


THIS INSTRUMENT PREPARED BY:
J. CLAY MADDOX
FULLER HAMPTON LLC
ATTORNEYS AT LAW
409 LAY DAM ROAD
CLANTON, AL 35045
(205)755-1975


20210104000001110 1/5 \$39.50
Shelby Cnty Judge of Probate, AL
01/04/2021 10:14:55 AM FILED/CERT

WARRANTY DEED

SEND TAX NOTICES TO:

700 Wilderness Road
Pelham, AL 35124

STATE OF ALABAMA)

KNOW ALL MEN BY THESE PRESENTS:

SHELBY COUNTY)

KNOW YE ALL MEN BY THESE PRESENTS:

WHEREAS, in consideration of the sum of Four Thousand Five Hundred and 0/100 Dollars (\$4,500.00) and other valuable considerations to the undersigned GRANTOR, MARY HOLSOMBACK ALEXANDER, By: PHILLIP ALEXANDER and NELLIE HOLSOMBACK as sole heirs at law, in hand paid by the GRANTEE, DM PROPERTIES AND ASSOCIATES LLC, the receipt whereof is acknowledged, I, the said GRANTOR, do hereby grant, bargain, sell and convey unto the said GRANTEE, in fee simple, the following described real estate situated in Shelby County, Alabama, to wit:

A PARCEL OF LAND CONTAINING 0.3 ACRE LOCATED IN THE SW 1/4 OF THE NE 1/4 OF SECTION 5, TOWNSHI 22 SOUTH, RANGE 3 WEST, SHELBY COUNTY, ALABAMA, DESCRIBED AS FOLLOWS: COMMENCE AT THE CENTER OF SAID SECTION 5; THENCE RUN EAST A DISTANCE OF 623.79 FEET TO A POINT ON THE NORTH RIGHT OF WAY OF SHELBY COUNTY HIGHWAY #22; SAID POINT BEING THE SE CORNER OF THE DOGWOOD GROVE BAPTIST CHURCH PROPERTY AND THE POINT OF BEGINNING; THENC CONTINUE EASTALONG SAID RIGHT OF WAY A DISTANCE OF 90 FEET; THENCE TURN LEFT 90°00' A DISTANCE OF 146.1 FEET; THENCE TURN LEFT 90°00' A DISTANCE OF 90 FEET TO A POINT ON THE EAST LINE OF SAID CHRUCH PROPERTY; THENCE TURN LEFT 90°00' AND RUN SOUTH ALONG THE EAST LINE OF SAID CHURCH PROPERTY A DISTANCE OF 1461 FEET TO THE POINT OF BEGINNING.

INSTRUMENT #: 20051206000632240

This conveyance is subject to all easements, rights of way, restrictions and reservations of record affecting said property.

NOTE: The above described property constitutes no part of the homestead of Grantor or his/her spouse.

TO HAVE AND TO HOLD to the said GRANTEE, in fee simple, and to the heirs and assigns.

AND THE GRANTOR, does for himself, his heirs, executors, administrators, successors and assigns, covenant with said GRANTEE, his heirs, executor, administrators, successors and assigns, that I am lawfully seized in fee simple of said

Shelby County, AL 01/04/2021
State of Alabama
Deed Tax: \$4.50

the same as aforesaid, and that I will, and my heirs, executors, administrators, successors and assigns shall, warrant and defend the same to the said GRANTEE, his heirs, executors and assigns forever, against the lawful claims of all persons.

IN WITNESS WHEREOF, the said GRANTOR has hereunto set his hand and seal, on this 7th day of October, 2020.

MARY HOLSOMBACK ALEXANDER

Phillip R Alexander

PHILLIP ALEXANDER

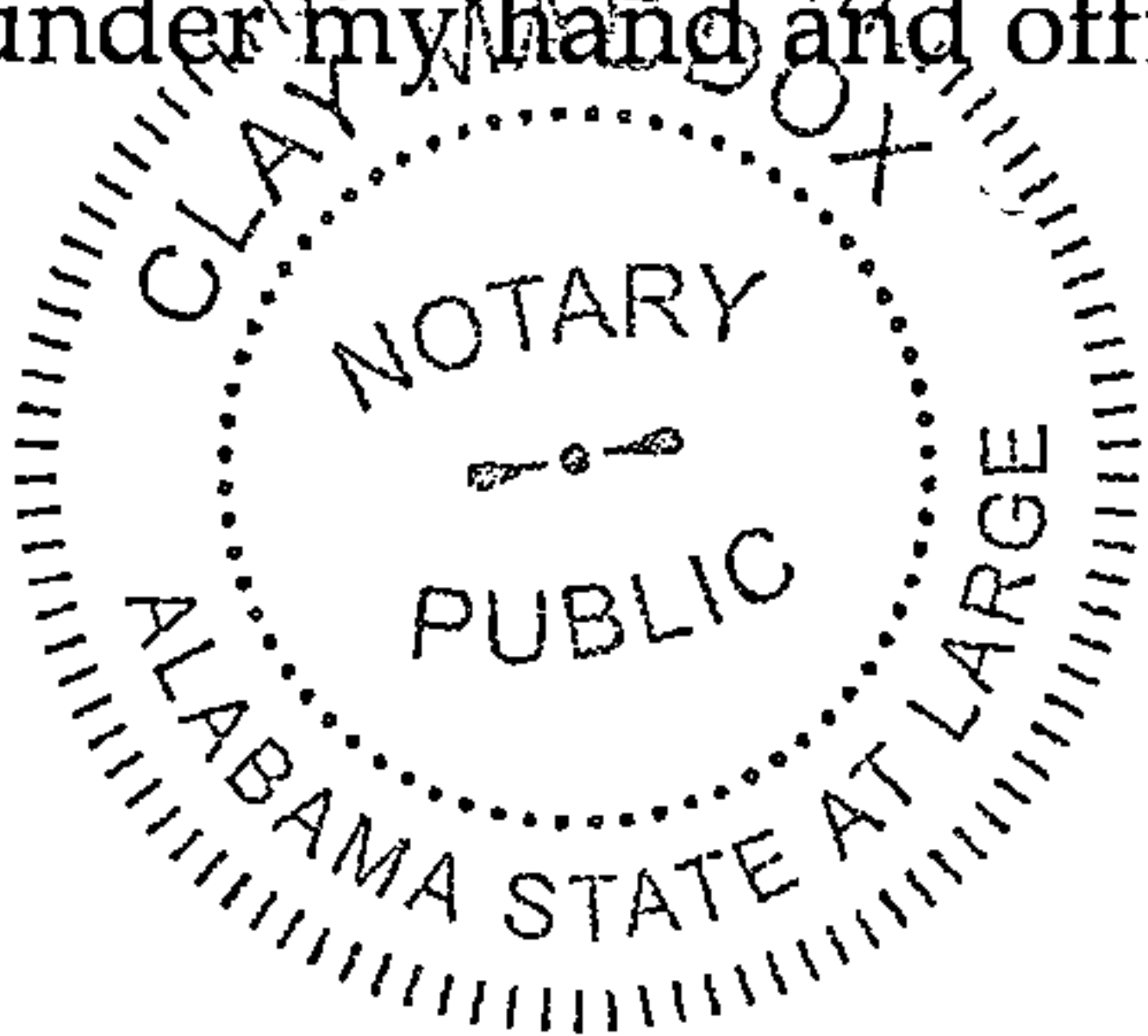
Nellie L Holsomback

NELLIE HOLSOMBACK

STATE OF ALABAMA)
COUNTY OF CHILTON)

I, the undersigned authority, a Notary Public, in and for said County, in said State, hereby certify that **PHILLIP ALEXANDER and NELLIE HOLSOMBACK**, 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, (s)he executed the same voluntarily on the day the same bears date.

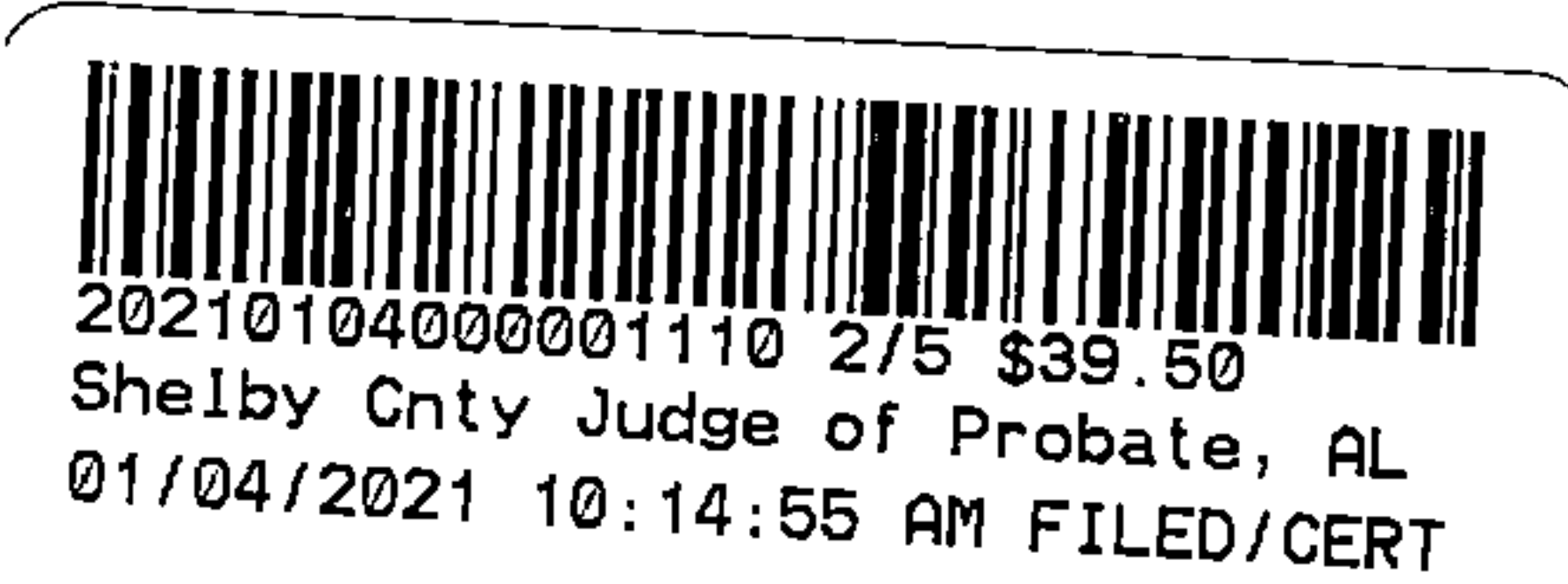
Given under my hand and official seal this 7th day of October, 2020.



[Signature]
NOTARY PUBLIC
My Commission Expires: 4-23-23

Address of Grantee:	Address of Grantor:	Property Address:
<u>700 Wildemess Rd</u> <u>Pelham, AL 35124</u>	<u>11850 Hwy 17</u> <u>Montevallo, AL 35115</u>	<u>0 Hwy 22</u> <u>Montevallo, AL</u>

Real Value: \$4,500.00



STATE OF ALABAMA)

COUNTY OF CHILTON)

AFFIDAVIT OF HEIRSHIP

Before me, the undersigned authority, personally appeared Louis Whitfield who being known to me and who being by me first duly sworn, deposes and says as follows:

My name is Louis Whitfield I am over 19 years of age and am currently a resident of Shelby County, Alabama. I am familiar with the family of Mary Holsomback Alexander and knew her for more than 15 years prior to her death. Mary Holsomback Alexander passed from this life on or about Sept-10-2007.

Phillip Alexander, husband;

Nellie Holsomback Daughter

I give this affidavit to clear up any and all discrepancies of concerns regarding the heirs at law of Mary Holsomback Alexander.

Further the deponent sayeth not.

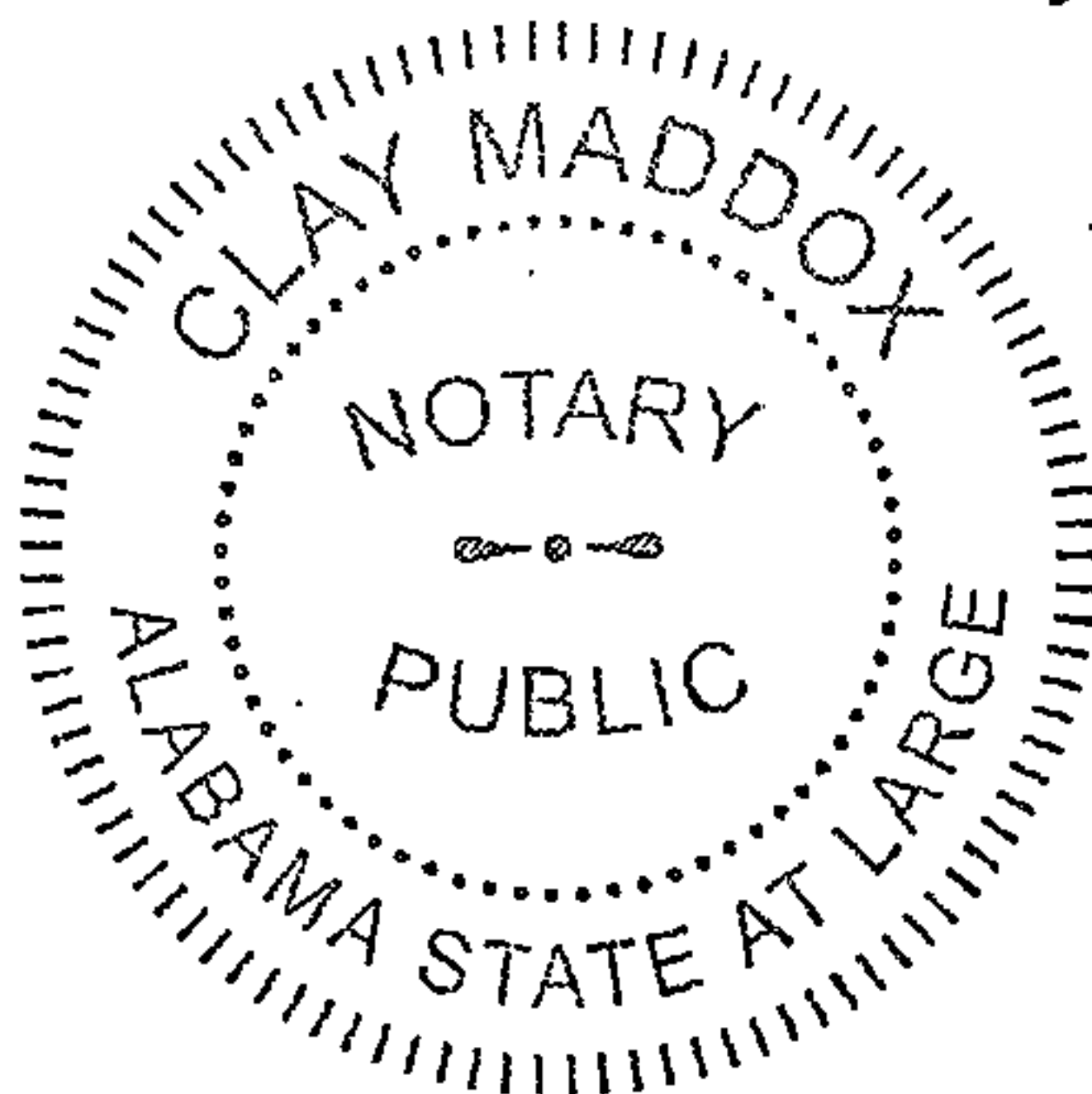
Done this 6th day of October, 2020.

Louis Whitfield

Sworn to and subscribed before me on this the 6th day of October, 2020.

NOTARY PUBLIC

My Commission Expires: 4-23-23



20210104000001110 3/5 \$39.50
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STATE OF ALABAMA)
)
COUNTY OF CHILTON)

AFFIDAVIT OF HEIRSHIP

Before me, the undersigned authority, personally appeared Betty Whitfield who being known to me and who being by me first duly sworn, deposes and says as follows:

My name is Betty Whitfield, I am over 19 years of age and am currently a resident of Shelby County, Alabama. I am familiar with the family of Mary Holsomback Alexander and knew her for more than 15 years prior to her death. Mary Holsomback Alexander passed from this life on or about Sept-10-2007.

Phillip Alexander, husband;
Nellie Holsomback Daughter

I give this affidavit to clear up any and all discrepancies of concerns regarding the heirs at law of Mary Holsomback Alexander.

Further the deponent sayeth not.

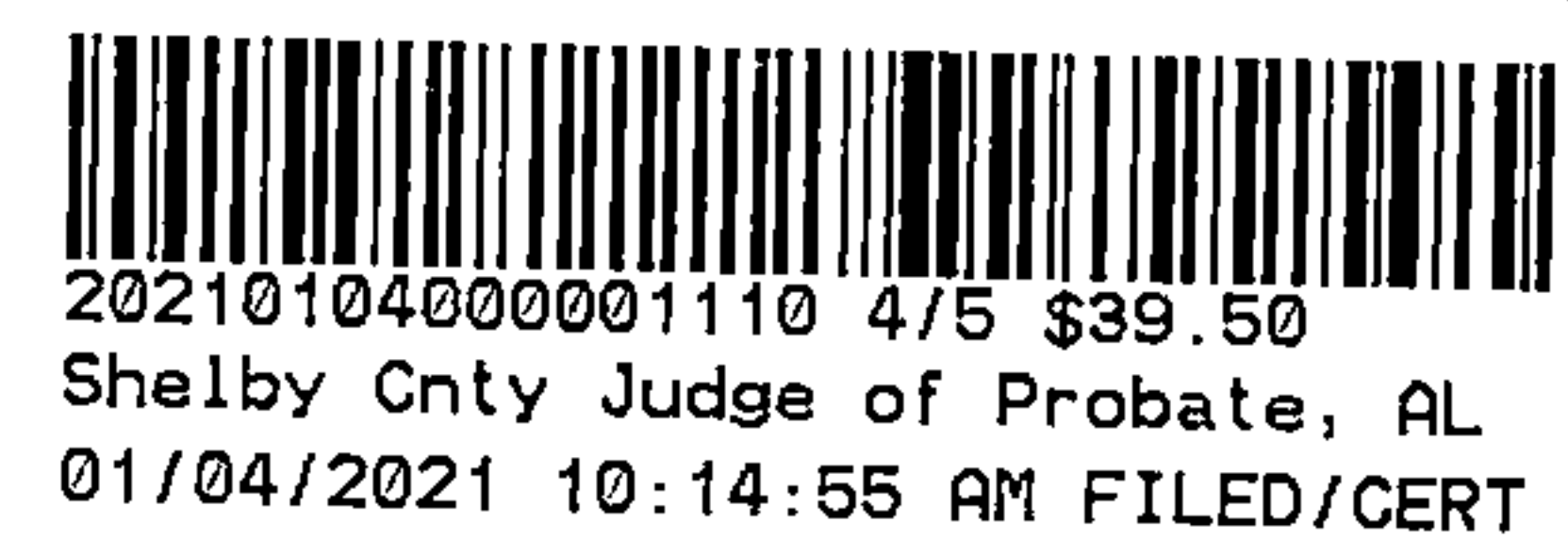
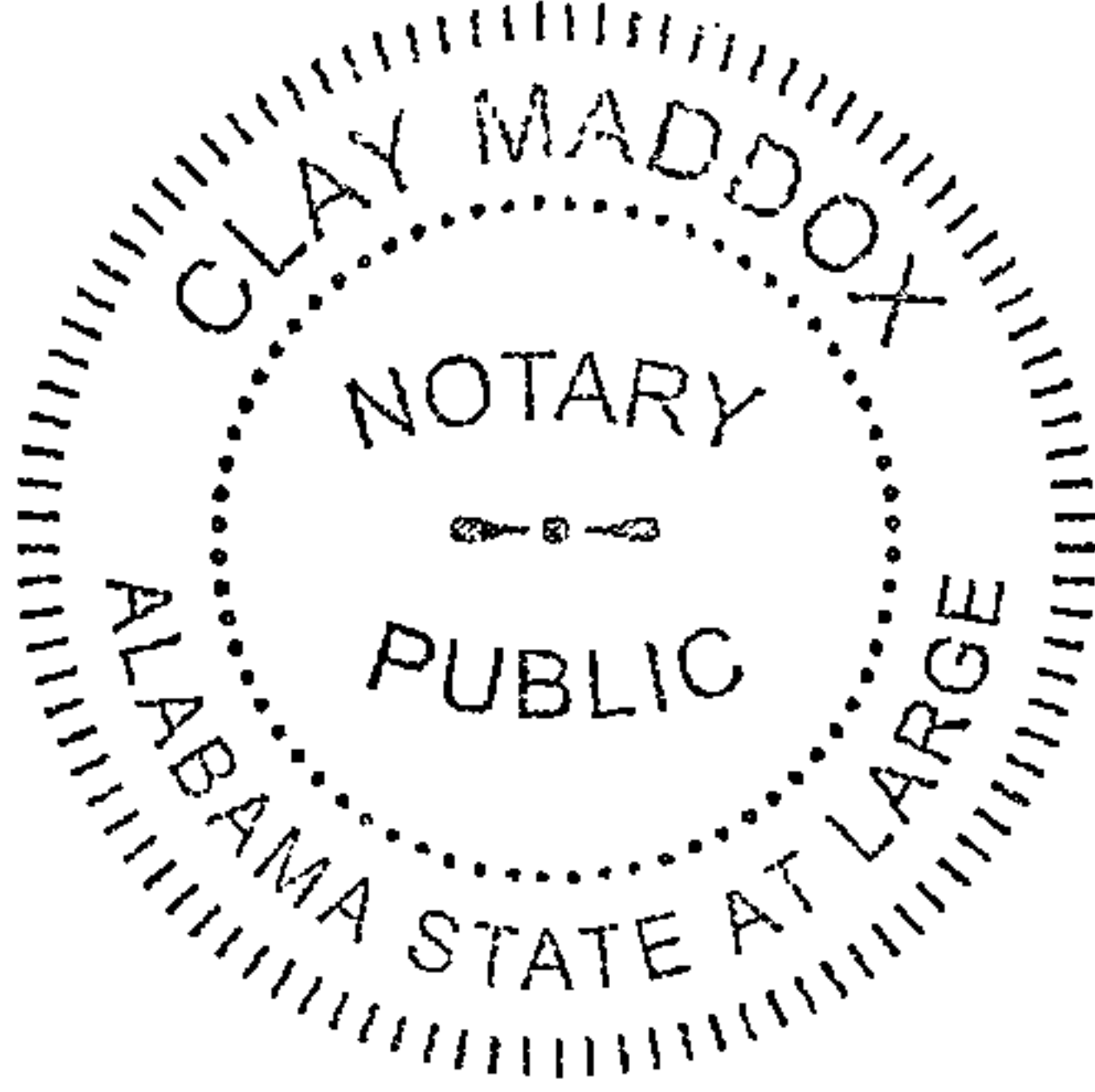
Done this 6th day of October, 2020.

Betty Whitfield

Sworn to and subscribed before me on this the 6th day of October, 2020.

[Signature]

NOTARY PUBLIC
My Commission Expires: 4-23-23



ALABAMA

CERTIFICATE OF DEATH

Exhibit C

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

State File Number 101

1. DECEASED—NAME First Middle Last (Type last name all capitals) Mary Beth ALEXANDER			2. DATE OF DEATH (Month, Day, Year) September 10, 2007		3. COUNTY OF DEATH Shelby		
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Montevallo 35115			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) 11850 Hwy. 17		
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA) No			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 Female							
11. AGE 29 YRS.		12. UNDER 1 YEAR MOS. 1 DAYS 1 HOURS 1 MINS.		13. DATE OF BIRTH (Month, Day, Year) May 27, 1978		14. DECEASED'S SOCIAL SECURITY NUMBER [REDACTED]	
15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) 11 College (1-4 or 5+) 1			16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married		17. SURVIVING SPOUSE (If wife, give maiden name) Philip Alexander		
18. Was Decedent ever in Armed Forces (Specify Yes or No) No							
19. STATE OF BIRTH (If not in USA, name country) Alabama		20. RESIDENCE—STATE Alabama		21. COUNTY Shelby		22. CITY, TOWN, OR LOCATION AND ZIP CODE Montevallo 35115	
23. INSIDE CITY LIMITS (Specify Yes or No) No		24. STREET AND NUMBER 11850 Hwy. 17		25. INFORMANT—Name and Address Philip Alexander 11850 Hwy. 17 Montevallo, AL 35115			
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Homemaker				27. KIND OF BUSINESS OR INDUSTRY Own Home			
28. FATHER—NAME First Middle Last Don Holsomback Sr.			29. MAIDEN NAME OF MOTHER—First Middle Last Sandra Huckabee				
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial		31. DATE OF DISPOSITION (Month, Day, Year) 09-14-2007		32. CEMETERY OR CREMATORY—Name Macedonia Cemetery		33. LOCATION—(City or Town—State) Montevallo, AL.	
34. FUNERAL HOME—Name and Address Rockco Funeral Home P.O. Box 647 Montevallo, AL 35115			35. FUNERAL DIRECTOR—Signature <i>William E. Burnett</i>		36. DATE SIGNED BY FUNERAL DIRECTOR 09-12-2007		
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 & 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: <i>Diana S. Hawkins</i>						38. DATE SIGNED (Month, Day, Year) 09-17-07	
39. TIME AND DATE OF DEATH 05:30 09-10-07		40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only) 09-10-07 05:30		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 [REDACTED]	
44. REGISTRAR—Signature <i>Shula Keller</i> For State or County, use only						45. DATE FILED (Month, Day, Year) Sept 20, 2007	

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. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Pending Toxicology DUE TO (OR AS A CONSEQUENCE OF):		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
b. DUE TO (OR AS A CONSEQUENCE OF):			
c. DUE TO (OR AS A CONSEQUENCE OF):			
d. DUE TO (OR AS A CONSEQUENCE OF):			
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.) no	
49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) Pending Investigations		50. AUTOPSY (Specify Yes or No) yes	
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			
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



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

Shula Keller
Signature of Local Registrar

Sept 24, 2007
Date of Issue

NAME OF DECEASED Mary Beth Alexander

SSN: [REDACTED]

DECEASED

BURIAL CERTIFIER

CAUSE