

Prepared By and Return To:
Shala Mayberry
Nations Direct Title Agency, LLC
110 Integra Breeze Lane, Suite 1B
Daytona Beach, FL 32117
877.236.2973

20190805000279680
08/05/2019 10:45:42 AM
AFFID 1/2

AFFIDAVIT OF CONTINUOUS MARRIAGE

STATE OF ALABAMA

COUNTY OF SHELBY

BEFORE ME, the undersigned authority, on this 26 day of June, 2019, personally appeared Peggy Coleman, who being duly sworn, deposes and says:

1. THAT Affiant along with Affiant's spouse, Eugene T. Coleman, obtained title to the following described property on June 11, 2004:

LOT 517, ACCORDING TO THE SURVEY OF THE AMENDED MAP OF OLD CAHABA, THE PARK SECTOR, AS RECORDED IN MAP BOOK 25, PAGE 126 IN THE PROBATE OFFICE OF SHELBY COUNTY, ALABAMA.

Address: 1321 Old Cahaba Trace, Helena, AL 35080

2. THAT Affiant was married to the above named spouse prior to the date of acquisition of the aforesaid property, and they remained continuously married from that date up to and including, the date of death of said spouse.
3. THAT Affiant's spouse died of natural causes in Jefferson County, Alabama.
4. That all Federal and State taxes on the Estate of the decedent have been paid in full.
5. That a certified copy of the death certificate is attached hereto.
6. That Affiant has not, since remarried.

FURTHER THE AFFIANT, SAYETH NOT.

DATED this 26 day of June, 2019.

Peggy Coleman
Peggy Coleman

Sworn to and Subscribed before me this 26th day of June, 2019, by Peggy Coleman, who is personally known to me or who has produced Drivers License as identification.

Debra E. Holston
Typed Name: Debra E. Holston
Title or Rank: Notary Public
My Commission #: 8-18-2020
Expires:

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

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November 8, 2005

Signature of Local or Deputy Registrar

Date of Issue

ALABAMA CERTIFICATE OF DEATH

State File Number 101

TYPE IN PERMANENT
BLACK INK. DO NOT
USE GREEN, RED, OR
BLUE INK.

County
File
Number —

3.	1. DECEASED—NAME First Middle Last (Type last name all capitals)	2. DATE OF DEATH (Month, Day, Year)	3. COUNTY OF DEATH
6.	Eugene Thomas COLEMAN	October 31, 2005	Jefferson
19.	4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE	5. INSIDE CITY LIMITS (Specify Yes or No)	6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number)
20.	Birmingham 35213	Yes	Baptist Montclair Hospital
26.	7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DQA)	8. OF HISPANIC ORIGIN (Specify Yes or No) If Yes, Specify Cuban, Mexican, Puerto Rican, etc.	9. RACE—(Specify American Indian, Black, White, etc.)
27.	ER	No	White
34.	10. SEX	11. AGE	12. UNDER 1 YEAR
	Male	81 YRS.	MOS. DAYS HOURS MINS.
		April 10, 1924	13. DATE OF BIRTH (Month, Day, Year)
	14. DECEASED'S SOCIAL SECURITY NUMBER		
	15. EDUCATION (Specify ONLY highest grade completed below)	16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced)	17. SURVIVING SPOUSE (If wife, give maiden name)
	Elementary or High School (0-12)	College (1-4 or 5+)	Peggy White
	10	Married	Yes
	18. Was Decedent ever in Armed Forces (Specify Yes or No)	19. STATE OF BIRTH (If not in USA, name country)	20. RESIDENCE—STATE
	Yes	Alabama	Alabama
	21. COUNTY	22. CITY, TOWN, OR LOCATION AND ZIP CODE	
	Shelby	Helena 35080	
	23. INSIDE CITY LIMITS (Specify Yes or No)	24. STREET AND NUMBER	25. INFORMANT—Name and Address
	Yes	1321 Old Cahaba Trace	Peggy Coleman
	26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	27. KIND OF BUSINESS OR INDUSTRY	
	Tactical Unit/ Motor Scout	Civil Service	
	28. FATHER—NAME First Middle Last	29. MAIDEN NAME OF MOTHER—First Middle Last	
	Hugh Burt Coleman	Margaret Louise Hill	
	30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other)	31. DATE OF DISPOSITION (Month, Day, Year)	32. CEMETERY OR CREMATORY—Name
	Burial	Nov 3, 2005	Jefferson Mem. G.E.
	33. LOCATION—(City or Town—State)	34. FUNERAL HOME—Name and Address	35. FUNERAL DIRECTOR—Signature
	Birmingham Alabama	Jefferson Mem. F.H.	
	1591 Gadsden Hwy Birmingham, AL 35235	Nov 4, 2005	
	36. DATE SIGNED BY FUNERAL DIRECTOR	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."	38. DATE SIGNED (Month, Day, Year)
	Nov 4, 2005	Medical Examiner — Coroner On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place, and due to the cause(s) and manner stated.	10-31-05
	39. TIME AND DATE OF DEATH	40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only)	41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)
	1605 10-31-05		LEN Simmons MD
	42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)	43. CERTIFIER LICENSE NUMBER	
	800 Montclair Road (ER) Birmingham AL 35213	11850	
	44. REGISTRAR—Signature	45. DATE FILED (Month, Day, Year)	
	Sherry L Myers	November 7, 2005	

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 heart failure. LIST ONLY ONE CAUSE ON EACH LINE.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <u>Cardiorespiratory arrest</u>	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	
b. <u>Pneumonia</u>	
c. <u></u>	
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, or Unk.)
49. MANNER OF DEATH	50. AUTOPSY (Specify Yes or No)
Natural	No
51. HOW INJURY OCCURRED	52. DATE OF INJURY (Month, Day, Year)
53. INJURY AT WORK (Specify place, e.g., home, street, factory, office building, etc.)	54. HOUR OF INJURY
55. LOCATION (Specify place, e.g., home, street, factory, office building, etc.)	56. SIGNATURE (Specify name, e.g., M.D., N.P., etc.)