

This instrument was prepared by:

Mickey L. Johnson
P.O. Box 430
Pelham, Alabama 35124

Shelby County, AL 12/03/2019
State of Alabama
Deed Tax: \$54.00

Send Tax Notice To:

Milner Wayne Gould
and Holly Horton Dover
776 Highway 315
Columbiana, Alabama 35051

WARRANTY DEED, JOINTLY FOR LIFE WITH REMAINDER TO SURVIVOR

**STATE OF ALABAMA
SHELBY COUNTY**

KNOW ALL MEN BY THESE PRESENTS, that for and in consideration of the sum of **ONE DOLLAR AND NO/100 (\$1.00)** and other good and valuable consideration, To the undersigned grantor (Whether one or more), in hand paid by the grantees herein, the receipt whereof is hereby acknowledged I, **Milner Wayne Gould**, a widower (herein referred to as grantor, whether one or more), grant, bargain, sell and convey unto **Milner Wayne Gould and Holly Horton Dover** (herein referred to as grantees, whether one or more), following described real estate, situated in Shelby County, Alabama, to wit:

A lot or parcel of land situated in the N.E. 1/4 of the S.W. 1/4 of Section 4, Township 22 South, Range 1 West, more particularly described as follows;

Commence at the Northwest corner of the aboved said quarter-quarter, thence run East along the North line for a distance of 590.0 feet to a point of the east side of a County Gravel Road, thence runs S 9° 00' E for a distance of 364.11 feet to the point of beginning. Thence continue along same line for a distance of 108.0 feet, thence run West and parallel to the North line for a distance of 401.5 feet, thence run N 9° 00' W and parallel to said road for a distance of 108.0 feet, thence run East for a distance of 401.5 feet to the point of beginning.

TO HAVE AND TO HOLD to said GRANTEE(S), and joint tenants with right of survivorship, their heirs and assigns forever, it being the intention of the parties to this conveyance, that (unless joint tenancy created is severed or terminated during the joint lives of the grantees herein) in event one grantee herein survives the other, then the heirs and assigns of the grantees herein shall take as tenants in common

And I (we) do for myself (ourselves) and for my (our) heirs, executors, and administrators covenant with the said grantee, his, her or their heirs and assigns, that I am (we, are) lawfully seized in fee simple of said premises; that they are free from all encumbrances unless otherwise noted above; that I (we) have a good right to sell and convey the same as aforesaid; that I (we) will and my (our) heirs, executors and administrators shall warrant and defend the same to the said grantees, their heirs and assigns forever, against the law claims of all persons.

IN WITNESS WHEREOF, I (we) have hereunto set my (our) hand(s) and seal this the 2nd day of Dec, 2019.

WITNESS:

Milner Wayne Gould (seal)

WITNESS:

Holly Horton Dover (seal)

**STATE OF ALABAMA
SHELBY COUNTY**

I, the undersigned authority, a Notary Public, in and for said County, in said State, hereby certify that **Milner Wayne Gould and Holly Horton Dover** whose name(s) is/are signed to the foregoing conveyance, and who are known to me, acknowledge before me on this day, that being informed of the contents of the conveyance, has executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this the 2nd day of Dec, 2019.

Barbara Venietta Clever
NOTARY PUBLIC
My commission expires: 7/17/2023

20191203000445920 1/3 \$82.00
Shelby Cnty Judge of Probate, AL
12/03/2019 10:35:39 AM FILED/CERT

ALABAMA
Center for Health Statistics
ALABAMA CERTIFICATE OF DEATH

State
File
Number

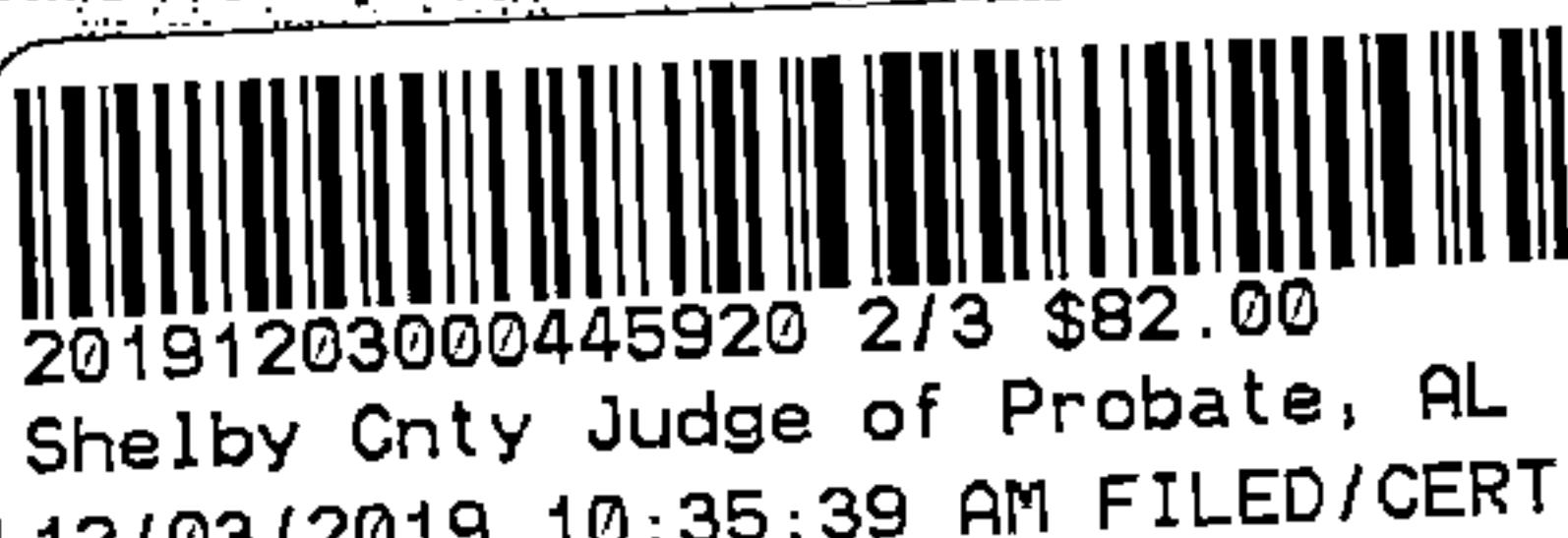
101 2019-37983

1. DECEASED LEGAL NAME Norma Jean Gould		2. DATE AND TIME OF DEATH Sep 29, 2019 2017			
3. ALIAS NAME(IF ANY) None Given		4. DATE AND TIME PRONOUNCED DEAD			
5. COUNTY OF DEATH Shelby		6. CITY, TOWN OR LOCATION OF DEATH AND ZIP CODE Alabaster, 35007			
7. PLACE OF DEATH Shelby Baptist Medical Center		8. SEX Female			
9. LAST NAME PRIOR TO FIRST MARRIAGE Dunnaway		10. SERVED IN ARMED FORCES No			
11. AGE 69	UNDER 1 YEAR MONTHS	UNDER 1 DAY DAYS	12. DATE OF BIRTH HRS MINS Mar 23, 1950	13. BIRTHPLACE (State or Foreign Country) Alabama	14. SOCIAL SECURITY NUMBER [REDACTED]
15. MARITAL STATUS Married	16. SURVIVING SPOUSE NAME PRIOR TO FIRST MARRIAGE Milner Wayne Gould			17. RESIDENCE STATE Alabama	
18. RESIDENCE COUNTY Shelby	19. CITY, TOWN OR LOCATION AND ZIP CODE Columbiana, 35051			20. STREET ADDRESS 776 Hwy 315	
21. INFORMANT NAME, RELATIONSHIP AND ADDRESS Milner Wayne Gould, Husband, 776 Hwy 315, Columbiana, AL 35051					
22. FATHER/PARENT NAME PRIOR TO FIRST MARRIAGE Norman Jackson Dunnaway			23. MOTHER/PARENT NAME PRIOR TO FIRST MARRIAGE Virgie Ophelia Glass		
24. DISPOSITION OF BODY Cremation	25. CEMETERY OR CREMATORIAL Charter Crematory			26. LOCATION Calera, Alabama	
27. DATE OF DISPOSITION Oct 1, 2019	28. FUNERAL DIRECTOR Krysta Brianne Hall			29. LICENSE NUMBER 06565	30. DATE SIGNED Oct 2, 2019
31. FUNERAL HOME NAME AND ADDRESS Charter Funeral Home and Crematory, 2521 U.S Highway 31, Calera, AL 35040					
32. MEDICAL CERTIFICATION: Certifying Physician D'Ariel Denise Boykin MD					
33. NAME D'Ariel Denise Boykin MD		34. LICENSE NUMBER 34026		35. DATE SIGNED Sep 30, 2019	
36. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH 1000 First Street North, Alabaster, Alabama 35007					
37. REGISTRAR Nicole Henderson Rushing				38. DATE FILED Oct 2, 2019	
CAUSE OF DEATH					
40. PART I: DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED DEATH					
IMMEDIATE CAUSE A. septic shock	INTERVAL Unknown				
	DUE TO (OR AS A CONSEQUENCE OF):				
	B. Bacteremia				
	DUE TO (OR AS A CONSEQUENCE OF):				
	C. urinary tract infection				
UNDERLYING CAUSE C. urinary tract infection	DUE TO (OR AS A CONSEQUENCE OF):				
	D. renal failure				
41. PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH Respiratory Failure, Cardiac Arrhythmia, hyperkalemia, lactic acidosis, dehydration					
42. MANNER OF DEATH Natural Causes	43. PREGNANT (IF FEMALE)	44. AUTOPSY Unk	45. FINDINGS CONSIDERED Unk	46. TOXICOLOGY Unk	47. FINDINGS CONSIDERED Unk
48. TOBACCO USE CONTRIBUTED TO DEATH No					
49. HOW INJURY OCCURRED					
50. DATE AND TIME OF INJURY		51. INJURY AT WORK		52. IF TRANSPORTATION INJURY, SPECIFY	
53. PLACE OF INJURY		54. LOCATION OF INJURY			

ADPH HS E2/REV.01-16

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2019-425-687-5

October 2, 2019



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

Real Estate Sales Validation Form

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

Grantor's Name Milner W. Gould
Mailing Address 776 Hwy 315
COLUMBIANA AL 35051

Grantee's Name Holly Horton DOVER
Mailing Address 1843 Hwy 315
COLUMBIANA AL 35051

Property Address 776 Hwy 315
COLUMBIANA AL 35051

Date of Sale 12/2/19
Total Purchase Price \$ _____
or
Actual Value \$ _____
or
Assessor's Market Value \$ 167,120 1/2-53,500

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 Appraisal
 Sales Contract Other
 Closing Statement

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 _____

Print Milner Wayne Gould

Unattested

Sign Milner Wayne Gould

(verified by)

(Grantor/Grantee/Owner/Agent) circle one

Sarah Robinson
Assessment 12/3/19

Form RT-1

