

**AFFIDAVIT OF CONTINUOUS MARRIAGE**

BEFORE ME, the undersigned authority, personally appeared Mary F. Farlow (Affiant), who after having been duly sworn according to law, deposed and stated as follows:


1. Affiant is the fee simple owner of the following described real property (the "Property") which has a mailing address of:

**Property Address: 3739 Crossings Crest, Birmingham, AL 35242**  
**Tax/Parcel ID No.: 102030006021000**

2. At the time Affiant acquired title to the Property, Affiant was married to **James C. Farlow** and remained continuously married to him/her without interruption up to the date of his/her death.

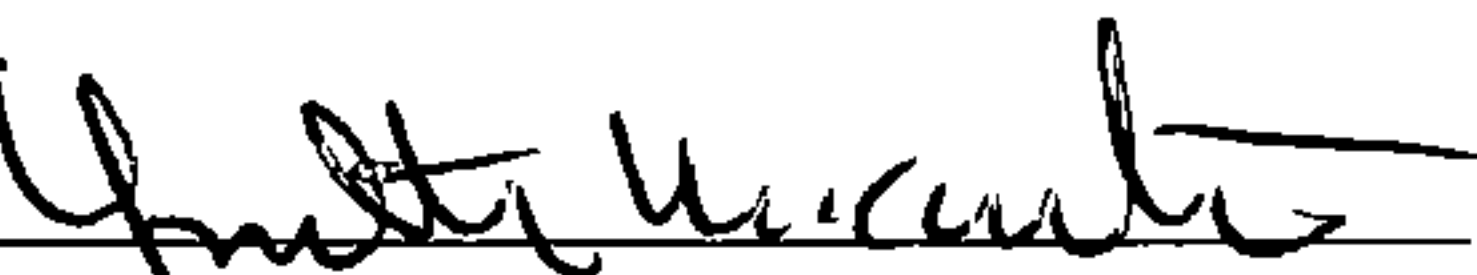
3. Affiant states and acknowledges that he/she is familiar with the nature of an oath and with the penalties as provided by laws of the State aforesaid for falsely swearing to statements made in an instrument of this nature. Affiant further certifies that he/she has read the full facts of this affidavit and understands its context.

4. Affiant acknowledges that this affidavit is made for the purpose of providing title insurance and shall be relied upon by FNC Title Services, LLC.

  
**Mary F. Farlow**

STATE OF Alabama, COUNTY OF Shelby, to wit:

Subscribed and sworn to before me this 13 day of November, 2020 by Mary F. Farlow who is personally known to me.

  
Notary

My commission expires: 10/29/22

RETURN TO:  
FNC Title Services, LLC  
1300 Piccard Drive  
Suite 105  
Rockville, MD 20850

This Affidavit was Prepared by  
an employee of FNC Title Services, LLC,  
1300 Piccard Drive, Suite 105  
Rockville, MD 20850

*Amanda Walsh*

2020-04-593

# ALABAMA

## Center for Health Statistics

### ALABAMA CERTIFICATE OF DEATH

State File Number **101 2017-36593**

1. DECEASED LEGAL NAME <b>James Clifford Farlow</b>						2. DATE AND TIME OF DEATH <b>Sep 13, 2017 2113</b>	
3. ALIAS NAME (IF ANY) <b>None Given</b>						4. DATE AND TIME PRONOUNCED DEAD <b>20201125000541450 11/25/2020 09:45:22 AM AFFID 2/2</b>	
5. COUNTY OF DEATH <b>Saint Clair</b>		6. CITY, TOWN OR LOCATION OF DEATH AND ZIP CODE <b>Pell City, 35125</b>			7. PLACE OF DEATH <b>St. Vincent's St.Clair</b>		
8. SEX <b>Male</b>		9. LAST NAME PRIOR TO FIRST MARRIAGE					10. SERVED IN ARMED FORCES <b>Yes</b>
11. AGE <b>92</b>	UNDER 1 YEAR MONTHS	UNDER 1 YEAR DAYS	12. DATE OF BIRTH <b>Feb 12, 1925</b>		13. BIRTHPLACE (State or Foreign Country) <b>Alabama</b>		14. SOCIAL SECURITY NUMBER
15. MARITAL STATUS <b>Married</b>		16. SURVIVING SPOUSE NAME PRIOR TO FIRST MARRIAGE <b>Mary Faye Brown</b>				17. RESIDENCE STATE <b>Alabama</b>	
18. RESIDENCE COUNTY <b>Shelby</b>		19. CITY, TOWN OR LOCATION AND ZIP CODE <b>Birmingham, 35242</b>		20. STREET ADDRESS <b>3739 Crossings Crest</b>			
21. INFORMANT NAME, RELATIONSHIP AND ADDRESS <b>Mary Farlow, Wife, 3739 Crossings Crest, Birmingham, AL 35242</b>							
22. FATHER/PARENT NAME PRIOR TO FIRST MARRIAGE <b>James Clark Farlow</b>				23. MOTHER/PARENT NAME PRIOR TO FIRST MARRIAGE <b>Violet Freeman</b>			
24. DISPOSITION OF BODY <b>Burial</b>		25. CEMETERY OR CREMATORY <b>Southern Heritage</b>			26. LOCATION <b>Pelham, Alabama</b>		
27. DATE OF DISPOSITION <b>Sep 18, 2017</b>		28. FUNERAL DIRECTOR <b>Lisa McBrayer</b>			29. LICENSE NUMBER <b>06403</b>		30. DATE SIGNED <b>Sep 28, 2017</b>
31. FUNERAL HOME NAME AND ADDRESS <b>Ridout's Southern Heritage, 475 Cahaba Valley Rd, Pelham, AL 35124</b>						32. LICENSE NUMBER	
33. <b>MEDICAL CERTIFICATION: <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN    <input type="checkbox"/> MEDICAL EXAMINER    <input type="checkbox"/> CORONER</b>							
34. NAME <b>Ronald W Helms Jr MD</b>				35. LICENSE NUMBER <b>21059</b>		36. DATE SIGNED <b>Sep 27, 2017</b>	
37. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH <b>70 Plaza Dr, Pell City, Alabama 35125</b>							
38. REGISTRAR <b>Catherine Molchan Donald</b>						39. DATE FILED <b>Sep 28, 2017</b>	

### CAUSE OF DEATH

40. PART I. DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED DEATH							INTERVAL	
IMMEDIATE CAUSE	A. <b>Pneumonia</b>						Unknown	
	DUE TO (OR AS A CONSEQUENCE OF):							
UNDERLYING CAUSE	B. <b>Dementia</b>						Unknown	
	DUE TO (OR AS A CONSEQUENCE OF):							
	C. _____							
	DUE TO (OR AS A CONSEQUENCE OF):							
	D. _____							
41. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH								
42. MANNER OF DEATH <b>Natural Causes</b>		43. PREGNANT (IF FEMALE)		44. AUTOPSY <b>No</b>	45. FINDINGS CONSIDERED	46. TOXICOLOGY <b>No</b>	47. FINDINGS CONSIDERED	48. TOBACCO USE CONTRIBUTED TO DEATH <b>Unknown</b>
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. 2017-416-191-2

September 29, 2017



Filed and Recorded  
Official Public Records  
Judge of Probate, Shelby County, Alabama, County  
Clerk  
Shelby County, AL  
11/25/2020 09:45:22 AM  
\$25.00 CHERRY  
20201125000541450

*Catherine M. Donald*  
Catherine Molchan Donald  
State Registrar of Vital Statistics

*Ann S. Boyd*