

Document is being recorded to reflect
that siblings are not heirs of the deceased.

20210512000234940 1/3 \$30.00
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 November 12, 1932.

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]

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

20210518000244550 1/3 \$30.00
Shelby Cnty Judge of Probate, AL
05/18/2021 11:25:34 AM FILED/CERT

Not
Heirs of
Jocelyn

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 / [REDACTED]
348 Farmingdale Ln
Harpersville, AL 35078

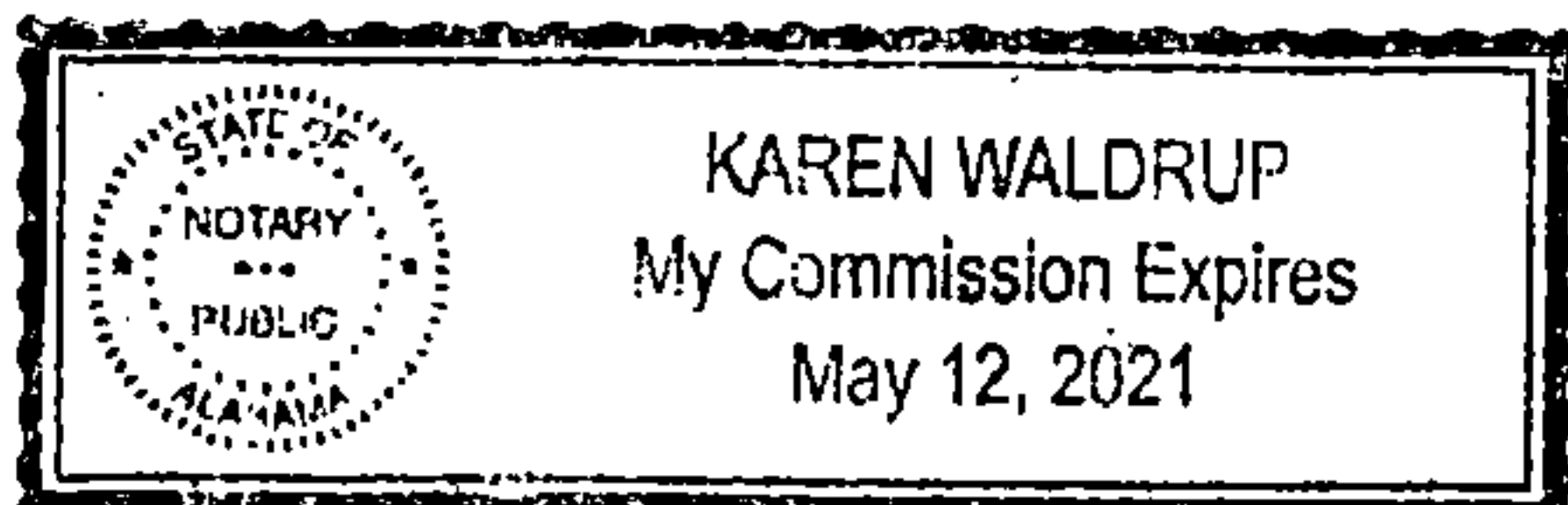
In Witness Whereof, I swear under oath that I am personally acquainted with the family history and facts of heirship of Bennie Leo Caddell, who was Uncle. I knew Decedent for 20 years. Bennie Leo Caddell did not owe any debts at the time of death and as a result of Bennie Leo Caddell's death I will not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

Terry Hollis
Terry Hollis / [REDACTED]
348 Farmingdale Ln
Harpersville, AL 35078

STATE OF ALABAMA, COUNTY OF SHELBY, ss:

On this 12th 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: Bennie Middle: Leo Last: CADDELL			2. DATE OF DEATH (Month, Day, Year) August 20, 1989		3. COUNTY OF DEATH Jefferson		
4a. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Homewood 35209 037074			4b. INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		4c. PLACE OF DEATH Brookwood Medical Center 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: white		5c. SEX M		
6. DATE OF BIRTH (Month, Day, Year) July 30, 1933			9. DECEASED'S SOCIAL SECURITY NUMBER [REDACTED]				
7a. AGE 56 Years		7b. UNDER 1 YEAR MOS. DAYS HOURS MIN.		7c. UNDER 1 DAY 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)		10. WAS DECEDENT EVER IN ARMED FORCES <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		11. DECEDENT'S EDUCATION—Specify only highest grade completed Elementary/Secondary (Circle) 8 College (Circle) 0		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) Lillie Fleming		14. STATE OF BIRTH (If not in U.S.A., name country) Alabama		15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) plant manager		16. KIND OF BUSINESS OR INDUSTRY metal plating company	
17a. RESIDENCE—STATE Alabama		17b. COUNTY Shelby		17c. CITY, TOWN, OR LOCATION AND ZIP Vincent 35178		17d. INSIDE CITY LIMITS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
17e. STREET AND NUMBER Rt. 1 Box 424		18. MOTHER—MAIDEN NAME First: Georgia Middle: White Last: White		19. DATE OF BIRTH April 9, 1906		20. SOCIAL SECURITY NUMBER [REDACTED]	
21. FATHER—NAME First: Benjamin E. Middle: Caddell Last: Caddell		22. DATE OF BIRTH August 18, 1890		23. SOCIAL SECURITY NUMBER [REDACTED]			
24. PHYSICIAN'S NAME (If any) Address: Dr. Larry E. Dye 880 Montclair Road, B'ham, AL				25. INFORMANT—NAME Address: Lillie Caddell Rt. 1 Box 424 Vincent, AL 35178			

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) Acute Myocardial Infarction	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(b)	
	(c)	

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 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) Heart Cath		30c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, item 27)	
31a. DATE OF INJURY (Month, Day, Year)		31b. HOUR		31c. PLACE OF INJURY—At home, farm, street, factory, office bldg., etc. (Specify)		31f. LOCATION (Street or R.F.D. No., City or Town, State)	
31d. INJURY AT WORK <input type="checkbox"/> Yes <input 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 6286			
33a. CERTIFICATION PHYSICIAN I attended the Deceased from Aug 16 89 to 8/20/89		33b. AND LAST SAW HIM/HER ALIVE ON (Mo., Day, Yr.) 8/20/89		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. 5:10pm	
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) Dr. Larry E. Dye		34d. DATE SIGNED (Month, Day, Year) 9/5/89	
35a. MAILING ADDRESS—CERTIFIER (Street or R.F.D. No., City or Town, State, Zip) 880 Montclair Rd. B'ham, AL 35213				35b. CERTIFIER'S SIGNATURE [Signature]			
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 Vincent City Cemetery		37b. LOCATION City or Town State Vincent Alabama			
37c. DATE OF DISPOSITION (Month, Day, Year) August 22, 1989		37d. FUNERAL HOME—Name and Address Kilgroe F.H. 2219 2nd Ave. No. Pell City, AL 35125		37e. DATE SIGNED BY FUNERAL DIRECTOR August 21, 1989			
37f. FUNERAL DIRECTOR—Signature Jane R. Kilgroe		37g. REGISTRAR—Signature Howard Garrett		37h. DATE RECEIVED BY LOCAL REGISTRAR Sept. 7, 1989			

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.

J. E. Hartley
Registrar

H. Garrett
Authorized Bureau Clerk

September 8, 1989

Date of Issue

Seal of Health Officer
Jefferson County, Alabama

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.

