AFFIDAVIT OF HEIRSHIP

Philip Kelly (Decedent)

STATE OF ALABAMA

Before hereina	me, the undersigned authority, on this day personally appeared Ronnic Tohnson the referred to as "Affiant," who is personally known to me (or, if not being personally
drivers	to me, did confirm his/her identity presenting diver license as identification [i.e. license]), and appearing to be fully competent and of sufficient age, upon being duly stated upon Affiant's oath the following:
1.	My name is Ronnie Tohnson (name of Affiant), and I live at 834 Cahaha River Park, Birmingham AL 35243 (address of Affiant's residence). I am personally familiar with the family and marital history of Phillip Kelly (Decedent), and I have personal knowledge of the facts stated in this affidavit.
2.	I knew Decedent from (date) until (date). I was personally well acquainted with the Decedent during his/her lifetime.
	The Decedent died on March 1, 2015 (date of death) at the following place of death: Alabaster (City), Shelby (County), Alabama (State). At the time of Decedent's death, Decedent's residence was 203 Eagle Core Lane (Street), Pelham (City), Alabama, 35/24 (Zip).
	I was well acquainted with the family and near relatives of the Decedent, and with all those who would, under the laws of the State of Alabama, be his/her heirs. The following statements and the information contained herein, including my answers to questions below, are based upon my personal knowledge and are true and correct.

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QUESTION 1:	Did the I	Decedent leave a wi	11?		
YESN	10 \(If YES, please	attach copy	of same herete).
QUESTION 2:	If the De	cedent left a will, h	as the will l	oeen admitted to	o probate?
YES NO IF YES, at what place a				when?	
County, Alabama, Cause Number, (Date)					
QUESTION 3: appointed for the			has an adm	inistrator or per	sonal representative been
YES N	10				
					appointed, give the county administrator or personal
COUNTY		CAUSE NUMBER	N	AME	ADDRESS
QUESTION 5:	Did the I	Decedent have any u	inpaid debt	s?	
YESN	(O	If YES, provide	e name of c	reditor and app	roximate amount of debt.
	CRE	EDITOR	······································	AMO	OUNT OF DEBT
Allu				——————————————————————————————————————	00
Crown Cac	<u>Jalle</u>			\$ 1000.0	O_
	· '		**************************************		
 					· · · · · · · · · · · · · · · · · · ·
QUESTION 6: such debts (in you	our opinio	-	lebts, will t	he size of the es	tate be sufficient to pay
				_	
_		Federal and State In		axes been paid?	
YES NO N/A (None due)				1! 0 B & £ 1 1 1	

QUESTION 8: Give the name and address of the surviving widow or widower of the Decedent.

NAME				ADDRES	SS	
Brenda Washingt	00 26	13 tagu	Cove	ane	Pelnam A	1435124

QUESTION 9: If the Decedent was married more than once, give the name(s) of the former spouse(s) and other information.

NAME	DATE OF MARRIAGE	STATUS (Dead or divorced)	ADDRESS OR DATE OF DEATH
CallicCampeton	Unknown	Dead	Unknown

QUESTION 10: Give the names and places of residence of all surviving children of deceased, together with the other information called for:

NAME OF CHILD	DATE OF BIRTH	ADDRESS	BY WHICH SPOUSE
N/A			

QUESTION 11: Give the name of any deceased children of the Decedent, together with the other information called for:

NAME OF CHILD	DATE OF BIRTH	DATE OF DEATH	SPOUSE'S NAME	DATE OF DEATH OF SPOUSE
Philip Kelly Tr.		05/10/2011	NA	N/A

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QUESTION 12: Give the names and addresses of the children of any deceased son or daughter of the Decedent.

NAME OF CHILD	ADDRESS	DATE OF BIRTH	DATE OF DEATH IF DECEASED	NAME OF FATHER OR MOTHER
N/A				

QUESTION 13: Did the Decedent have any adopted children or step-children taken into his/her home?

YES NO If yes, provide their names and other
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NAME	ADDRESS	DATE OF BIRTH	DATE OF ADOPTION
N/A	<u></u>		

QUESTION 14: If the Decedent left no children or grandchildren, then give the names and addresses of the Decedent's surviving father, mother, and all brothers and sisters.

NAME	RELATIONSHIP	DATE OF BIRTH	ADDRESS OR DATE OF DEATH
N/A			

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		<u> </u>	
			<u></u>
		-	n, spouse, mother, father, brother andparents, aunts, uncles, nieces
NI A NATE	DEL ATIONICIED	DATE OF	ADDDECC
NAME	RELATIONSHIP	i	ADDRESS
<u> </u>		BIRTH	······································
NA			
		······································	
<u></u>			······································
OFTE CITE ON 1 4 Z. TO:	J. 41 173	waal aababa in Alab	aa.?
QUESTION 16: Di	d the Decedent own any	real estate in Alab	ama?
YES NO_	If yes, list below	w:	
	cription:	·····	**************************************
County:			
County: Address or short des	cription:		
County:			
Address or short des	*		
Address or short des County:	hat is your relationship to	the Decedent?	20190621000221770 5/6 \$30.00 Shelby Cnty Judge of Probate.

Signature of Affiant

STATE OF ALABAMA

COUNTY OF Shelby

Ronnic Johnson, of lawful age, being first duly sworn, upon his/her oath states that the information given in the above and foregoing affidavit is true to the personal knowledge of this Affiant.

Subscribed and sworn to before me this $\frac{2|5|}{2}$ day of $\frac{3}{2}$, $\frac{3}{2}$, $\frac{3}{2}$.

Notary Public

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