This instrument was prepared by:
Carney Dye, LLC
PO Box 43647
Birmingham, Alabama 35243

20200626000263060 1/4 $401.50
Shelby Cnty Judge of Probate, AL
06/26/2020 01:24:36 PM FILED/CERT

SEND TAX NOTICE TO:
Peter & Mary Dudchenko
1079 Knollwood Dr.
Birmingham, Alabama 35242

QUITCLAIM DEED

KNOW ALL MEN BY THESE PRESENTS THAT:

That for and in consideration of the sum of Ten and NO/100 Dollars ($10.00), and other good and valuable consideration, to the undersigned Grantor, in hand paid by the Grantee herein, the receipt whereof is acknowledged, I, **Mary S. Raeder** (one in the same person as Mary Suzanne Raeder Dudchenko), **a married woman** (herein referred to as "GRANTOR"), as sole Grantor as **James R. Raeder** died on November 14, 2007, do hereby remise, release, quitclaim, grant, sell and convey unto **Mary Suzanne Raeder Dudchenko, a married woman** and **Peter Dudchenko, a married man** (herein referred to as "GRANTEE"), as joint tenants with rights of survivorship, all my right, title, interest and claim in or to the following described real estate, situated in Shelby County, Alabama to wit:

Lot 912, according to the Map of Highland Lakes, 9th Sector, Phase I, an Eddleman Community, as recorded in Map Book 24, Page 1, in the Probate Office of Shelby County, Alabama; being situated in Shelby County, Alabama.

Subject to all rights and encumbrances of record.

TO HAVE AND TO HOLD same unto Grantee, and unto Grantee's assigns forever, with all appurtenances thereunto belonging.

NO TITLE OPINION GIVEN. DEED PREPARED WITHOUT BENEFIT OF A TITLE SEARCH.

IN WITNESS WHEREOF, this instrument was executed, signed and delivered by the undersigned on this the 15 day of June, 2020.

GRANTOR:

Mary S. Raeder

Mary S. Raeder

STATE OF ALABAMA)

COUNTY OF Jefferson)

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that **Mary S. Raeder** (one in the same person as Mary Suzanne Raeder Dudchenko), a married woman, whose name is signed to the foregoing conveyance and who is known to me, acknowledged before me on this day that, being informed of the contents of the conveyance, she executed the same voluntarily on the day the same bears date.

Given under my hand and official seal, this the 15th day of June, 2020.

Sarah Kathrine Pierce
Signature of Notary Public

Sarah Katherine Pierce
Name of Notary Public

My Commission expires: 10/21/2023

Grantor's Address:
Mary S. Raeder
1079 Knollwood Dr
Birmingham, Alabama 35242

Grantee's Address:
Peter & Mary Dudchenko
1079 Knollwood Dr
Birmingham, Alabama 35242

THE FRONT OF THIS DOCUMENT IS PINK - THE BACK OF THIS DOCUMENT IS BLUE AND HAS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

GA

ALABAMA
Center for Health Statistics

ALABAMA
CERTIFICATE OF DEATH

07-42372

State File Number 101

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

County File Number —

3. 059888
6. DOD
19. 39
20. 059888
26. —
27. —
34. 54402

1. DECEASED—NAME First: James	Middle: R.	Last (Type last name all capitals): RAEDER	2. DATE OF DEATH (Month, Day, Year): November 14, 2007	3. COUNTY OF DEATH: Shelby
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE: Birmingham 35242		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): 1079 Knollwood Drive	
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA):		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	10. SEX: Male
11. AGE: 56 YRS.	12. UNDER 1 YEAR: MOS. / DAYS	UNDER 1 DAY: HOURS / MINS.	13. DATE OF BIRTH (Month, Day, Year): October 18, 1951	14. DECEASED'S SOCIAL SECURITY NUMBER:
15. EDUCATION (Specify ONLY highest grade completed below): Elementary or High School (0-12):	College (1-4 or 5+): 2	16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced): Married	17. SURVIVING SPOUSE (If wife, give maiden name): Mary Maser	18. Was Decedent ever in Armed Forces (Specify Yes or No): No
19. STATE OF BIRTH (If not in USA, name country): Pennsylvania	20. RESIDENCE—STATE: Alabama	21. COUNTY: Shelby	22. CITY, TOWN, OR LOCATION AND ZIP CODE: Birmingham, AL 35242	
23. INSIDE CITY LIMITS (Specify Yes or No): No	24. STREET AND NUMBER: 1079 Knollwood Drive	25. INFORMANT—Name and Address: Mary Raeder 1079 Knollwood Drive Birmingham,AL.35242		
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Director of Meat,Seafood, and Milk Operations		27. KIND OF BUSINESS OR INDUSTRY: Piggly-Wiggly		
28. FATHER—NAME First: Robert	Middle: Elmer	Last: Raeder	29. MAIDEN NAME OF MOTHER— First: Elizabeth	Middle:	Last: Wentland
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other): Burial	31. DATE OF DISPOSITION (Month, Day, Year): Nov. 20,2007	32. CEMETERY OR CREMATORY—Name: Grandview Cemetery	33. LOCATION—(City or Town—State): Johnstown, PA.	
34. FUNERAL HOME—Name and Address: Southern Heritage 475 Cahaba Valley Rd. Pelham,AL.35124		35. FUNERAL DIRECTOR—Signature: Randy Stonecipher	36. DATE SIGNED BY FUNERAL DIRECTOR: Nov.30.2007	
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 / X 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: Diana S. Hawkins			38. DATE SIGNED (Month, Day, Year): 12-05-2007	
39. TIME AND DATE OF DEATH: 17:45 11-14-07	40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only): 11-14-07 17:45	41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46): Diana S. Hawkins-Coroner		
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46): P.O. Box 1321 Columbiana, Ala. 35051			43. CERTIFIER LICENSE NUMBER:	
44. REGISTRAR— Signature: Sheila Keller	For State or County use only		45. DATE FILED (Month, Day, Year): Dec. 19,2007	

DECEASED

BURIAL

CERTIFIER

SSN: 191-40-3263

James R. Raeder

NAME OF DECEASED

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. Complications of Cardiovascular disease	DUE TO (OR AS A CONSEQUENCE OF):	years
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.	
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.)

CAUSE

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 in 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)	

46. MS
49. —
55. —

This is a legal record and must be filed within five (5) days after death.

DEC 26 2007

ADPH-HS 2/Rev. 11-93

I, Dorothy S. Harshbarger, State Registrar of Health Statistics, certify this is a true and exact copy of the original certificate filed in the Center for Health Statistics, State of Alabama, Department of Public Health, Montgomery, Alabama, and have caused the official seal of the Center for Health Statistics to be affixed. 2007-522-722-4

December 27, 2007

Dorothy S. Harshbarger

Dorothy S. Harshbarger, State Registrar

Real Estate Sales Validation Form

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

Grantor's Name	Mary S. Raeder	Grantee's Name	Mary Suzanne Raeder Dudchenko and Peter Dudchenko
Mailing Address	1079 Knollwood Dr Birmingham, AL 35242	Mailing Address	1079 Knollwood Dr Birmingham, AL 35242
Property Address	1079 Knollwood Dr Birmingham, AL 35242	Date of Sale	6/15/2020
		Total Purchase Price	$
		or	
		Actual Value	$
		or	
		Assessor's Market Value	$ 370,300

Shelby County, AL 06/26/2020
State of Alabama
Deed Tax:$370.50

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
x Other

20200626000263060 4/4 $401.50
Shelby Cnty Judge of Probate, AL
06/26/2020 01:24:36 PM FILED/CERT

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 6/15/2020 Print Jack T. Carney

___ Unattested _____ Sign Jack T. Carney
(verified by) (Grantor/Grantee/Owner/Agent) circle one

Form RT-1