

STATE OF

Alabama



20200909000401830 1/3 \$29.00
Shelby Cnty Judge of Probate, AL
09/09/2020 02:32:18 PM FILED/CERT

COUNTY OF

Shelby

AFFIDAVIT OF FACTS CONCERNING THE IDENTITY OF HEIRS

Before me, the undersigned authority, on this day personally appeared Delane Boss ("Affiant") (insert name of affiant) who, being first duly sworn, upon his/her oath did depose and state as follows:

1. My name is Delane Boss (insert name of affiant), and I live at 217 Alex Miller Montevalle Rd (insert address of affiant's residence). I am personally familiar with the family and marital history of Mary Alice Vanderslice ("Decedent") (insert name of decedent), and I have personal knowledge of the facts stated in this affidavit.

2. I knew decedent from 1957 (insert date) until 1997 (insert date). Decedent died on 4/13/79 (insert date of death). Decedent's place of death was Shelby Medical Hospital (insert place of death). At the time of decedent's death, decedent's residence was 79 Memory Ln Alabaster (insert address of decedent's residence).

3. Decedent's marital history was as follows:

Divorced

(insert marital history and, if decedent's spouse is deceased, insert date and place of spouse's death).

4. Decedent had the following children:

Eula M Robertson [REDACTED] 4461 Larrimore Pensacola FL 32504

Dolores E Lawley [REDACTED] 371 Hwy 31 Saginaw MI 48513
Stinson E Vanderslice [REDACTED] 409 Hwy 31 Saginaw MI 48513 Earnest Vanderslice [REDACTED] 2/1994
(insert name, birth date, 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).

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:

NO (insert name of child or names of children, or state "none").

6. (Include if decedent was not survived by descendants.) Decedent's mother was:

Mattie Castles deceased 1994

(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:

Unknown

(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:

~~Delores E Lawley~~ DOB 2/27/45 Alabaster Al

Bertrud Adams deceased 3/13/19

~~Stinson Vanderslice~~ Birthday July 18 Alabaster Al

Earnest Vanderslice deceased

(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").

9. (Optional.) The following persons have knowledge regarding the decedent, the identity of decedent's children, if any, parents, or siblings, if any:

(insert names of persons with knowledge, or state "none").

10. Decedent died without leaving a written will. (Modify statement if decedent left a written will.)

11. There has been no administration of decedent's estate. (Modify statement if there has been administration of decedent's estate.)

12. Decedent left no debts that are unpaid, except:

N/A

(insert list of debts, or state "none").

13. There are no unpaid estate or inheritance taxes, except:

N/A

(insert list of unpaid taxes, or state "none").

14. To the best of my knowledge, decedent owned an interest in the following real property:

Memory Lane Alabaster

(insert list of real property in which decedent owned an interest, or state "none").

15. (Optional.) The decedent was survived by the following:

(insert names of heirs).

16. (Insert additional information as appropriate, such as size of the decedent's estate.) unknown

Signed this 14 day of August, 2020.

Mc Lane Ross
(signature of affiant)



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County of Shelby

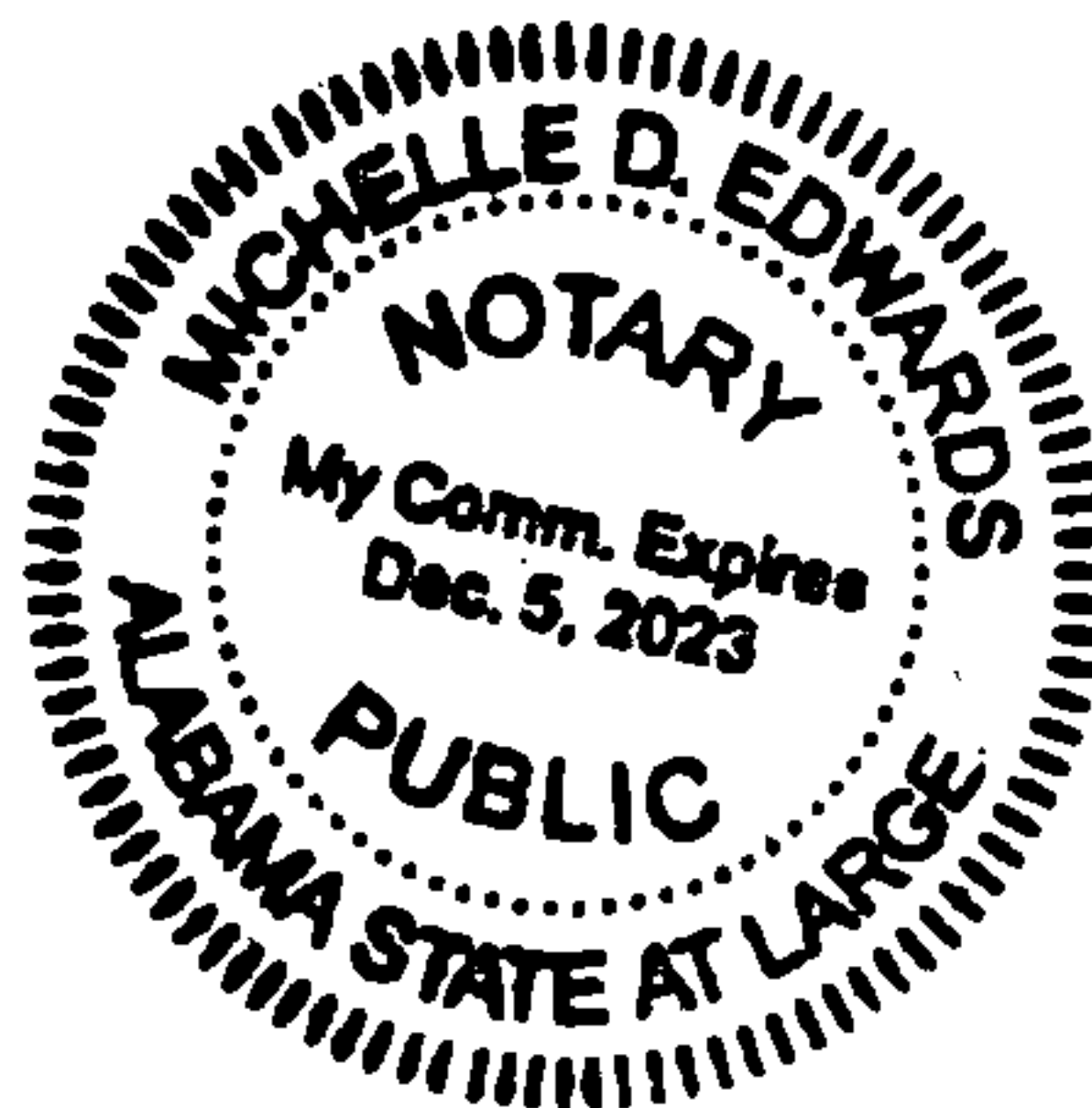
Sworn to and subscribed to before me on August 14
2020 (date) by
August 2020 Delane Ross (insert name of affiant).

Michelle D. Edwards
(signature of notarial officer)

(Seal, if any, of notary)

Michelle D Edwards
(printed name)

My commission expires: 12-5-2023



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