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Shelby Cnty Judge of Probate, AL  
05/12/2021 09:13:08 AM FILED/CERT

## AFFIDAVIT OF HEIRSHIP

I Judy T Kissic ("Affiant"), residing at 109 Fletcher Avenue, Talladega, AL 35160, duly sworn and state:

1. I am over the age of eighteen years and have personal knowledge of the following facts,

2. I knew the decedent Bennie Leo Caddell, who died on August 20, 1998, from September 19, 1953 to August 20, 1998. Bennie Leo Caddell was my Uncle, Bennie Leo Caddell's place of death was Homewood, Alabama.

3. Bennie Leo Caddell left the following items of real property and did not have a Last Will and Testament.

781 Highway 60, Vincent, Alabama, 35178, Located in Shelby County and legally described as 4.092 acers, more or less, in a rectangular shape, lying in the west side of NE  $\frac{1}{4}$  of the NE  $\frac{1}{4}$ , Section 11, Township 19, Range 2 East. More particularly explained as follows: For the point of beginning, go north 445 feet from the SW corner of said NE  $\frac{1}{4}$  of the NE  $\frac{1}{4}$  – along the west boundry line. Thence East 208 feet along the north side of Glovers Ferry road, thence North 874 feet, thence West 208 feet to the NW corner of the NE  $\frac{1}{4}$  of the NE  $\frac{1}{4}$ , thence South 874 feet along the west boundry of the said NE  $\frac{1}{4}$  of the NW  $\frac{1}{4}$  to point of beginning. Containing 4.092 acers, more or less, situated in Shelby County, Alabama.

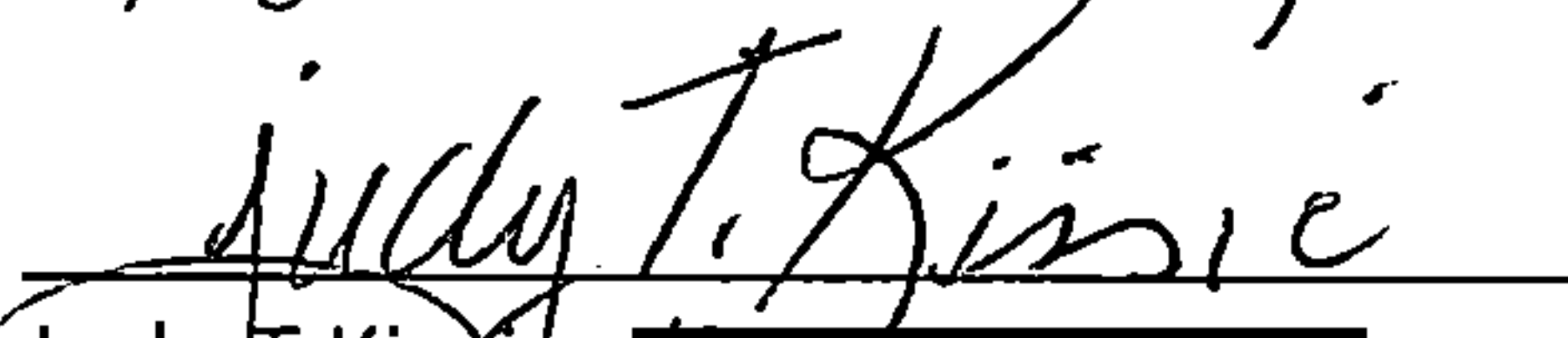
4. At the time of death Bennie Leo Caddell's martial history was as follows:

LILLIE F CADDELL, who Bennie Leo Caddell married on December 29, 1956 and who died on August 20, 1998.

5. At the time of death, Bennie Leo Caddell's sole surviving heirs were as follows:

Lillie F Caddell, 781 Highway 60, Vincent, Alabama, 35178, Wife, born [REDACTED]  
Rudolph Caddell, 880 Highway 60, Vincent, Alabama, 35178, a Brother, born [REDACTED]  
death February 1, 2020  
Jeanette Caddell Raley, 42235 Hwy 25, Vincent, Alabama 35178, a Sister, born [REDACTED]  
[REDACTED]

I declare that to the best of my knowledge and belief, the information herein is true, and correct and complete as of May 12, 2021, the date I affixed my signature to this Affidavit.

  
Judy T Kissic [REDACTED]  
109 Fletcher Ave.  
Talladega, AL 35160

In Witness Whereof, I swear under oath that I am personally acquainted with the family history and facts of heirship of Bennie Leo Caddell, who was my uncle. I knew Decedent for 35 years. Bennie Leo Caddell did not owe any debts at the time of death and as a result of Bennie Leo Caddell's death I will not gain financially from the estate,

Debra Hollis  
Debra Hollis / 205-672-7591  
348 Farmingdale Ln  
Harpersville, AL 35078

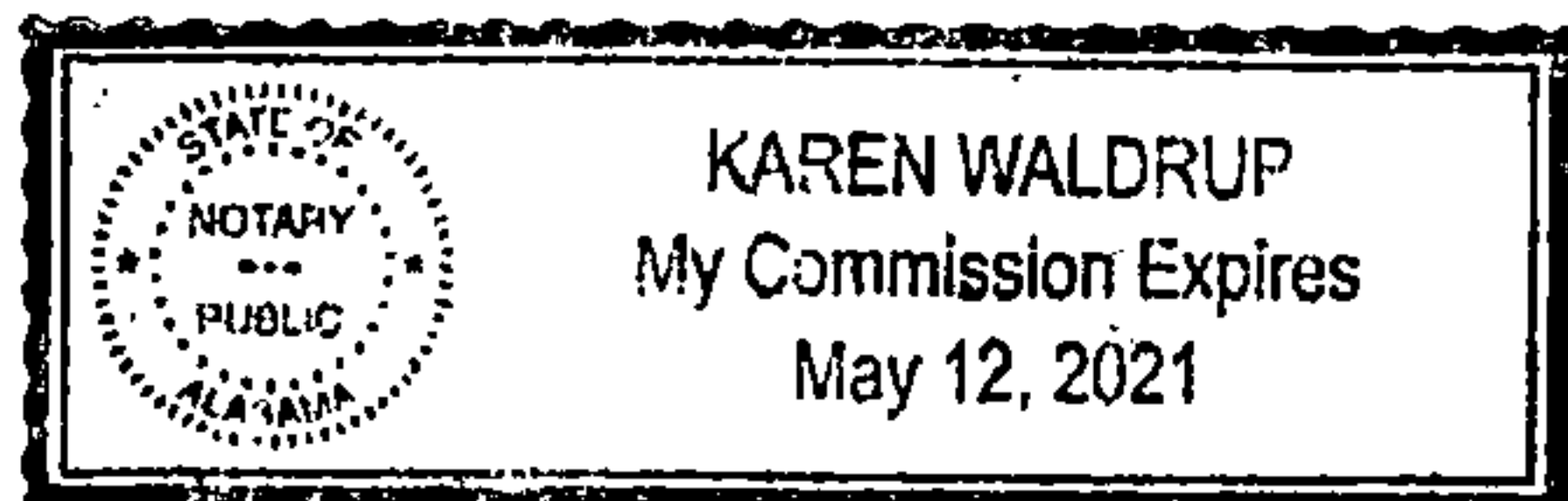
In Witness Whereof, I swear under oath that I am personally acquainted with the family history and facts of heirship of Bennie Leo Caddell, who was Uncle. I knew Decedent for 20 years. Bennie Leo Caddell did not owe any debts at the time of death and as a result of Bennie Leo Caddell's death I will not gain financially from the estate,

Terry Hollis  
Terry Hollis / 205-672-7591  
348 Farmingdale Ln  
Harpersville, AL 35078

STATE OF ALABAMA, COUNTY OF SHELBY, ss:

On this 12<sup>th</sup> day of May, 2021, before me,  
Debra Hollis  
Terry Hollis  
Judy T. Kissic, known to  
Karen Waldrup Personally appeared \_\_\_\_\_, known to  
me (or satisfactorily proven) to be the person whose names are subscribed to the within Affidavit,  
and being first duly sworn on oath according to law, deposes and says that he /she has read the  
foregoing Affidavit subscribed by him/her, and that the matters stated herein are true to the best  
of his/her information, knowledge and belief.

In witness whereof I here unto set my hand  
and official seal.



Karen Waldrup  
Notary Public

Title (and Rank)

My commission expires May 12, 2021



**STATE OF ALABAMA**  
**CERTIFICATE OF DEATH** State File Number **101**

1. DECEASED—NAME First: <b>Bennie Leo</b> Middle: <b>CADDELL</b> Last (Print last name all capitals): <b>CADDELL</b>			2. DATE OF DEATH (Month, Day, Year) <b>August 20, 1989</b>		3. COUNTY OF DEATH <b>Jefferson</b>		
4a. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE <b>Homewood 35209 037074</b>			4b. INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		4c. PLACE OF DEATH <b>Brookwood Medical Center</b> IF HOSPITAL (Check One) <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> DOA <input type="checkbox"/> ER or Outpatient		
5a. OF HISPANIC ORIGIN (Specify Yes or No) If yes, Specify Cuban, Mexican, Puerto Rican, etc. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify: _____			5b. RACE—American Indian, Black, White, etc.—Specify: <b>white</b>		5c. SEX <b>M</b>		
6. DATE OF BIRTH (Month, Day, Year) <b>July 30, 1933</b>			7a. AGE <b>56</b> Years		7b. UNDER 1 YEAR MOS. _____ DAYS _____ HOURS _____ MIN. _____		
7c. UNDER 1 DAY MOS. _____ DAYS _____ HOURS _____ MIN. _____			8a. PLURALITY AT BIRTH <input checked="" type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Other (Specify) _____		8b. IF NOT SINGLE BIRTH—BORN <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Other (Specify) _____		
9. DECEASED'S SOCIAL SECURITY NUMBER [REDACTED]			10. WAS DECEDENT EVER IN ARMED FORCES <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		11. DECEASED'S EDUCATION—Specify only highest grade completed. Elementary/Secondary (Circle) _____ College (Circle) <b>08</b>		
12. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced			13. SURVIVING SPOUSE (If wife, give maiden name) <b>Lillie Fleming</b>		14. STATE OF BIRTH (If not in U.S.A., name country) <b>Alabama</b>		
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>plant manager</b>			16. KIND OF BUSINESS OR INDUSTRY <b>metal plating company</b>		17a. RESIDENCE—STATE <b>Alabama</b>		
17b. COUNTY <b>Shelby</b>			17c. CITY, TOWN, OR LOCATION AND ZIP <b>Vincent 35178</b>		17d. INSIDE CITY LIMITS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
17e. STREET AND NUMBER <b>Rt. 1 Box 424</b>			18. MOTHER—MAIDEN NAME First: <b>Georgia</b> Middle: <b>White</b> Last: <b>White</b>		19. DATE OF BIRTH <b>April 9, 1906</b>		
20. SOCIAL SECURITY NUMBER [REDACTED]			21. FATHER—NAME First: <b>Benjamin E.</b> Middle: <b>Caddell</b> Last: <b>Caddell</b>		22. DATE OF BIRTH <b>August 18, 1890</b>		
23. SOCIAL SECURITY NUMBER [REDACTED]			24. PHYSICIAN'S NAME (If any) Address: <b>Dr. Larry E. Dye</b> <b>880 Montclair Road, B'ham, AL</b>		25. INFORMANT—NAME Address: <b>Lillie Caddell</b> <b>Rt. 1 Box 424 Vincent, AL 35178</b>		
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))							
26. IMMEDIATE CAUSE—Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 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.		(a) <b>Acute Myocardial Infarction</b>			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
(b) Due to, or as a consequence of:		(b) <b>410X</b>					
(c) Due to, or as a consequence of:		(c) <b>410X</b>					
27. PART II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to death but not related to cause given in part I (a).				28a. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28b. IF YES were findings considered in determining cause of death <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28c. WAS THERE A PREGNANCY IN LAST 90 DAYS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk				42 DAYS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk			
29. EXTERNAL CAUSES ONLY <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> OTHER (Specify) _____		30a. WAS AN OPERATION PERFORMED During Last 28 Days <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30b. REASON FOR OPERATION (Specify) <b>Heart Cath</b>		30c. DATE OF INJURY (Month, Day, Year) <b>8/20/89</b>	
30d. INJURY AT WORK <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30e. PLACE OF INJURY—At home, farm, street, factory, office bldg., etc. (Specify) _____		30f. HOUR <b>M</b>		30g. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 27)	
31d. INJURY AT WORK <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31e. PLACE OF INJURY—At home, farm, street, factory, office bldg., etc. (Specify) _____		31f. LOCATION (Street or R.F.D. No., City or Town, State)			
32a. CERTIFIER (check only one) <input checked="" type="checkbox"/> Certifying Physician (Physician certifying cause of death): "To the best of my knowledge death occurred at the time, date and place, and due to the cause(s) and manner stated." <input type="checkbox"/> Medical Examiner/Coroner or Health Officer "On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated."				32b. CERTIFIER LICENSE NUMBER <b>6286</b>			
33a. CERTIFICATION PHYSICIAN I attended the deceased from _____ Month _____ Day _____ Year _____ TO _____ Month _____ Day _____ Year _____		33b. AND LAST SAW HIM/HER ALIVE ON (Mo., Day, Yr.) <b>8/20/89</b>		33c. I did/did not view the body after death. <input type="checkbox"/> Did <input checked="" type="checkbox"/> Did Not		33d. DEATH OCCURRED At the place, on the date, and to the best of my knowledge, due to the cause(s) stated. <b>5:10pm</b>	
34a. CERTIFICATION—MEDICAL EXAMINER/CORONER OR HEALTH OFFICER Hour of Death _____ M		34b. THE DECEASED WAS PRONOUNCED DEAD Month _____ Day _____ Year _____ Hour _____		34c. CERTIFIER—PHYSICIAN, MEDICAL EXAMINER/CORONER OR HEALTH OFFICER (Type or Print Name) <b>Dr. Larry E. Dye</b>		34d. DATE SIGNED (Month, Day, Year) <b>9/5/89</b>	
35b. MAILING ADDRESS—CERTIFIER (Street or R.F.D. No., City or Town, State, Zip) <b>880 Montclair Rd. B'ham, AL 35213</b>				35c. CERTIFIER'S SIGNATURE <i>[Signature]</i>		35d. DATE SIGNED (Month, Day, Year) <b>9/5/89</b>	
36. DISPOSITION OF BODY <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Removal <input type="checkbox"/> Cremation <input type="checkbox"/> Donation		37a. CEMETERY OR CREMATORY—Name <b>Vincent City Cemetery</b>		37b. LOCATION <b>Vincent Alabama</b>			
37c. DATE OF DISPOSITION (Month, Day, Year) <b>August 22, 1989</b>		37d. FUNERAL HOME—Name and Address <b>Kilgroe F.H. 2219 2nd Ave. No. Pell City, AL 35125</b>		37e. DATE SIGNED BY FUNERAL DIRECTOR <b>August 21, 1989</b>			
37f. FUNERAL DIRECTOR—Signature <i>Jane R. Kilgroe</i>		38a. REGISTRAR—Signature <i>Howard Garrett</i>		38b. DATE RECEIVED BY LOCAL REGISTRAR <b>Sept. 7, 1989</b>			

ADPH-F-VS-2/Rev. 5-88

This is to certify that the above is a true and correct copy of a certificate as permanently recorded in the Bureau of Health Statistics and Vital Records, Jefferson County Department of Health, Birmingham, Alabama, and is issued under the provisions of Title 22-9-8, State Code of Alabama, 1977.

*Felix E. Hartley*  
Registrar

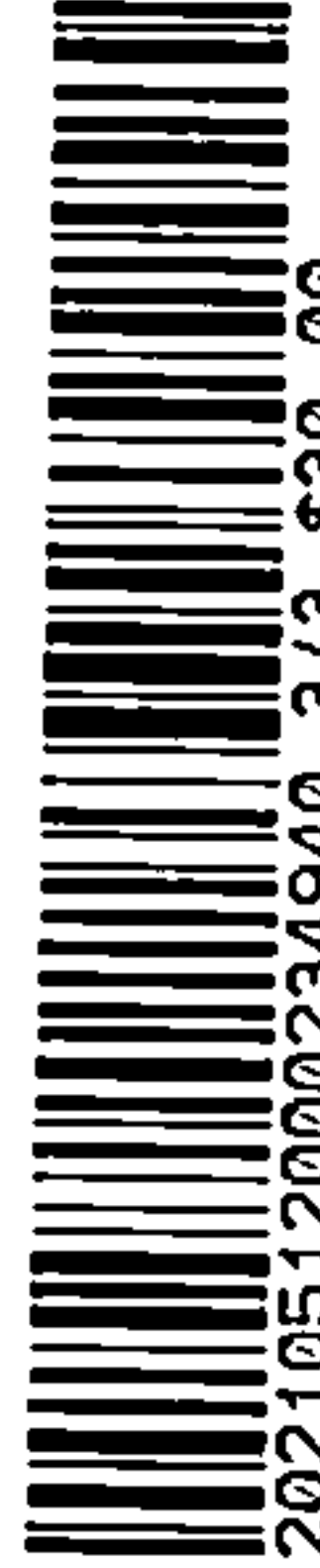
*N. Garrett*  
Authorized Bureau Clerk

September 8, 1989

Seal of Health Officer  
Jefferson County, Alabama

Date of Issue

**IMPORTANT**—This certificate void (a) without the embossed seal of the Health Officer of Jefferson County, Alabama, (b) if it contains evidence of erasures or alterations.



Shelby Cnty Judge of Probate, AL  
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