

AFFIDAVIT OF CONTINUOUS MARRIAGE

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

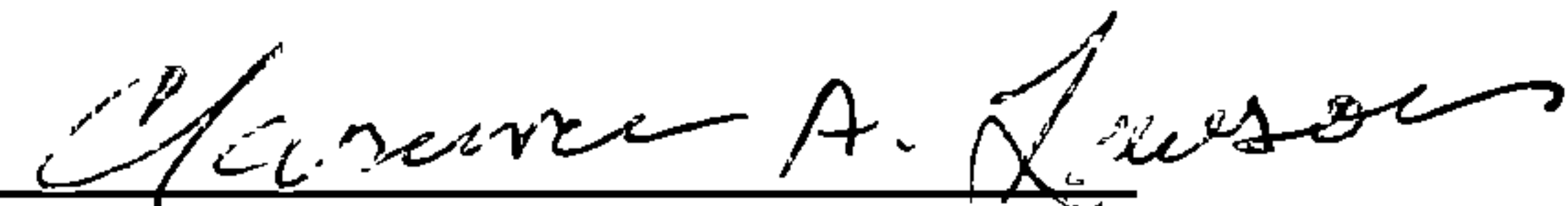
1. Affiant is the fee simple owner of the following described real property (the "Property") which has a mailing address of:

Property Address: 543 Caldwell Mill Circle, Birmingham, AL 35242
Tax/Parcel ID No.: 105220002042058

2. At the time Affiant acquired title to the Property, Affiant was married to Sara A. Lawson and remained continuously married to him/her without interruption up to the date of his/her death.

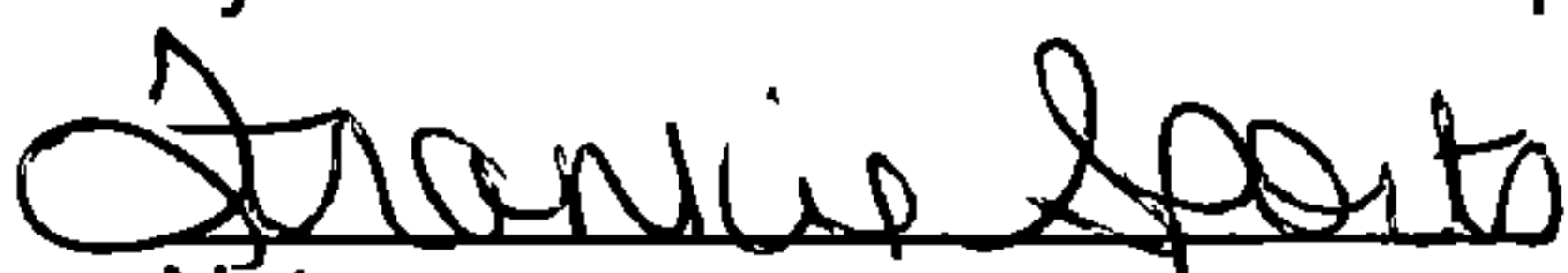
3. Affiant states and acknowledges that he/she is familiar with the nature of an oath and with the penalties as provided by laws of the State aforesaid for falsely swearing to statements made in an instrument of this nature. Affiant further certifies that he/she has read the full facts of this affidavit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


Clarence A. Lawson

STATE OF Alabama, COUNTY OF Shelby, to wit:

Subscribed and sworn to before me this 20th day of January, 2021
by Clarence A. Lawson who is personally known to me.


Notary

My commission expires: 10/25/2023

Frankie Sports
Notary Public, Alabama State At Large
My Commission Expires October 25, 2023

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

Marianne Williamson

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

2020-11-407

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



Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County
Clerk
Shelby County, AL
02/03/2021 01:07:38 PM
\$25.00 CHERRY
20210203000057500

Alicia S. Bayl

ALABAMA

CERTIFICATE OF DEATH

13-09665

County
File
Number —

State File Number 101

1. DECEASED—NAME First Middle Last (Type last name all capitals) Sara A. LAWSON			2. DATE OF DEATH (Month, Day, Year) March 9, 2013		3. COUNTY OF DEATH Jefferson		
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Birmingham 35211			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) Princeton Medical Center		
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA) Inpatient			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 68 yrs.		12. UNDER 1 YEAR MOS. DAYS HOURS MINS.		
13. DATE OF BIRTH (Month, Day, Year) November 20, 1944			14. DECEASED'S SOCIAL SECURITY NUMBER		15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (9-12) College (1-4 or 5-+) 4		
16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married			17. SURVIVING SPOUSE (If wife, give maiden name) Clarence Allen Lawson		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 Jefferson		22. CITY, TOWN, OR LOCATION AND ZIP CODE Birmingham, AL 35213	
23. INSIDE CITY LIMITS (Specify Yes or No) Yes		24. STREET AND NUMBER 114 Richmar Drive		25. INFORMANT—Name and Address Larry C. Adams, JR. 114 Richmar Dr, Birmingham, AL 35213		26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Accountant	
27. KIND OF BUSINESS OR INDUSTRY United Parcel Service		28. FATHER—NAME First Middle Last Edward Forrest Allen, Jr.		29. MAIDEN NAME OF MOTHER—First Middle Last Amy Banks		30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial	
31. DATE OF DISPOSITION (Month, Day, Year) Mar 12, 2013		32. CEMETERY OR CREMATORY—Name Southern Heritage		33. LOCATION—(City or Town—State) Pelham, AL		34. FUNERAL HOME—Name and Address Southern Heritage 475 Cahaba Valley Rd. Pelham, AL 35124	
35. FUNERAL DIRECTOR—Signature Doug E. Blum		36. DATE SIGNED BY FUNERAL DIRECTOR Mar 18, 2013		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: Keni W. Henderson D.O.		38. DATE SIGNED (Month, Day, Year) 3/14/2013	
39. TIME AND DATE OF DEATH 1235 3/9/2013		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) Kevin Henderson MD		42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 48) 832 Princeton Ave SW Birmingham AL 35211	
43. CERTIFIER LICENSE NUMBER 1008216		44. REGISTRAR—Signature Rosalee Jones		45. DATE FILED (Month, Day, Year) March 20, 2013		46. HANDED TO	

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. Hypoxic Encephalopathy DUE TO (OR AS A CONSEQUENCE OF): b. Cardiac Asystole DUE TO (OR AS A CONSEQUENCE OF): c. Post operative for lung mass dx. N&C Lung Ca DUE TO (OR AS A CONSEQUENCE OF): d. COPD on ventilator post op.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
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.)			
49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, 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 21 2013

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. 2020-426-032-5

Nicole H. Rushing

Nicole Henderson Rushing
State Registrar of Vital Statistics

November 3, 2020

ANY ALTERATIONS VOID THIS DOCUMENT

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SSN:

NAME OF DECEASED

DECEASED

BURIAL

CAUSE