

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 8<sup>th</sup> Avenue, Calera, AL 35040


Evelyn Fowler departed this lifetime on 11/24/2014, leaving M. Frances Fowler Hodges, daughter and Personal Representative of the Estate of Evelyn Hodges, Donald Edward Fowler, son and William Keith Fowler, son as her only heirs by Probate in Shelby County, Alabama in Probate Case #2016-000430

Copy of Death Certificate attached as "Exhibit A"

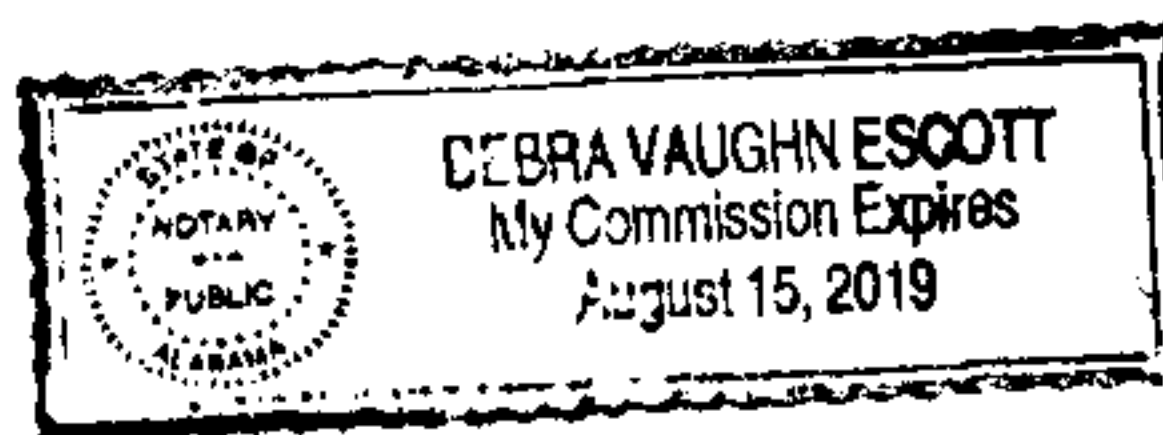
  
M. Frances Fowler Hodges

STATE OF ALABAMA  
COUNTY OF Shelby

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

  
NOTARY PUBLIC  
My Commission Expires: 8/15/2019

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



20190611000204290 1/2 \$18.00  
Shelby Cnty Judge of Probate, AL  
06/11/2019 12:14:03 PM FILED/CERT

# ALABAMA

## CERTIFICATE OF DEATH

TYPE IN PERMANENT  
BLACK INK. DO NOT  
USE GELPEN, PEO, OR  
BLUE INK.County  
File  
Number -

State File Number 101

1. DECEASED - NAME First Middle Last (Type last name in all capitals) Evelyn L FOWLER			2. DATE OF DEATH (Month, Day, Year) November 24, 2014		3. COUNTY OF DEATH Shelby			
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Alabaster 35007			5. INSIDE CITY LIMITS (Specify Yes or No) Yes		6. PLACE OF DEATH - HOSPITAL OR OTHER INSTITUTION (If not other, give street and number) Shelby Baptist Medical Center			
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DDA) Inpatient			8. OF HISPANIC ORIGIN (Specify Yes or No) If Yes, Specify Cuban, Mexican, Puerto Rican, etc. No		9. RACE - (Specify American Indian, White, Black, etc.) White			
10. SEX Female								
11. AGE 70 YRS.		12. UNDER 1 YEAR MOS. DAYS HOURS MINS.		13. DATE OF BIRTH (Month, Day, Year) June 22, 1944		14. DECEASED'S SOCIAL SECURITY NUMBER 22-123456789		
15. EDUCATION (Specify ONLY Highest Grade completed, unless Elementary or High School (9-12) College (1-4 or 8+) 10			16. MARITAL STATUS (Specify - Married, Never Married, Widowed, Divorced) Widowed		17. SURVIVING SPOUSE (If wife, give maiden name) None		18. Was Decedent ever in Armed Forces (Specify Yes or No) No	
19. STATE OF BIRTH (If not 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 Avenue		25. INFORMANT - Name and Address Frances Hodges 1856 8th Avenue Calera, AL 35040				
26. USUAL OCCUPATION - (Give kind of work done during most of working life even if retired) Homemaker				27. KIND OF BUSINESS OR INDUSTRY Own Home				
28. FATHER - NAME First Middle Last Charles Ralph Vandiver			29. MAIDEN NAME OF MOTHER - First Middle Last Mary Beatrice Buffington					
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposed, Other) Burial			31. DATE OF DISPOSITION (Month, Day, Year) November 29, 2014		32. CEMETERY OR CREMATORY - Name Shelby Memory Gardens		33. LOCATION - (City or Town - State) Calera, AL	
34. FUNERAL HOME - Name and Address Bolton Funeral Home P. O. Box 4 Columbiana AL 35051			35. FUNERAL DIRECTOR - Signature Joseph M. Mose		36. DATE SIGNED BY FUNERAL DIRECTOR Dec 8, 2014			
37. Certifying Physician (Physician certifying cause of death) "To the best of my knowledge, death occurred at the time and date due to the cause(s) and manner stated." Medical Examiner CORONER Signature: <i>V. Kodali</i>						38. DATE SIGNED (Month, Day, Year) 12/3/2014		
39. TIME AND DATE OF DEATH 11/24/14 1811			40. DATE AND TIME PROHOUNCED DEAD (For Coroners E. use only)		41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) V. KODALI, MD			
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) 1002 FIRST ST NORTH, ALABASTER, AL 35007						43. CERTIFIER LICENSE NUMBER 27662		
44. REGISTRAR - Signature Sheila Keller						45. DATE FILED (Month, Day, Year) Dec 9, 2014		

### MEDICAL CERTIFICATION

46. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac arrest, shock, or heart failure. LIST ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. RIGHT LUNG MASS, ENLARGING DUE TO (OR AS A CONSEQUENCE OF):			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 YEARS		
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. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, Unknown) NO		
49. MANNER OF DEATH (Specify - Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Causes) 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. HOW INJURY OCCURRED (Enter nature of injury from 48, Part I or Item 47, Part II)			53. DATE OF INJURY (Month, Day, Year)		
54. HOUR OF INJURY					
55. INJURY AT WORK (Specify Yes or No)		56. PLACE OF INJURY - (Specify at home, farm, street, factory, office building, etc.)		57. 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-HS-2/Rev. 11-93

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

*Sheila Keller*  
Signature of Local Registrar

*Dec 9, 2014*  
Date of Issue



20190611000204290 2/2 \$18.00  
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