

Affidavit of Survivorship

State of Alabama

County of Shelby

I Diana L Ashe, residing at 213 Beaver Creek Parkway, Birmingham, Alabama 35245, being of legal age, depose and say that:

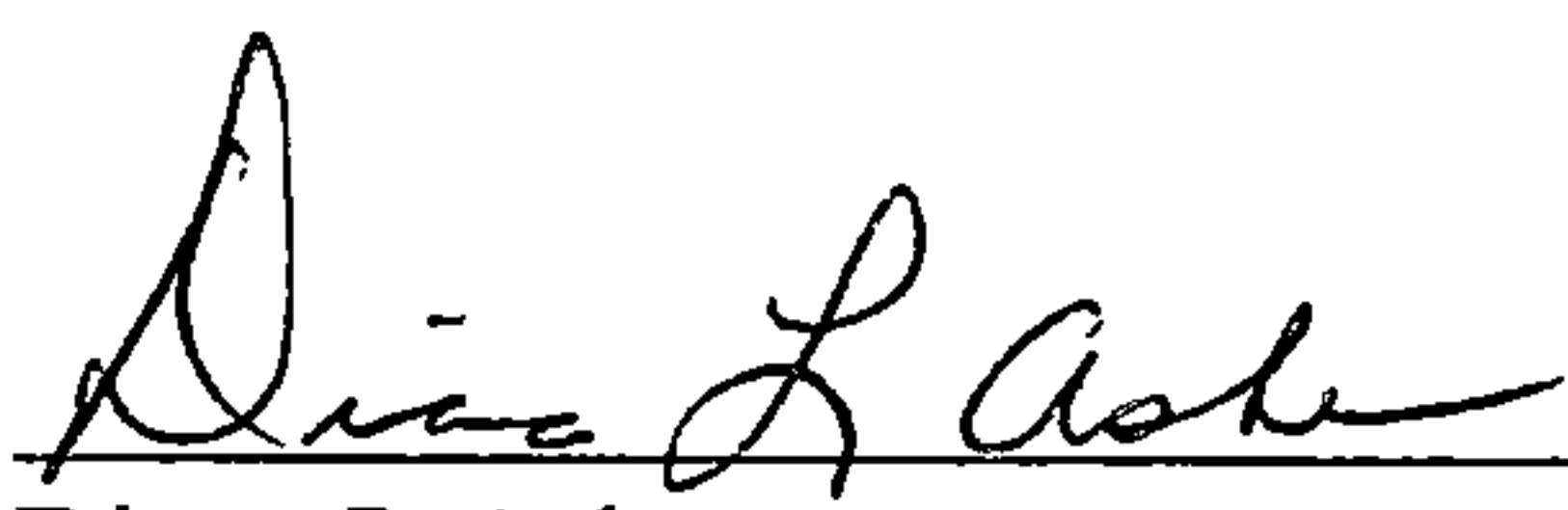
1. On March 02, 2011, by Joint Ownership recorded in Book/Volume #24 Lot #7, Page #63 Sub: Beaver Creek Preserve First Sector, of the Shelby County records as document number 20110302000070790 ('the Deed'), the Affiant and Michael C Ashe become owners of the following legally described property:

213 Beaver Creek Parkway
Birmingham, Alabama ~~35242~~ ³⁵¹²⁴ DA
PELHAM

2. Affiant and Michael C Ashe own the property in joint tenancy with right of survivorship.
3. On March 08, 2014, Michael C Ashe, died, thereby terminating Michael C Ashes interest in the above-described real property. A certified copy of the death certificate of Michael C Ashe is attached hereto as Exhibit A.

Oath or Affirmation

I certify under penalty of perjury under Alabama law that I know the contents of this affidavit signed by me and that the statements are true and correct.

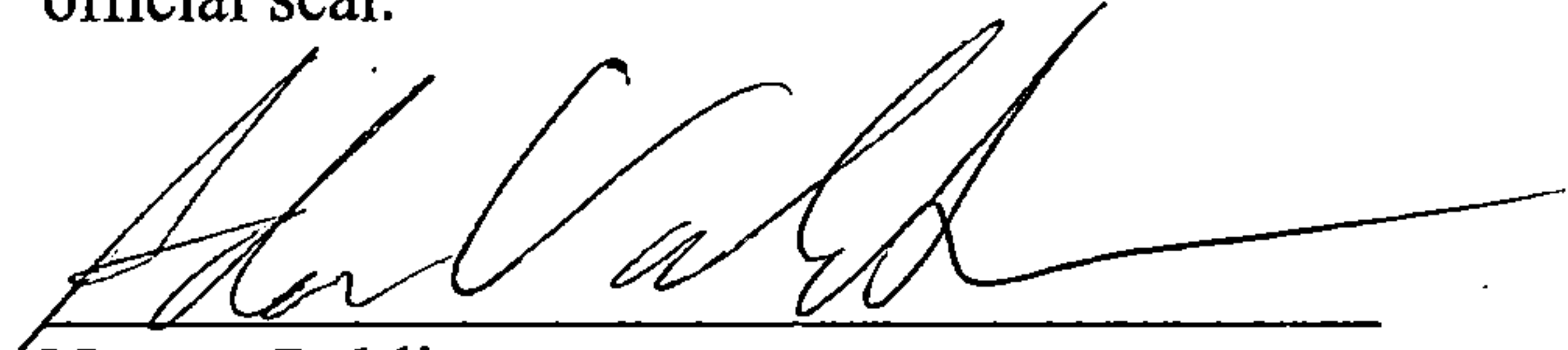

Diana L Ashe

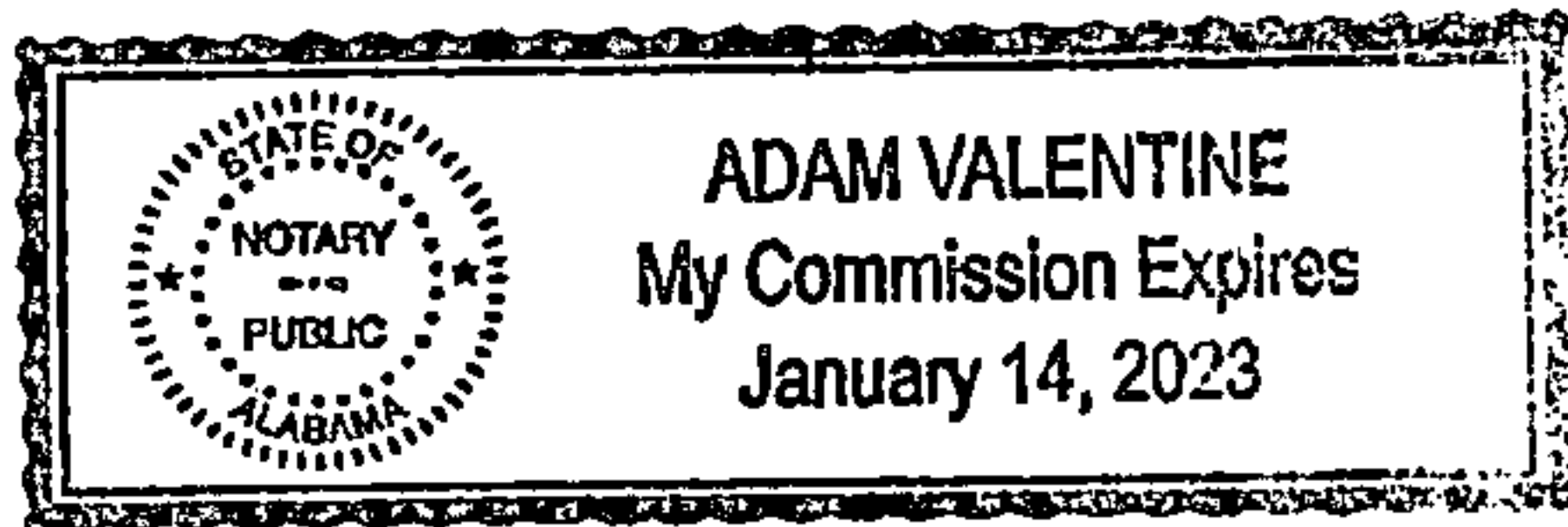
1/20/2021
Date

STATE OF ALABAMA, COUNTY OF SHELBY, ss:

On this 20 day of January, 2021, before me,
Adam VALENTINE, personally appeared Diana L Ashe, known to me (or
satisfactorily proven) to be the persons whose names are subscribed to the within Affidavit, and,
being first duly sworn on oath according to law, deposes and says that he/she has read the
foregoing Affidavit subscribed by him/her, and that the matters stated herein are true to the best of
his/her information, knowledge and belief.

In witness whereof I hereunto set my hand and
official seal.


Notary Public



Financial Sales Consultant
Title (and Rank)

My commission expires 1-14-23



20210122000035370 2/3 \$28.00
Shelby Cnty Judge of Probate, AL
01/22/2021 09:53:41 AM FILED/CERT

Phillip Jones
1847 MAIQUERITE ST
BIRMINGHAM, AL 35235

ALABAMA

Center for Health Statistics

20210122000035370 3/3 \$28.00
Shelby Cnty Judge of Probate, AL
01/22/2021 09:53:41 AM FILED/CERT

ALABAMA

CERTIFICATE OF DEATH

14-08962

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) Michael Coleman ASHE		2. DATE OF DEATH (Month, Day, Year) March 8, 2014		3. COUNTY OF DEATH Shelby	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Pelham, 35124		5. INSIDE CITY LIMITS (Specify Yes or No) Yes		6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number) 213 Beaver Creek Parkway	
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 Male		11. AGE 64 YRS.		12. UNDER 1 YEAR MOS. DAYS HOURS MINS.	
13. DATE OF BIRTH (Month, Day, Year) June 19, 1949		14. DECEASED'S SOCIAL SECURITY NUMBER		15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) 12 College (13 or 14) 4	
16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married		17. SURVIVING SPOUSE (If wife, give maiden name) Diana L. Spradling		18. Was Decedent ever in Armed Forces (Specify Yes or No) Yes	
19. STATE OF BIRTH (If not in USA, name country) Texas		20. RESIDENCE—STATE Alabama		21. COUNTY Shelby	
22. CITY, TOWN, OR LOCATION AND ZIP CODE Pelham, 35124		23. INSIDE CITY LIMITS (Specify Yes or No) Yes		24. STREET AND NUMBER 213 Beaver Creek Parkway	
25. INFORMANT—Name and Address Diana L. Ashe, 213 Beaver Creek Parkway, Pelham, AL 35124		26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Parts and Service Director		27. KIND OF BUSINESS OR INDUSTRY Automotive	
28. FATHER—NAME First Middle Last Frank N. Ashe, Sr.		29. MAIDEN NAME OF MOTHER—First Middle Last Helena Augusta Van Ness		30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Inurnment	
31. DATE OF DISPOSITION (Month, Day, Year) 3/12/2014		32. CEMETERY OR CREMATORY—Name Alabama National Cemetery		33. LOCATION—(City or Town—State) Montevallo, AL	
34. FUNERAL HOME—Name and Address Charter Funeral Home 2521 US Hwy 31, Calera, AL 35040		35. FUNERAL DIRECTOR—Signature Richard D. Barrett		36. DATE SIGNED BY FUNERAL DIRECTOR 3/14/2014	
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: Richard D. Barrett, MD		38. DATE SIGNED (Month, Day, Year) 3/12/2014		39. TIME AND DATE OF DEATH 7:40 PM March 8, 2014	
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) RICHARD D. BARRETT		42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) 1000-1st Street North Alabaster, AL 35007	
43. CERTIFIER LICENSE NUMBER 31314		44. REGISTRAR—Signature Sheila Keller		45. DATE FILED (Month, Day, Year) March 18, 2014	

MEDICAL CERTIFICATION

46. PART I. Enter the disease, 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) → <u>PULMONARY EDEMA</u>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Weeks	
a. DUE TO (OR AS A CONSEQUENCE OF): <u>CONGESTIVE HEART FAILURE</u>		Months	
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) 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)			

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

MAR 19 2014

ADPH-HS 2/Rev. 11-93

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2020-389-733-8

September 29, 2020

Nicole Henderson Rushing
State Registrar of Vital Statistics