



And we do for ourselves and for our heirs, executors, and administrators covenant with the said GRANTEES, their heirs, and assigns, that we are lawfully seized in fee simple of said premises; that they are free from all encumbrances, unless otherwise noted above; that we have a good right to sell and convey the same as aforesaid; that we will and our heirs, executors and administrators shall warrant and defend the same to the said GRANTEES, their heirs and assigns forever, against the lawful claims of all person.

IN WITNESS WHEREOF, we have hereunto set our hands and seals, on this the 12 Day of February, 2021.

Timothy D. Beiro  
Timothy D. Beiro, as Administrator of the  
Estate of Audrey Lou Hood Beiro, a deceased person  
Shelby County, Alabama Probate Court  
Case No: PR-2020-52

STATE OF ALABAMA     )  
  )  
COUNTY OF SHELBY    )

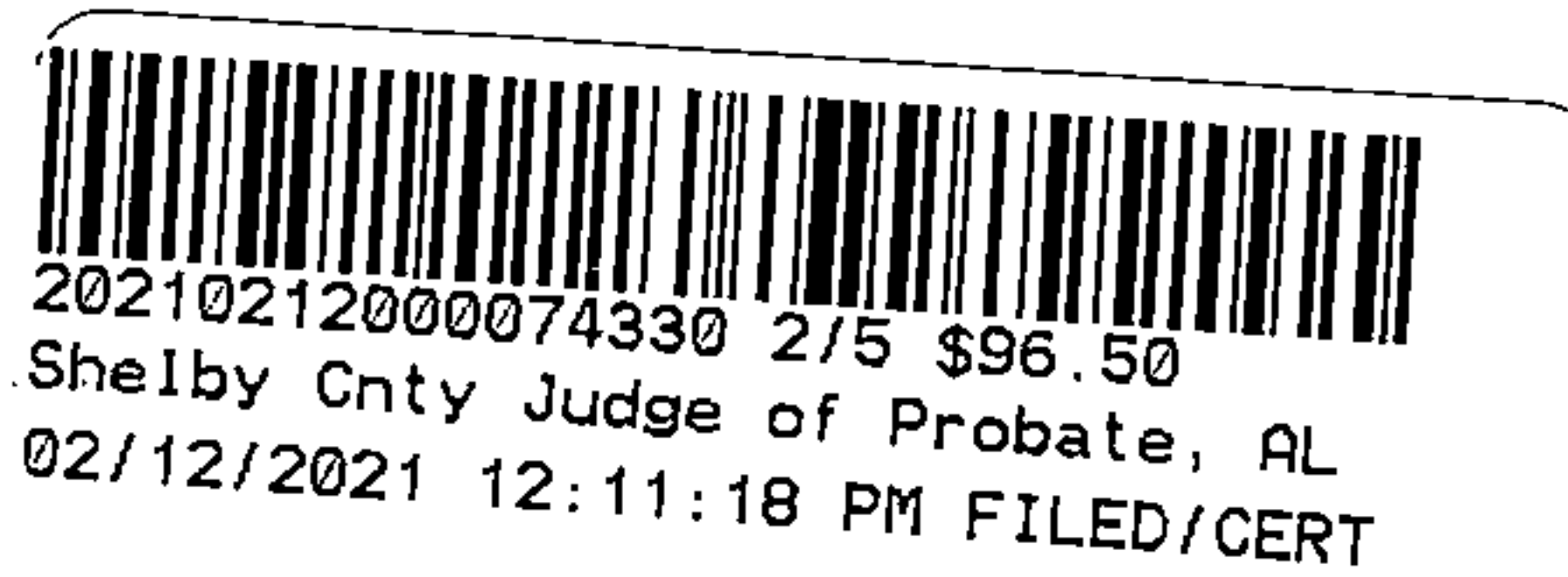
I, the undersigned, a Notary Public in and for said State, do hereby certify that *Timothy D. Beiro, as Administrator of the Estate of Audrey Lou Hood Beiro, a deceased person*, whose name is signed to the foregoing conveyance, and who is personally known to me, and having been duly informed of the contents of said deed, acknowledged before me and my official seal of office, that she did execute the same voluntarily on the day the same bears date.

Given under my hand and official seal of office on this the 12 Day of February, 2021.

[Signature]  
NOTARY PUBLIC  
My Commission Expires: 28 February, 2024

This Instrument Prepared By:

Clint C. Thomas, P.C.  
Attorney at Law  
P.O. Box 1422  
Calera, AL 35040



STATE OF FLORIDA

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

BUREAU of VITAL STATISTICS

2005 117951

LOCAL FILE NO. 05-509

FLORIDA CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last, Suffix) <b>Henry Carlo Beiro</b>		2. SEX <b>Male</b>	
3. DATE OF BIRTH (Month, Day, Year) <b>March 7, 1922</b>		4a. AGE - Last Birthday (Years) <b>83</b>	
4b. UNDER 1 YEAR Months: _____ Days: _____		4c. UNDER 1 DAY Hours: _____ Minutes: _____	
5. DATE OF DEATH (Month, Day, Year) <b>September 5, 2005</b>			
6. SOCIAL SECURITY NUMBER <b>265-26-0261</b>		7. BIRTHPLACE (City and State or Foreign Country) <b>Tampa, Florida</b>	
8. COUNTY OF DEATH <b>Santa Rosa</b>			
9. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival NON-HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
10. FACILITY NAME (If not institution, give street address) <b>Santa Rosa Medical Center</b>		11a. CITY, TOWN, OR LOCATION OF DEATH <b>Milton</b>	
11b. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
12. MARITAL STATUS (Specify) <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married			
13. SURVIVING SPOUSE'S NAME (If wife, give maiden name) <b>Audrey Hood</b>			
14a. RESIDENCE - STATE <b>Alabama</b>		14b. COUNTY <b>Shelby</b>	
14c. CITY, TOWN, OR LOCATION <b>Calera</b>		14d. APT. NO. <b>35040</b>	
14e. STREET ADDRESS <b>Post Office Box 409</b>		14f. ZIP CODE <b>35040</b>	
14g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) Do not use "Retired" <b>Teacher</b>		15b. KIND OF BUSINESS/INDUSTRY <b>Vocational Education</b>	
16. DECEDENT'S RACE (Specify the race/races to indicate what decedent considered himself/herself to be. More than one race may be specified.) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Specify tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Isl. (Specify) <input type="checkbox"/> Other (Specify)			
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.) <input type="checkbox"/> Yes (If Yes, specify) <input checked="" type="checkbox"/> No <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central/South American <input type="checkbox"/> Other Hispanic (Specify) <input type="checkbox"/> Haitian			
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) <input type="checkbox"/> 8th or less <input type="checkbox"/> High school but no diploma <input type="checkbox"/> High school diploma or GED <input type="checkbox"/> College but no degree <input type="checkbox"/> College degree (Specify): <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input checked="" type="checkbox"/> Master's <input type="checkbox"/> Doctorate			
19. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
20. FATHER'S NAME (First, Middle, Last, Suffix) <b>Manuel Beiro</b>		21. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Juana Fleitas</b>	
22a. INFORMANT'S NAME <b>Audrey Beiro</b>		22b. RELATIONSHIP TO DECEDENT <b>Wife</b>	
23a. CITY OR TOWN <b>Calera</b>		23b. STREET ADDRESS <b>Post Office Box 409</b>	
23c. STATE <b>Alabama</b>		23d. ZIP CODE <b>35040</b>	
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Ashby Cemetery</b>			
25a. LOCATION - STATE <b>Alabama</b>		25b. LOCATION - CITY OR TOWN <b>Brierfield</b>	
26a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)			
26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? <input type="checkbox"/> Yes <input type="checkbox"/> No		27a. LICENSE NUMBER (of Licensee) <b>FE 1251</b>	
27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Donnie Sowell</i>		28. NAME OF FUNERAL FACILITY <b>Donnie Sowell Funeral Home</b>	
28a. FACILITY'S MAILING - STATE <b>Florida</b>		28b. CITY OR TOWN <b>Milton</b>	
28c. STREET ADDRESS <b>5641 Highway 90</b>		28d. ZIP CODE <b>32583</b>	
30. CERTIFIER: <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check one) <input type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.			
31a. (Signature and Title of Certifier) <i>Janet Lewis MD</i>		31b. DATE SIGNED (mm/dd/yyyy) <b>09/09/2005</b>	
31c. TIME OF DEATH (24 hr.) <b>1351</b>		31d. MEDICAL EXAMINER'S CASE NUMBER	
32a. LICENSE NUMBER (of Certifier) <b>ME 0073254</b>		32b. CERTIFIER'S NAME <b>Janet Lewis</b>	
33. NAME OF ATTENDING PHYSICIAN (If other than Certifier)			
34a. CERTIFIER'S - STATE <b>Florida</b>		34b. CITY OR TOWN <b>Milton</b>	
34c. STREET ADDRESS <b>5907 Berryhill Road</b>		34d. ZIP CODE <b>32570</b>	
37. SUBREGISTRAR - Signature and Date <i>Marvin L. Parker</i>		38a. LOCAL REGISTRAR - Signature <i>Marvin L. Parker</i>	
38b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) <b>SEP 14 2005</b>			

DEMOGRAPHIC INFORMATION TO BE COMPLETED BY FUNERAL DIRECTOR

MEDICAL CERTIFIER

ID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

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Shelby Cnty Judge of Probate, AL  
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39. PROBABLE MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined		40. REPORTED TO MEDICAL EXAMINER DUE TO CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
41. CAUSE OF DEATH - PART I (See instructions on back) IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		Enter the chain of events - diseases, injuries, or complications - that directly caused the death. Enter only one cause on a line. DO NOT enter terminal event such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Approximate Interval: Onset to Death	
a. Myocardial Infarction		≤ 1 hour	
b. Coronary Artery Disease		chronic	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		42a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pacemaker, Cerebrovascular Accident		42b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
43a. IF SURGERY MENTIONED IN PART I OR II, ENTER REASON FOR SURGERY		43b. DATE OF SURGERY (Mo., Day, Yr.)	
45. IF FEMALE, WAS SHE PREGNANT WITHIN THE PAST YEAR: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, specify timeframe: _____ at time of death _____ within 1 to 42 days of death _____ within 43 days to 1 year of death		44. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
46. DATE OF INJURY (Month, Day, Year)		47. TIME OF INJURY (24 hr.)	
48. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		49a. LOCATION OF INJURY - STATE	
49b. CITY OR TOWN		49c. APT. NO.	
49d. STREET ADDRESS		49e. ZIP CODE	
50. DESCRIBE HOW INJURY OCCURRED		51. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)	
IF TRANSPORTATION INJURY, 52a. Status of Decedent <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
52b. Type of Vehicle <input type="checkbox"/> Car/Minivan <input type="checkbox"/> S.U.V. <input type="checkbox"/> Motorcycle <input type="checkbox"/> Pickup Truck/Cargo Van <input type="checkbox"/> Bus <input type="checkbox"/> Heavy Transport <input type="checkbox"/> Other (Specify)			

*Ken Jones*, STATE REGISTRAR

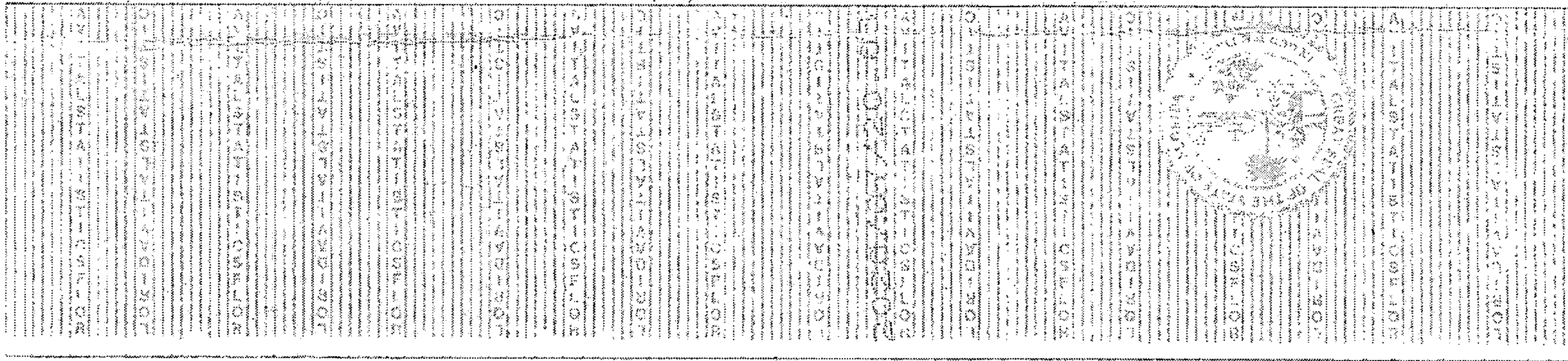
DATE ISSUED: March 9, 2020  
REQ: 2021398995

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.  
THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THIS DOCUMENT WILL NOT PRODUCE A COLOR COPY.

WARNING:



DH FORM 1947-(03-13)



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Shelby Cnty Judge of Probate, AL  
02/12/2021 12:11:18 PM FILED/CERT

### Real Estate Sales Validation Form

This Document must be filed in accordance with Code of Alabama 1975, Section 40-22-1

Grantor's Name Est. of Audrey Beiro  
Mailing Address 1179 20th Ave  
Calera, AL 35040

Grantee's Name Patricia Beiro  
Mailing Address 1181 20th Ave  
Calera, AL 35040

Property Address 1181 20th Ave  
Calera, AL 35040

Date of Sale \_\_\_\_\_  
Total Purchase Price \$ \_\_\_\_\_  
or  
Actual Value \$ \_\_\_\_\_  
or  
Assessor's Market Value \$ 62,400.-

The purchase price or actual value claimed on this form can be verified in the following documentary evidence: (check one) (Recordation of documentary evidence is not required)

- Bill of Sale
- Sales Contract
- Closing Statement

Appraisal  
 Other Tax Records

If the conveyance document presented for recordation contains all of the required information referenced above, the filing of this form is not required.

#### Instructions

Grantor's name and mailing address - provide the name of the person or persons conveying interest to property and their current mailing address.

Grantee's name and mailing address - provide the name of the person or persons to whom interest to property is being conveyed.

Property address - the physical address of the property being conveyed, if available.

Date of Sale - the date on which interest to the property was conveyed.

Total purchase price - the total amount paid for the purchase of the property, both real and personal, being conveyed by the instrument offered for record.

Actual value - if the property is not being sold, the true value of the property, both real and personal, being conveyed by the instrument offered for record. This may be evidenced by an appraisal conducted by a licensed appraiser or the assessor's current market value.

If no proof is provided and the value must be determined, the current estimate of fair market value, excluding current use valuation, of the property as determined by the local official charged with the responsibility of valuing property for property tax purposes will be used and the taxpayer will be penalized pursuant to Code of Alabama 1975 § 40-22-1 (h).

I attest, to the best of my knowledge and belief that the information contained in this document is true and accurate. I further understand that any false statements claimed on this form may result in the imposition of the penalty indicated in Code of Alabama 1975 § 40-22-1 (h).

Date 2/12/21

Unattested

(verified by)

Print Timothy D. Beiro

Sign Timothy D. Beiro

(Grantor/Grantee/Owner/Agent) circle one