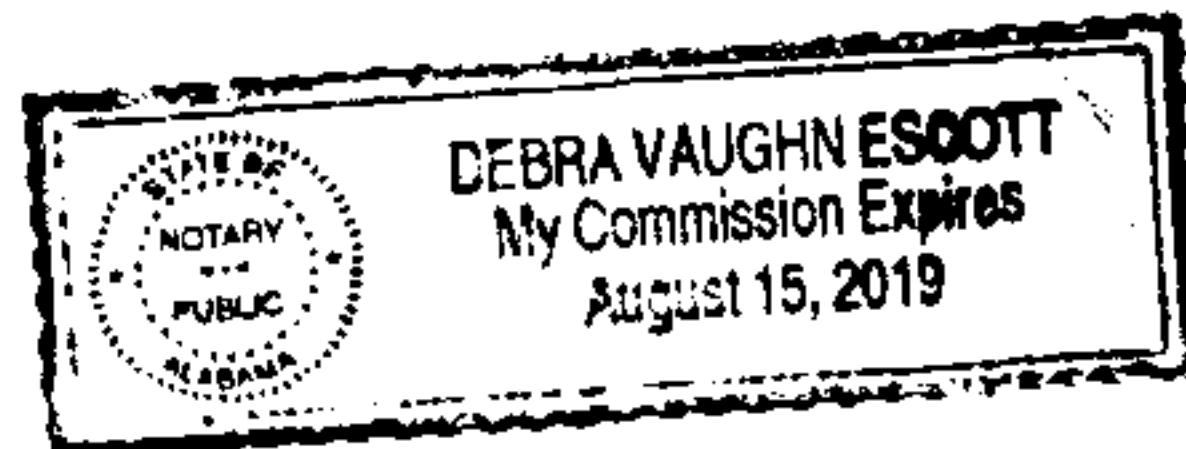
M. Frances Fowler Hodges
M. Frances Fowler Hodges

STATE OF ALABAMA
COUNTY OF Shelby

SWORN TO and subscribed before me on this 17th day of May, 2019.

Debra Vaughn Escott
NOTARY PUBLIC
My Commission Expires: 8/15/2019

Prepared by:
Adria Bonnaville
North Alabama Title and Escrow LLC
2311 Market Pl SW Suite E
Huntsville, AL 35801
File Number: 19-1050



20190611000204280 1/2 \$18.00
Shelby Cnty Judge of Probate, AL
06/11/2019 12:14:02 PM FILED/CERT

THE FRONT OF THIS DOCUMENT IS PINK - THE BACK OF THIS DOCUMENT IS BLUE AND HAS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

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

Deborah M. Stuyve
Signature of Local or Deputy Registrar

August 31, 1998

Date of Issue

ALABAMA

CERTIFICATE OF DEATH

County File Number
005900

State File Number
101

1 DECEASED-NAME First Middle Last (Type last name all capitals) Luke E. FOWLER Jr.			2 DATE OF DEATH (Month, Day, Year) August 22, 1998		3 COUNTY OF DEATH Jefferson		
4 CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Homewood 35209			5 INSIDE CITY LIMITS (Specify Yes or No) Yes		6 PLACE OF DEATH-HOSPITAL OR OTHER INSTITUTION (If not in column, give street and number) Brookwood Medical Center		
7 IF HOSPITAL (Specify Inpatient, ER or Outpatient, DON) Inpatient			8 OF HISPANIC ORIGIN (Specify Yes or No) If Yes, Specify Cuban, Mexican, Puerto Rican, etc. No		9 RACE (Specify American Indian, Black, White, etc.) White		
11 AGE 56 YRS.		12 UNDER 1 YEAR MONTHS DAYS HOURS 10		13 DATE OF BIRTH (Month, Day, Year) September 3, 1941		14 DECEASED'S SOCIAL SECURITY NUMBER -2606	
15 EDUCATION (Specify DMS if more than one completed before) Elementary or High School (D-12) 10		16 MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married		17 SURVIVING SPOUSE (If wife, give maiden name) Evelyn Vandiver		18 Was Decedent ever in Armed Forces (Specify Yes or No) Yes	
19 STATE OF BIRTH (If not in USA, name country) Georgia		20 RESIDENCE-STATE Alabama		21 COUNTY Shelby		22 CITY, TOWN, OR LOCATION AND ZIP CODE Calera, 35040	
23 INSIDE CITY LIMITS (Specify Yes or No) Yes		24 STREET AND NUMBER 1856 8th Ave.		25 INFORMANT-Name and Address Evelyn Fowler PO Box 601, Calera, AL 35040			
26 USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Truck Driver				27 KIND OF BUSINESS OR INDUSTRY Trucking Company			
28 FATHER-NAME First Middle Last Luke E. Fowler Sr.		29 MOTHER-NAME First Middle Last Laura F. Percell		30 DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial			
31 DATE OF DISPOSITION (Month, Day, Year) Aug. 25, 1998		32 CEMETERY OR CREMATORY-Name Shelby Memory Gardens		33 LOCATION-(City or Town-State) Calera, Alabama		34 FUNERAL HOME-Name and Address Shelby Memory Gardens PO Box 210, Calera, AL 35040	
35 FUNERAL DIRECTOR-Signature Conner S. Gibbons				36 DATE SIGNED BY FUNERAL DIRECTOR Aug. 24, 1998		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 Coroner Signature: John H. Hanks	
38 TIME AND DATE OF DEATH 8-22-98 @ 0300		39 DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only)		40 NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 40) John H. Hanks			
41 ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 41) Brookwood Medical Center 2010 Brookwood Med. Ctr. Drive Homewood, Ala. 35209				42 CERTIFIER LICENSE NUMBER 05213		43 DATE PREP (Month, Day, Year) August 26, 1998	
44 REGISTRAR-Signature Deborah M. Stuyve				45 DATE PREP (Month, Day, Year) August 26, 1998			

MEDICAL CERTIFICATION

46 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 blood failure. <u>USE ONLY ONE CAUSE ON EACH LINE.</u>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (Final disease or condition resulting in death) → <u>Colon Ca</u>			
a DUE TO (OR AS A CONSEQUENCE OF)			
b DUE TO (OR AS A CONSEQUENCE OF)			
c DUE TO (OR AS A CONSEQUENCE OF)			
47 PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I		48 HAD THERE A PRECIPITANT DISEASE 42 DAYS (Specify Yes, No, or Don't Know)	
49 MANNER OF DEATH (Specify-Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause)		50 AUTOPSY (Specify Yes or No) No	
51 If yes, were findings considered in determining cause of death (Specify Yes or No)		52 DATE OF INJURY (Month, Day, Year)	
53 HOUR OF INJURY		54 PLACE OF INJURY (Specify at home, farm, street, factory, office building, etc.)	
55 INJURY AT WORK (Specify Yes or No)		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.

ADPH-102 2/Rev 11-83



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