Prepared by and Return to:
HONIE J. HENDRIX
549 WARRIOR DRIVE
ALABASTER, AL 35007

20200227000078560 1/2 $26.00
Shelby Cnty Judge of Probate, AL
02/27/2020 04:01:56 PM FILED/CERT

(Space Above This Line For Recording Data)

CONTINUOUS MARRIAGE AFFIDAVIT

State of **AL**
County of **SHELBY**

BEFORE ME, the undersigned authority, this day personally appeared **HONIE J. HENDRIX F.K.A. HONIE J BUTTON** who after first being duly sworn, deposes and says:

1. That Affiant is the owner of the following described property:

LOT 13, ACCORDING TO THE SURVEY OF PARK PLACE, AS RECORDED IN MAP BOOK 15, PAGE 47, IN THE PROBATE OFFICE OF SHELBY COUNTY, ALABAMA.

2. That Affiant and **JAMES L. BUTTON** were married on 10-6-2001 and were continuously married without interruption to the date of death on 2-24-2015 as evidenced by a copy of the death certificate, which has been examined and will be retained in the above referenced closing file.

3. Affiant states that **HONIE J. HENDRIX F.K.A. HONIE J BUTTON** is familiar with the nature of an oath, and with the penalties as provided by the State laws, for falsely swearing to statements made in an instrument of this nature.

4. Affiant further certifies that **HONIE J. HENDRIX F.K.A. HONIE J BUTTON** has read the full facts contained in this Affidavit and understands its context.

5. That Affiant is executing this Affidavit to induce **Vylla Title, LLC** and First American Title Insurance Company, to issue a policy of title insurance, based on facts contained herein.

Further AFFIANT SAYETH NAUGHT.

Sumer Beavers
Witness Printed Name

Jennifer Pepper
Witness Printed Name

Honie J Hendrix
HONIE J. HENDRIX
Address: **549 WARRIOR DRIVE, Alabaster, AL 35007**

STATE OF **AL**
COUNTY OF:

The foregoing instrument was acknowledged before me this , by Honie J. Hendrix
_____ is personally known to me or (__) has produced _____ as identification.

Brandy Drawhorn
NOTARY PUBLIC
Printed Name: Brandy Drawhorn
My Commission Expires: 1/13/2021

STATE OF ALABAMA NOTARY PUBLIC
BRANDY DRAWHORN
My Commission Expires
January 13, 2021

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

ALABAMA

CERTIFICATE OF DEATH

County File Number –

State File Number 101

3. ______
6. ______
19. ______
20. ______
26. ______
27. ______
34. ______

SSN: [redacted]

NAME OF DECEASED James L Button

46. ______
49. ______
55. ______

DECEASED

1. DECEASED – NAME First Middle Last (Type last name in all capitals): James Lamont BUTTON
2. DATE OF DEATH (Month, Day, Year): February 24, 2015
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 either, give street and number): Shelby Baptist Medical Center
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA): Inpatient
8. OF HISPANIC ORIGIN (Specify Yes or No) If Yes, Specify Cuban, Mexican, Puerto Rican, etc.: No
9. RACE – (Specify American Indian, White, Black, etc.): White
10. SEX: Male
11. AGE: 49 YRS.
12. UNDER 1 YEAR: MOS. / DAYS — UNDER 1 DAY: HOURS / MINS.
13. DATE OF BIRTH (Month, Day, Year): April 17, 1965
14. DECEASED'S SOCIAL SECURITY NUMBER: [redacted]
15. EDUCATION Specify ONLY Highest grade completed below: Elementary or High School (0-12) / College (1-4 or 5+): 3
16. MARITAL STATUS (Specify – Married, Never Married, Widowed, Divorced): Married
17. SURVIVING SPOUSE (If wife, give maiden name): Honie Jo Camron
18. Was Decedent ever in Armed Forces (Specify Yes or No): No
19. STATE OF BIRTH (If not USA, name country): Pennsylvania
20. RESIDENCE – STATE: Alabama
21. COUNTY: Shelby
22. CITY, TOWN, OR LOCATION AND ZIP CODE: Alabaster 35007
23. INSIDE CITY LIMITS (Specify Yes or No): Yes
24. STREET AND NUMBER: 549 Warrior Drive
25. INFORMANT – Name and Address: Honie Jo Button, 549 Warrior Drive Alabaster, AL 35007
26. USUAL OCCUPATION – (Give kind of work done during most of working life even if retired): Automobile Technician
27. KIND OF BUSINESS OR INDUSTRY: Trade/Mechanical
28. FATHER – NAME First Middle Last: Peter Michael Button
29. MAIDEN NAME OF MOTHER – First Middle Last: Sandra Louise Smith

BURIAL

30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other): Cremation
31. DATE OF DISPOSITION (Month, Day, Year): 03/03/2015
32. CEMETERY OR CREMATORY – Name: Johns-Ridout's Crem.
33. LOCATION – (City or Town–State): Birmingham, AL
34. FUNERAL HOME – Name and Address: Southern Heritage 475 Cahaba Valley Rd. Pelham, AL 35124
35. FUNERAL DIRECTOR – Signature: [signature]
36. DATE SIGNED BY FUNERAL DIRECTOR: 03/06/2015

CERTIFIER

37. ✓ Certifying Physician (Physician certifying cause of death) "To the best of my knowledge, death occurred at the time and date due to the cause(s) and manner stated."
__ 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."
Signature: [signature]
38. DATE SIGNED (Month, Day, Year): 2/26/15
39. TIME AND DATE OF DEATH: 2/24/15, 8:37 AM
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): SUMANA KARIVAY I, MD
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46): 1000 First Street North Alabaster, AL 35007
43. CERTIFIER LICENSE NUMBER: 30381
44. REGISTRAR – Signature: Sheila Keller

For State or County use only

45. DATE FILED (Month, Day, Year): March 11, 2015

MEDICAL CERTIFICATION

CAUSE

46. PART 1. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac arrest, shock, or heart failure. LIST ONLY ONE CAUSE ON EACH LINE.

	Cause	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	Cardiac arrest	
DUE TO (OR AS A CONSEQUENCE OF): b.	Hyperosmolar nonketotic coma	
DUE TO (OR AS A CONSEQUENCE OF): c.	Multiorgan failure	
DUE TO (OR AS A CONSEQUENCE OF): d.		

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

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, Unk.)
49. MANNER OF DEATH (Specify – Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause)
50. AUTOPSY (Specify Yes or No)
51. If yes, were findings considered in determining cause of death? (Specify Yes or No)
52. HOW INJURY OCCURRED (Enter nature of injury Item 46, Part I or Item 47, Part II)
53. DATE OF INJURY (Month, Day, Year)
54. HOUR OF INJURY M.
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.

ADPH-HS-2/Rev.11-93

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

Sheila Keller
Signature of Local Registrar

March 11, 2015
Date of Issue