

This Instrument Was Prepared By:
Christopher R. Smitherman, Attorney At Law
725 West Street
Montevallo, Alabama 35115
(205) 665-4357

Send Tax Notice:
Estela Ruiz Sanchez
11150 Highway 17
Montevallo, AL 35115

STATE OF ALABAMA)
)
SHELBY COUNTY) WARRANTY DEED

KNOW ALL MEN BY THESE PRESENTS, that for and in consideration of the sum of Fifty One Thousand and 00/100 Dollars (\$51,000.00) and other good and valuable considerations, the receipt and sufficiency of which are hereby acknowledged, Rodney Dean Mayhew, signing as Personal Representative of the Estate of Teri Denise Sorrow, a deceased person having died on or about the 9th day of November, 2018, Shelby County Probate Case # PR-2019-343, hereinafter called "Grantors", do hereby GRANT, BARGAIN, SELL AND CONVEY unto Estela Ruiz Sanchez (a married person), hereinafter called "Grantee" in fee simple, together with every contingent remainder and right of reversion, the following described real estate, situated in Shelby County, Alabama, to-wit:

A PART OF THE SW ¼ OF SW ¼ OF SECTION 21, TOWNSHIP 21 SOUTH, RANGE 3 WEST, DESCRIBED AS FOLLOWS: COMMENCE AT THE SOUTHWEST CORNER OF SAID ¼ - ¼ SECTION AND RUN EASTERLY ALONG SOUTH LINE OF SAID ¼ - ¼ SECTION FOR 1047.39 FEET, MORE OR LESS, TO A POINT ON THE WEST RIGHT OF WAY LINE OF A COUNTY ROAD; THENCE TURN AN ANGLE OF 80 DEGREES 04 MINUTES TO THE LEFT AND RUN NORTHEASTERLY FOR 523.57 FEET TO THE POINT OF BEGINNING OF THE LAND HEREIN DESCRIBED; THENCE TURN AN ANGLE OF 00 DEGREES 17 MINUTES TO RIGHT AND RUN NORTHEASTERLY FOR 222.40 FEET; THENCE TURN AN ANGLE OF 103 DEGREES 07 MINUTES TO THE LEFT AND RUN SOUTHWESTERLY FOR 215.5 FEET; THENCE AN ANGLE OF 96 DEGREES 32 MINUTES TO LEFT AND RUN SOUTHERLY 213.61 FEET; THENCE TURN AN ANGLE OF 81 DEGREES 44 SECONDS TO LEFT AND RU NORTHEASTERLY FOR 140.94 FEET TO POINT OF BEGINNING.

Note: This property does not constitute homestead property for Grantor.

Subject to existing easements, restrictions, set-back lines, rights of way, limitations, if any, of record.

TO HAVE AND TO HOLD to the said Grantee in fee simple forever, together with every contingent remainder and right of reversion.

The Grantor, does individually and for the heirs, executors, and administrators of the Grantors covenant with said Grantee and the heirs and assigns of the Grantee, that the Grantors are lawfully seized in fee simple of said premises; that said premises are free from all encumbrances, unless otherwise noted above; that the Grantors has a good right to sell and convey the said premises; that the Grantors and the heirs, executors, administrators of the Grantors shall warrant and defend the said premises to the Grantee and the heirs and assigns of the Grantee forever, against the lawful claims of all persons.

IN WITNESS WHEREOF, the Grantors has executed this Deed and set the seal of the Grantors thereto on this date the 11 day of September, 2019 at 725 West Street, Montevallo, Alabama 35115.

GRANTOR

Rodney Dean Mayhew, P.R.S.
Rodney Dean Mayhew Personal Representative
The Estate of Teri Denise Sorrow
Shelby County Probate Case PR-19-343

20190923000346750 1/5 \$85.00
Shelby Cnty Judge of Probate, AL
09/23/2019 09:23:14 AM FILED/CERT

Shelby County, AL 09/23/2019
State of Alabama
Deed Tax: \$51.00

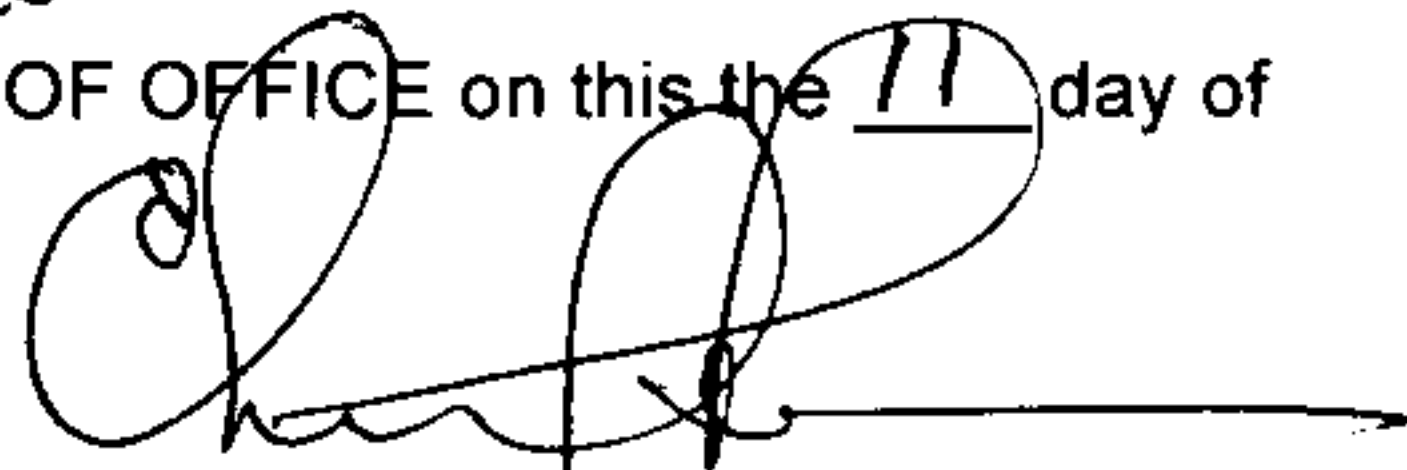
STATE OF ALABAMA

SHELBY COUNTY

ACKNOWLEDGMENT

I, Chris Sutherland, a Notary Public for the State at Large, hereby certify that the above posted name, Rodney Dean Mayhew, which is signed to the foregoing Deed, who is known to me, acknowledged before me on this day that, being informed of the contents of the Deed, that said person executed the same voluntarily on the day the same bears date and that he is authorized to act and sign as P/R of the Estate of Teri Denise Brown.

GIVEN UNDER MY HAND AND OFFICIAL SEAL OF OFFICE on this the 11 day of September, 2019.



NOTARY PUBLIC

My Commission Expires:

4/26/2026



20190923000346750 2/5 \$85.00
Shelby Cnty Judge of Probate, AL
09/23/2019 09:23:14 AM FILED/CERT

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

Shirley Keller

Signature of Local Registrar

MAY 18 2004

Date of Issue

20190923000346750 3/5 \$85.00
Shelby Cnty Judge of Probate, AL
09/23/2019 09:23:14 AM FILED/CERTALABAMA
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) Robert Edward WARREN			2. DATE OF DEATH (Month, Day, Year) May 06, 2004		3. COUNTY OF DEATH Shelby	
6. _____	4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Maylene 35114			5. INSIDE CITY LIMITS (Specify Yes or No) No		6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number) 11150 Hwy 17	
19. _____	7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA) No			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	
20. _____	10. SEX Male			11. AGE 94 YRS.		12. UNDER 1 YEAR MOS. _____ DAYS _____ HOURS _____ MINS. _____	
26. _____	13. DATE OF BIRTH (Month, Day, Year) September 13, 1909			14. DECEASED'S SOCIAL SECURITY NUMBER 423-01-7464		15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) 3 College (1-4 or 5+) _____	
27. _____	16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married			17. SURVIVING SPOUSE (If wife, give maiden name) Pauline McElroy		18. Was Decedent ever in Armed Forces (Specify Yes or No) No	
34. _____	19. STATE OF BIRTH (If not in USA, name country) Alabama			20. RESIDENCE—STATE Alabama		21. COUNTY Shelby	
	22. CITY, TOWN, OR LOCATION AND ZIP CODE Maylene 35114			23. INSIDE CITY LIMITS (Specify Yes or No) No		24. STREET AND NUMBER 11150 Hwy 17	
	25. INFORMANT—Name and Address Teri D. Sorrow, PO Box 125, Maylene, AL 35114			26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Truck Driver		27. KIND OF BUSINESS OR INDUSTRY Gasoline	
	28. FATHER—NAME First Middle Last John Petty Warren			29. MAIDEN NAME OF MOTHER— First Middle Last Willie Boyd		30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial	
	31. DATE OF DISPOSITION (Month, Day, Year) May 08, 2004			32. CEMETERY OR CREMATORY—Name Ryans Crossing Cemetery		33. LOCATION—(City or Town—State) Montevallo AL	
	34. FUNERAL HOME—Name and Address Bolton-Letlow Funeral Home 207 Highway 47 South Columbiana, AL 35051			35. FUNERAL DIRECTOR—Signature <i>Connie S. Dentz</i>		36. DATE SIGNED BY FUNERAL DIRECTOR 05-10-2004	
	37. <input checked="" type="checkbox"/> 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." <input type="checkbox"/> Medical Examiner <input type="checkbox"/> 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." Signature: <i>Cynthia V. Walters, M.D.</i>			38. DATE SIGNED (Month, Day, Year) 5/14/2004		39. TIME AND DATE OF DEATH 5/6/2004 8:00 PM	
	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) <i>Cynthia V. Walters, M.D. Attending</i>		42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) 1004 1st St N Suite 270 Alabaster 35007	
	43. CERTIFIER LICENSE NUMBER 14117			44. REGISTRAR—Signature <i>Shirley Keller</i>		45. DATE FILED (Month, Day, Year) May 18, 2004	

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. <i>Congestive Heart Failure</i>			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST			
b. DUE TO (OR AS A CONSEQUENCE OF):			
c. DUE TO (OR AS A CONSEQUENCE OF):			
d. 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, or Unk.)	
49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) <i>Natural Cause</i>		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 in Item 46, 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.

ALABAMA

Center for Health Statistics

20190923000346750 4/5 \$85 00
Shelby Cnty Judge of Probate AL
09/23/2019 09:23:14 AM FILED/CERT

ALABAMA

CERTIFICATE OF DEATH

05-01009

State File Number 101

County
File
Number

1. DECEASED NAME First Middle Last Pauline M WARREN		2. DATE OF DEATH (Month, Day, Year) January 13, 2005		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 in either, give street and number) Shelby Baptist Medical Center	
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, OCA) Inpatient		8. IF HISPANIC ORIGIN (Specify Yes or No) If Yes, Specify Cuban, Mexican, Puerto Rican, etc. No		9. RACE—(Specify American Indian, Black, White, etc.) White	
10. SEX Female		11. AGE 92 yrs		12. UNDER 1 YEAR NO	
13. DATE OF BIRTH (Month, Day, Year) July 14, 1912		14. DECEASED'S SOCIAL SECURITY NUMBER 417-48-4106		15. EDUCATION (Specify ONLY highest grade completed) High School (9-12)	
16. MARRITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Widowed		17. SURVIVING SPOUSE (If wife, give maiden name) Terl Sorrow, PO Box 125, Maylene, AL 35114		18. Was Decedent ever in Armed Forces (Specify Yes or No) No	
19. STATE OF BIRTH (If not in USA, name country) Alabama		20. RESIDENCE—STATE Alabama		21. COUNTY Shelby	
22. CITY, TOWN, OR LOCATION AND ZIP CODE Maylene 35114		23. INSIDE CITY LIMITS (Specify Yes or No) No		24. STREET AND NUMBER 11150 Highway 17	
25. INFORMANT—Name and Address Terl Sorrow, PO Box 125, Maylene, AL 35114		26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Caregiver - Private Sitter		27. KIND OF BUSINESS OR INDUSTRY Healthcare	
28. FATHER—NAME First Middle Last Archie C. McElroy		29. MOTHER—NAME First Middle Last Arrie Lurie Carroll		30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial	
31. DATE OF DISPOSITION (Month, Day, Year) January 15, 2005		32. CEMETERY OR CREMATORY—Name Ryans Crossing Cemetery		33. LOCATION—(City or Town—State) Maylene AL	
34. FUNERAL HOME—Name and Address (Bolton-Letlow Funeral Home) 207 Highway 47 South Columbiana, AL 35051		35. FUNERAL DIRECTOR—Signature Charles S. Senter		36. DATE SIGNED BY FUNERAL DIRECTOR Jan. 20, 2005	
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 "On the basis of investigation and/or examination, in my opinion, death occurred at the time, date, place, and due to the cause(s) and manner stated." Signature: Cynthia V. Walker MD		38. DATE SIGNED (Month, Day, Year) 1-14-05		39. TIME AND DATE OF DEATH 1-13-05 1:15 PM	
40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only)		41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 40) Cynthia V Walker MD - Attending Physician		42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 40) 1004 1st St North Suite 220 Alabaster, AL 35007	
43. CERTIFIER LICENSE NUMBER 14117		44. REGISTRAR—Signature Shula Keller		45. DATE FILED (Month, Day, Year) Jan 24, 2005	

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 or respiratory arrest, shock, or heart failure. LIST ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (Final disease or condition resulting in death) → Acute anterior myocardial infarction		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
DUE TO (OR AS A CONSEQUENCE OF): Coronary artery disease			
DUE TO (OR AS A CONSEQUENCE OF):			
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 Aspiration pneumonia		48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unk.)	
49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) 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 or item 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.

JAN 25 2005

ADPH-HS 2/Rev. 11-93

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2019-393-877-8

September 4, 2019

Nicole H. Rushing
Nicole Henderson Rushing
State Registrar of Vital Statistics

NAME OF DECEASED Pauline M Warren SSN: 417484106

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

3. 059094
6. 100
19. 01
20. 039888
26.
27.
34. 59400

Real Estate Sales Validation Form

This Document must be filed in accordance with Code of Alabama 1975, Section 40-22-1

Grantor's Name Estate of Ted Denx Brown Grantee's Name Estela Ruiz Sanchez
Mailing Address _____ Mailing Address 11150 Hwy 17
Montevallo AL 3715
Property Address 11150 Hwy 17 Date of Sale 9/11/19
Montevallo AL 3715 Total Purchase Price \$ 51000
or
Actual Value \$ _____
or
Assessor's Market Value \$ _____

The purchase price or actual value claimed on this form can be verified in the following documentary evidence: (check one) (Recordation of documentary evidence is not required)

☐ Bill of Sale
☐ Sales Contract
☐ Closing Statement

☐ Appraisal
☐ Other

If the conveyance document presented for recordation contains all of the required information referenced above, the filing of this form is not required.

Instructions

Grantor's name and mailing address - provide the name of the person or persons conveying interest to property and their current mailing address.

Grantee's name and mailing address - provide the name of the person or persons to whom interest to property is being conveyed.

Property address - the physical address of the property being conveyed, if available.

Date of Sale - the date on which interest to the property was conveyed.

Total purchase price - the total amount paid for the purchase of the property, both real and personal, being conveyed by the instrument offered for record.

Actual value - if the property is not being sold, the true value of the property, both real and personal, being conveyed by the instrument offered for record. This may be evidenced by an appraisal conducted by a licensed appraiser or the assessor's current market value.

If no proof is provided and the value must be determined, the current estimate of fair market value, excluding current use valuation, of the property as determined by the local official charged with the responsibility of valuing property for property tax purposes will be used and the taxpayer will be penalized pursuant to Code of Alabama 1975 § 40-22-1 (h).

I attest, to the best of my knowledge and belief that the information contained in this document is true and accurate. I further understand that any false statements claimed on this form may result in the imposition of the penalty indicated in Code of Alabama 1975 § 40-22-1 (h).

Date 9/11/19

Unattested

(verified by)

Print Chief Smith

Sign [Signature]

(Grantor/Grantee/Owner/Agent) circle one

Form RT-1

See attached death certificates which extinguish life estates of Robert Edward Warren and Pauline M Warren.



20190923000346750 5/5 \$85.00
Shelby Cnty Judge of Probate, AL
09/23/2019 09:23:14 AM FILED/CERT