

**RECORDING REQUESTED BY:** Pati Olson  
Covius Settlement Services, LLC  
1044 Main Street, Suite 600  
Kansas City, MO 64105

20210415000186800  
04/15/2021 07:57:22 AM  
AFFID 1/3

**WHEN RECORDED MAIL TO:**

NAME: MO-437832  
Covius Settlement Services, LLC  
ADDRESS: 1044 Main Street, Suite 600  
Kansas City, MO 64105  
CITY:  
STATE/ZIP:

Title Order No.: \_\_\_\_\_ Space above This Line for Recorder's Use Escrow No.: \_\_\_\_\_

**AFFIDAVIT - DEATH OF JOINT TENANT**

STATE OF Alabama }  
COUNTY OF Shelby } S.S.

Susan Sanders, of legal age, being first duly sworn, deposes and says:

That Billie Sanders, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as named as one of the parties in that certain Quit Claim Deed, dated June 10, 2009 executed by Susan Sanders fka Susan McConnell and Billie Sanders To Billie Sanders and Susan Sanders, as joint tenants, recorded on June 29, 2009, Instrument No. 20090629000249810 of Official Records of Shelby County, Alabama, State, covering the following described property situated in the County of Shelby, State of Alabama:

Assessor's Parcel No.: 13 7 26 2 001 002.092

Property Address: 1480 Secretariat Drive, Helena, AL 35080

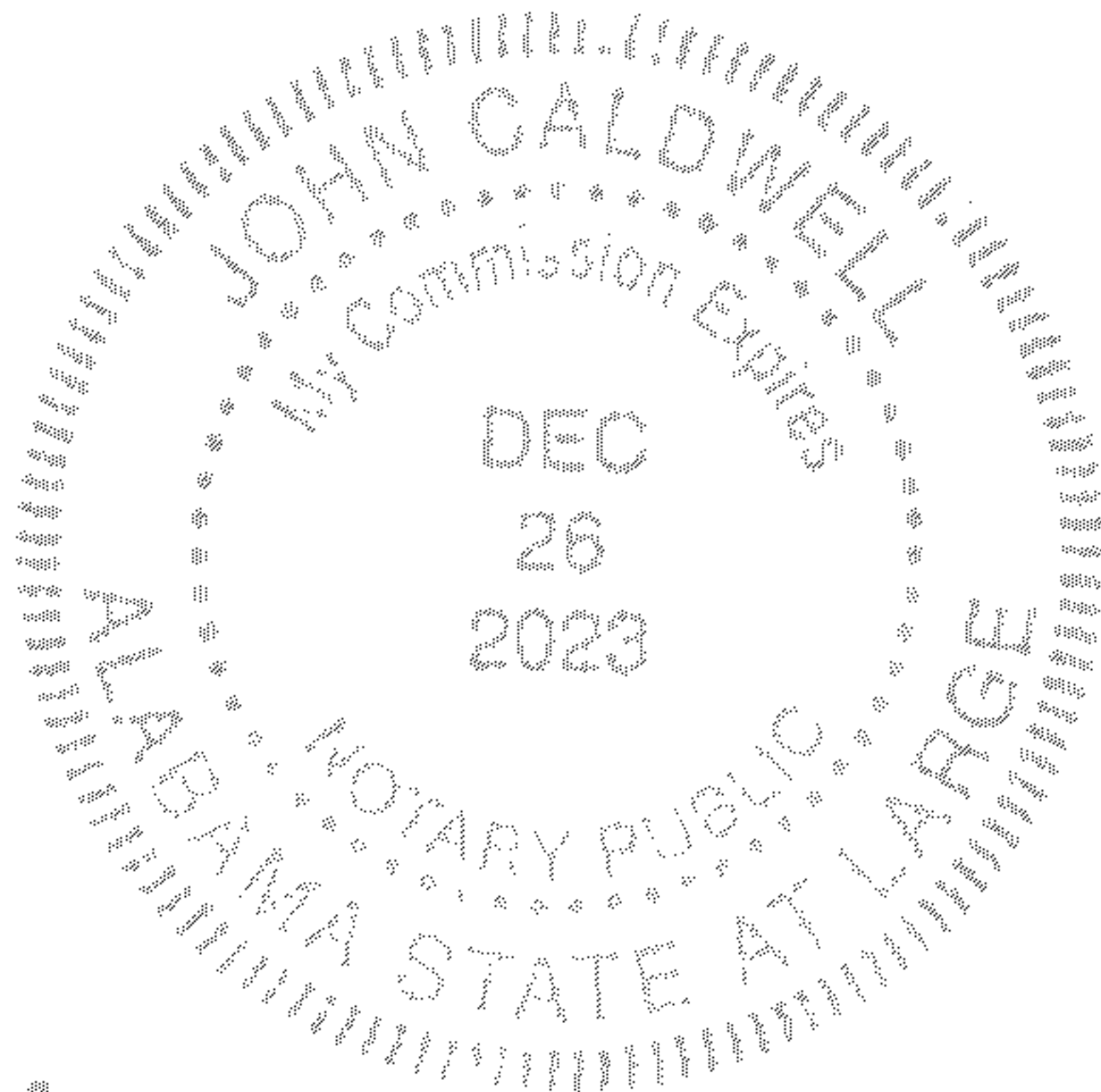
Executed on this 8 day of April,  
2021

Susan Sanders  
SUSAN SANDERS

State of Alabama  
County of Shelby

Subscribed and sworn to (or affirmed) before me on this 8 day of April, 2021, by  
Susan Sanders, proved to me on the basis of satisfactory evidence to be the person(s)  
who appeared before me.

Signature John Caldwell (Seal)



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

### ALABAMA

#### CERTIFICATE OF DEATH

10-46294

101

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

County  
File  
Number

State File Number

3. <u>059094</u>	1. DECEASED—NAME First Middle Last (Type last name all capitals) <b>Billie Wayne SANDERS</b>			2. DATE OF DEATH (Month, Day, Year) <b>December 15, 2010</b>		3. COUNTY OF DEATH <b>Shelby</b>	
6. <u>100</u>	4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE <b>Alabaster 35007</b>			5. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>	8. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION (If not in either, give street and number) <b>Shelby Baptist Medical Center</b>		
19. <u>01</u>	7. IF HOSPITAL (Specify Inpatient, Outpatient, DCA) <b>Inpatient</b>			9. RACE—(Specify American Indian, Black, White, etc.) <b>White</b>		10. SEX <b>Male</b>	
20. <u>059035</u>	11. AGE <b>61 YRS.</b>			12. DATE OF BIRTH (Month, Day, Year) <b>April 14, 1949</b>		14. DECEASED'S SOCIAL SECURITY NUMBER <b>[REDACTED]</b>	
26. <u>59402</u>	13. UNDER 1 YEAR MONTHS <b>05</b> DAYS <b>01</b> HOURS <b>00</b> MINS.			15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) <b>2</b> College (1-4 or 5-1) <b>2</b>		16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) <b>Married</b>	
27. <u>59402</u>	17. SURVIVING SPOUSE (If wife, give maiden name) <b>Susan Ashline</b>			18. Was Decedent ever in Armed Forces (Specify Yes or No) <b>Yes</b>		19. STATE OF BIRTH (If not in USA, name country) <b>Alabama</b>	
34. <u>59402</u>	20. RESIDENCE—STATE <b>Alabama</b>			21. COUNTY <b>Shelby</b>		22. CITY, TOWN, OR LOCATION AND ZIP CODE <b>Helena, AL 35080</b>	
	23. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			24. STREET AND NUMBER <b>1480 Secretariat Drive</b>		25. INFORMANT—Name and Address <b>Susan Sanders 1480 Secretariat Drive, Helena, AL 35080</b>	
	26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>Police</b>			27. KIND OF BUSINESS OR INDUSTRY <b>Helena Police Department</b>			
	28. FATHER—NAME First Middle Last <b>William Houston Sanders</b>			29. MAIDEN NAME OF MOTHER—First Middle Last <b>Lois Julia Sain</b>			
	30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) <b>Burial</b>			31. DATE OF DISPOSITION (Month, Day, Year) <b>Dec 18, 2010</b>		32. CEMETERY OR CREMATORY—Name <b>Southern Heritage</b>	
	33. LOCATION—(City or Town—State) <b>Pelham, AL</b>			34. FUNERAL HOME—Name and Address <b>Southern Heritage 475 Cahaba Valley Rd, Pelham, AL 35124</b>		35. FUNERAL DIRECTOR—Signature <i>[Signature]</i>	
	36. DATE SIGNED BY FUNERAL DIRECTOR <b>Jan 05, 2011</b>			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— <b>Coroner</b> Signature: <i>[Signature]</i> 38. DATE SIGNED (Month, Day, Year) <b>December 19, 2010</b>			
	39. TIME AND DATE OF DEATH <b>1518 December 15, 2010</b>			40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only) <b>December 15, 2010</b>		41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 48) <b>Michael A. Camillad, M.D.</b>	
	42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 48) <b>270 Village Parkway, Helena, AL 35080</b>			43. CERTIFIER LICENSE NUMBER <b>21972</b>		44. REGISTRAR—Signature <i>[Signature]</i>	
	45. DATE FILED (Month, Day, Year) <b>Jan. 14, 2011</b>			46. REGISTERED—Signature <i>[Signature]</i>			

#### MEDICAL CERTIFICATION

46. PART I. Enter the diseases, injuries, or conditions 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) → <b>Subdural Hematoma</b>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
Sequently list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I	
48. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) <b>Natural Cause</b>		49. AUTOPSY (Specify Yes or No) <b>No</b>	
50. HOW INJURY OCCURRED (Enter nature of injury in item 48, Part I or item 47, Part II)		51. DATE OF INJURY (Month, Day, Year) <b>Dec 15, 2010</b>	
52. INJURY AT WORK (Specify Yes or No)		53. PLACE OF INJURY (Specify at home, farm, street, factory, office building, etc.) <b>Home</b>	
54. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State)		55. HOUR OF INJURY <b>1518</b>	

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

JAN 19 2011

ALPH-445 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. 2021-212-506-4

April 5, 2021

*Nicole H. Rushing*  
Nicole Henderson Rushing  
State Registrar of Vital Statistics