

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
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.

Frankie Sports
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

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
S25.00 CHERRY
20210203000057500

Allen S. Beyl

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

County
File
Number -

ALABAMA CERTIFICATE OF DEATH

13-09665

State File Number 101

1. DECEASED—NAME First Sara			Middle A.	Last (Type last name all capitals) 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. 4	13. UNDER 1 DAY DAYS 4	14. DATE OF BIRTH (Month, Day, Year) November 20, 1944	14. DECEASED'S SOCIAL SECURITY NUMBER [REDACTED]		
15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12)		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 Edward Forrest Allen, Jr.			29. MAIDEN NAME OF MOTHER— Amy			30. LAST
31. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial			32. DATE OF DISPOSITION (Month, Day, Year) Mar 12, 2013	33. CEMETERY OR CREMATORIUM—Name Southern Heritage		34. LOCATION—(City or Town—State) Pelham, AL
35. FUNERAL HOME—Name and Address Southern Heritage 475 Cahaba Valley Rd, Pelham, AL 35124			36. FUNERAL DIRECTOR—Signature [Signature]			37. DATE SIGNED BY FUNERAL DIRECTOR Mar 18, 2013
38. 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>Karen W. Henderson, D.O.</i>			39. DATE SIGNED (Month, Day, Year) 3/14/2013			
40. TIME AND DATE OF DEATH 1235 3/9/2013			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 46) 832 Princeton Ave SW Birmingham Al 35211			43. CERTIFIER LICENSE NUMBER 60821b			
44. REGISTRAR—Signature [Signature]			45. DATE FILED (Month, Day, Year) March 20, 2013			
For State or County use only						

MEDICAL CERTIFICATION

MEDICAL CERTIFICATION				
<p>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. <u>LIST ONLY ONE CAUSE ON EACH LINE.</u></p> <p>IMMEDIATE CAUSE (Final disease or condition resulting in death) → 1. <u>Hypoxic Encephalopathy</u> DUE TO (OR AS A CONSEQUENCE OF): <u>Cardiac Asystole</u></p> <p>Sequentially list conditions, if any, leading to immediate death. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST</p> <p>b. <u>DUE TO (OR AS A CONSEQUENCE OF):</u> <u>Post operative for lung mass - dx. NEC Lung Ca</u> DUE TO (OR AS A CONSEQUENCE OF):</p> <p>c. <u>COPD on ventilator post op.</u></p> <p>47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I</p>			APPROXIMATE TIME INTERVAL BETWEEN ONSET AND DEATH	
<p>48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unknown)</p>				
<p>49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause)</p>		<p>50. AUTOPSY (Specify Yes or No)</p> <p><u>NO</u></p>	<p>51. If yes, were findings considered in determining cause of death? (Specify Yes or No)</p>	
<p>52. HOW INJURY OCCURRED (Enter nature of injury in Item 46, Part I or Item 47, Part II)</p>		<p>53. DATE OF INJURY (Month, Day, Year)</p>		<p>54. HOUR OF INJURY</p> <p><u>11</u></p>
<p>55. INJURY AT WORK (Specify Yes or No)</p>	<p>56. PLACE OF INJURY—(Specify at home, farm, street, factory, office building, etc.)</p>		<p>57. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State)</p>	

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

MAR 21 2013

APPENDIX 2 / Page 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 E. Rushing
Nicole Henderson Rushing
State Registrar of Vital Statistics