

Record and Return to:
Fidelity National Title Group
6500 Pinecrest Drive, Suite 600
Plano, TX 75024

20210506000227230
05/06/2021 02:43:40 PM
AFFID 1/4

This Instrument was prepared by:
Kristen N. Rich

DEATH AFFIDAVIT

FST-IT210441296

STATE OF ALABAMA
COUNTY OF Shelby

Before me, the undersigned Notary Public, on this 26 day of April,
2021 before me personally appeared Leonard P. Bryant
to me personally known, who being by me duly sworn did say that Affiant is over the
age of 19 years and a resident of Shelby County in the State of Alabama
the owner of the following described real estate

(Legal Description Here)
Exhibit A - Legal

And that said real estate was formerly owned as joint tenants with the right of
survivorship, and not as tenants in common by LEONARD P. BRYANT and
SUSAN S. BRYANT

That said SUSAN S. BRYANT died on the 5TH day of JUNE,
2010, and the death certificate is attached as Exhibit "A"

IN WITNESS WHEREOF, LEONARD P. BRYANT has set his hand on this
26TH day of APRIL, 2021.

Leonard P. Bryant

(Signature)

Exhibit A

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF SHELBY, STATE OF ALABAMA, AND IS DESCRIBED AS FOLLOWS:

LOT 1, ACCORDING TO THE SURVEY OF GREYSTONE, 4TH SECTOR, AS RECORDED IN MAP BOOK 16 PAGE 89 A, B & C IN THE PROBATE OFFICE OF SHELBY COUNTY, ALABAMA; BEING SITUATED IN SHELBY COUNTY, ALABAMA.

Tax ID: 038330002001018

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 CERTIFICATE OF DEATH

State File Number **101**

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

County
File
Number -

3
6
19
20
26
27
34

1. DECEASED—NAME First Middle Last (Type last name all capitals) Susan S BRYANT			2. DATE OF DEATH (Month, Day, Year) June 05, 2010		3. COUNTY OF DEATH Jefferson		
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Birmingham 35249			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) U A B		
7. IF HOSPITAL (Specify inpatient, ER or Outpatient, DCA) 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 61 YRS		12. UNDER 1 YEAR MOS		13. DATE OF BIRTH (Month, Day, Year) September 16, 1948	
14. DECEASED'S SOCIAL SECURITY NUMBER		15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) College (1-4 or 5+) 2		16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married		17. SURVIVING SPOUSE (If wife, give maiden name) Leonard P Bryant Jr	
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 Hoover 35242		23. INSIDE CITY LIMITS (Specify Yes or No) yes		24. STREET AND NUMBER 5016 Greystone Way		25. INFORMANT—Name and Address Leonard P Bryant Jr Hoover, AL 35242	
26. OCCUPATION (Give title of work done during most of working life even if retired) Investment Coordinator				27. KIND OF BUSINESS OR INDUSTRY Credit Union			
28. FATHER—NAME First Middle Last Carlos M Sawyer			29. MAIDEN NAME OF MOTHER— First Middle Last Lily C				
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical, Donation, Hospital, Disposal, Other) Burial		31. DATE OF DISPOSITION (Month, Day, Year) 06/08/2010		32. CEMETERY OR CREMATORY—Name Moncrief		33. LOCATION—(City or Town—State) Gardendale, AL	
34. FUNERAL HOME—Name and Address Ridout's Roebuck Chapel 9012 Parkway East Bham, AL 35206				35. FUNERAL DIRECTOR—Signature <i>[Signature]</i>		36. DATE SIGNED BY FUNERAL DIRECTOR 06/21/2010	
37. <input checked="" type="checkbox"/> 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.") <input type="checkbox"/> 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>[Signature]</i>						38. DATE SIGNED (Month, Day, Year) June 5, 2010	
39. TIME AND DATE OF DEATH 06:25 June 5, 2010		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) Bassem Abrud			
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) 619 South 14th Street University of Alabama hospital, Birmingham, AL 35233						43. CERTIFIER LICENSE NUMBER Resident	
44. REGISTRAR—Signature <i>[Signature]</i>						45. DATE FILED (Month, Day, Year) June 22, 2010	

SSN
NAME OF DECEASED: **SUSAN SAWYER BRYANT**

MEDICAL CERTIFICATION

46. PART 1. Enter the disease, injury, or combinations 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>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (Disease or condition resulting in death) → Septic Shock			
DUE TO OR AS A CONSEQUENCE OF:			
SEQUENTIALLY, in order from most remote to most proximate cause. Enter UNDERLYING CAUSE (Disease or injury that preceded events leading to death.)			
DUE TO OR AS A CONSEQUENCE OF:			
47. PART 2. Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1. Multiple sclerosis, heart failure, neurogenic bladder		48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or U.S.) No	
49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) Natural Cause		50. AUTOPSY (Specify Yes or No) yes	
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 2)		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)	

This is a true and exact copy of the record on file with
The Jefferson County Department of Health

June 25, 2010

Signature of Local or Deputy Registrar

Date of Issue



Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County
Clerk
Shelby County, AL
05/06/2021 02:43:40 PM
\$31.00 CHERRY
20210506000227230

[Signature]