20210122000035370 1/3 $28.00
Shelby Cnty Judge of Probate, AL
01/22/2021 09:53:41 AM FILED/CERT

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~~ PELHAM, Alabama ~~35242~~ 35124 DA

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

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

ADAM VALENTINE
My Commission Expires
January 14, 2023

Financial Sales Consultant
Title (and Rank)

My commission expires 1-14-23

Phillip Towes
1847 Marguerite St
Birmingham, Al. 35235

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

ALABAMA
Center for Health Statistics

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

3. 059125
6. 080
19. 44
20. 059125
26.
27.
34. 59406

ALABAMA

14-08962

CERTIFICATE OF DEATH

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):	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 — UNDER 1 DAY: HOURS / MINS.	13. DATE OF BIRTH (Month, Day, Year): June 19, 1949	14. DECEASED'S SOCIAL SECURITY NUMBER: [redacted]
15. EDUCATION (Specify ONLY highest grade completed below): Elementary or High School (0-12): 12 — College (1-4 or 5+): 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: [signature]	36. DATE SIGNED BY FUNERAL DIRECTOR: 3/14/2014

DECEASED

BURIAL

CERTIFIER

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 — For State or County use only

45. DATE FILED (Month, Day, Year): March 18, 2014

MEDICAL CERTIFICATION

CAUSE

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. PULMONARY EDEMA	weeks
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): b. CONGESTIVE HEART FAILURE	months
	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.): 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 1 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)

NAME OF DECEASED: Ashe, Michael C

46. [redacted]
49.
55.

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 H. Rushing

Nicole Henderson Rushing
State Registrar of Vital Statistics