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AFFIDAVIT OF FACTS CONCERNING THE IDENTITY OF HEIRS

	Before me, the undersigned authority, on this day personally appeared
"Affia	nt") who, being first duly sworn, upon his/her oath states:
1.	My name is Mulison Briang Calkuxy, and I live at 4096 Rullocks Ferry Road Alpine AL, 35014
	(insert address of affiant's residence). I am personally familiar with the family and marital
	history of Barbara Drake Layton ("Decedent"), and I have personal knowledge of the facts
	stated in this affidavit.
	I knew decedent from 4/14/99 (insert date) until 9/18/99 (insert date). Decedent died on or about 9/18/99 (insert date). Decedent's place of death was 455(a COO FON FON HONISTON Flusert place of death). At the time of decedent's death, decedent's residence was 7/19/10/10/10/10/10/10/10/10/10/10/10/10/10/
3.	Decedent's marital history was as follows: NONE LOVE ON CONSONATION RECEIVED TO THE CONTROL OF THE SECOND TO THE SECOND RECEIVED TO THE CONTROL OF THE SECOND RECEIVED THE CONTROL OF SPOUSE'S deceased, insert date and place of spouse's
	death).
4.	Decedent had the following children: Done Love I had store to decide the following children:
	(insert name, birth date, condition in life of child as mental and/or physical incapacity, name
	of other parent, and current address of child or date of death of child and descendants of
	deceased child, as applicable, for each child, or state "none").
5 .	Decedent did not have or adopt any other children and did not take any other children into
	decedent's home or raise any other children, except:
	(insert name of child or names of children, or state "none").
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6.	(Include if decedent was not survived by descendants.) Decedent's mother was:
	(insert name, birth date, and current address or date of death of mother, as applicable).
. 7.	(Include if decedent was not survived by descendants.) Decedent's father was:
	(insert name, birth date, and current address or date of death of father, as applicable).
8.	(Include if decedent was not survived by descendants or by both mother and father.) Decedent had the following siblings:

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	(insert name, birth date, and current address or date of death of each sibling and parents of
	each sibling and descendants of each deceased sibling, as applicable, or state "none").
	Decedent died without leaving a written will.
10.	There has been no administration of decedent's estate.
11.	INKADUN To the best of my knowledge, decedent left no debts that are unpaid, except: UNKADUN
	(insert list of debts, or state "none").
12.	To the best of my knowledge, there are no unpaid estate or inheritance taxes, except:
	(insert list of unpaid taxes, or state "none").
13.	To the best of my knowledge, decedent owned an interest in the following real property:
	(insert list of real property in which decedent owned an interest, or state "none").
14.	The following were the heirs of decedent:
	(insert names of heirs).
	Signed this 29 day of 309 .
-	(signature of affiant)
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<u>\</u>	Sworn to and subscribed to before me on 7/29/19 (date) by olison Galloway Tucker (affiant). Althorne Hayd
Ξ A I	(signature of notarial officer) (printed name) My commission expires: 3/22/2023
	Filed and Recorded Official Public Records Judge of Probate, Shelby County Alabama, County Clerk Shelby County, AL 08/06/2019 03:08:55 PM S18.00 CHERRY 20190806000283140 Que 5. Byl