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TRSTDEED 1/6

**THIS DEED WAS PREPARED WITHOUT BENEFIT OF A TITLE SEARCH OR SURVEY  
AND WITH LEGAL DESCRIPTION PROVIDED BY GRANTOR.  
NO REPRESENTATIONS CONCERNING TITLE OR THE ACCURACY OF THE LEGAL  
DESCRIPTION ARE MADE BY THE PREPARER OF THIS INSTRUMENT.**

**SOURCE OF TITLE: Inst. #20180614000211000**

**STATE OF ALABAMA                    )**  
**)**  
**COUNTY OF SHELBY                 )**

Send Tax Notice to:  
Lori C. Ritter  
1061 Somerset Lane  
Birmingham, Alabama 35242

**TRUSTEE'S STATUTORY WARRANTY DEED**

**KNOW ALL MEN BY THESE PRESENTS**, that, effective as of the 10<sup>th</sup> day of June, 2021, for and in consideration of the sum of Ten and No/100 Dollars (\$10.00), and other good and valuable consideration to the Grantor herein, in hand paid by the Grantee herein, the receipt and sufficiency of which are hereby acknowledged, the undersigned,

**HAL COONS, III, AS TRUSTEE OF THE  
GAYLE MCLEOD FALLS MANAGEMENT TRUST U/A/D  
DECEMBER 5, 2012, AS AMENDED AND RESTATED,**  
whose mailing address is **110 Office Park Drive, Suite 100, Birmingham, Alabama 35223**

(herein referred to as "**Grantor**"), does by these presents **GRANT, BARGAIN, SELL AND CONVEY** unto

**LORI C. RITTER,**  
whose mailing address is **1061 Somerset Lane, Birmingham, Alabama 35242**

(herein referred to as "**Grantee**"), the following described real property situated in Shelby County, Alabama [herein referred to as the "**Property**"; the Property having a **property address of 1061 Somerset Lane, Birmingham, Alabama 35242**, and an **Assessor's Market Value of \$487,900.00**, as can be verified by the records of the Shelby County, Alabama Property Tax Commissioner (the Property being identified as Parcel #03 9 30 0 002 001.115)], to-wit:

Lot 1108, according to the Survey of Brook Highland, 11th Sector, Phase I, an Eddleman Community, as recorded in Map Book 19, Page 68, in the Probate Office of Shelby County, Alabama.

Mineral and mining rights excepted.

**TOGETHER WITH ALL AND SINGULAR** the rights, members, privileges, improvements, hereditaments, tenements and appurtenances thereto belonging or in anywise appertaining and all right, title and interest of Grantor in and to any and all roads, alleys and ways bounding said Property.

This conveyance is made subject to the following:

1. Taxes and assessments for the current and subsequent years not yet due and payable.
2. Any and all previous reservations or conveyances, together with release of damages, of minerals of every kind and character, including, but not limited to, oil, gas, sand and gravel, in, on and under the Property, together with all rights in connection; all recorded encumbrances, if any; recorded or unrecorded easements, liens, dedications, restrictions, covenants, declarations, reservations, limitations, conditions, uses, agreements, set-back lines, rights-of-way, subdivision and other regulations, utilities, flood easements, flood zones, and other matters of record in the Probate Office of Shelby County, Alabama, and to all applicable zoning ordinances and/or restrictions, prohibitions and/or other requirements imposed by governmental authorities, if any; any rights of parties in possession; all recorded or unrecorded leases, if any, affecting the Property; and any encroachments, overhangs, deficiencies in quantity of land, discrepancies as to boundary lines, overlaps, etc., which would be disclosed by a true and accurate survey of the Property.

**TO HAVE AND TO HOLD** to the said Grantee, Grantee's heirs, executors and assigns, in fee simple forever.

**NOTES:**

1. On or about December 5, 2012, Gayle McLeod Falls, as both "Grantor" and Trustee", entered into that certain revocable trust agreement entitled the "Gayle McLeod Falls Management Trust", which revocable trust agreement was amended on December 6, 2016, and was further amended and restated in its entirety on or about November 21, 2017, pursuant to that certain "First Restatement of Gayle McLeod Falls Management Trust Originally Dated December 5, 2012" entered into by Gayle McLeod Falls, as "Grantor" thereunder, and Hal Coons, III, as "Trustee" thereunder (as so amended and restated, the "Trust Agreement"), under which the Gayle McLeod Falls Management Trust was created for the initial primary benefit of Gayle McLeod Falls and, upon her death, for the benefit of her husband, James F. Falls (the "Trust").
2. By deed executed on or about April 12, 2018, and recorded on June 14, 2018, in Instrument #20180614000211000 in the Probate Office of Shelby County, Alabama, the Property was conveyed to the Grantor herein by Gayle M. Falls, and her husband, James F. Falls.
3. Pursuant to the terms of the Trust Agreement, Hal Coons, III, was appointed as Trustee of the Trust created under the Trust Agreement and continues to serve in such capacity as of the date of this Deed.
4. Gayle M. Falls, who is one and the same person as Gayle McLeod Falls and Gayle Falls, died on or about July 27, 2019, as evidenced by the copy of her Alabama Certificate of Death attached hereto. James F. Falls, who is one and the same person as James Franklin Falls and James Falls, and was the husband of Gayle M. Falls, died on or about September 3, 2020, as evidenced by the copy of his Alabama Certificate of Death attached hereto.

5. Pursuant to the terms of the Paragraph (f) of Item IV of the Trust Agreement, following the death of both the Grantor of the Trust, Gayle McLeod Falls, and her husband, James F. Falls, all assets remaining in the Trust, which include the Property, were to be distributed, free of trust, to Lori C. Ritter, the daughter of Gayle McLeod Falls, and this Deed is being executed to evidence the distribution and conveyance of the Property to the said Lori C. Ritter, the Grantee herein, pursuant to the terms of the Trust Agreement.

6. This instrument is being executed by the undersigned solely as the Trustee of the Trust created under the Trust Agreement, and neither this instrument nor anything herein contained shall be construed as creating any indebtedness or obligation on the part of the undersigned in the undersigned's individual capacity, and the undersigned expressly limits the undersigned's liability hereunder solely to the property now or hereafter held by the undersigned as the Trustee of the Trust under the Trust Agreement.

7. **REAL ESTATE SALES VALIDATION INFORMATION:** In lieu of the submission of a separate Real Estate Sales Validation Form (the "Validation Form"), the Grantor hereby attests that, to the best of the Grantor's knowledge, this conveyance document contains all of the information which would otherwise be included on such Validation Form and that such information so contained in this document is true and accurate. The Grantor further understands that any false statements claimed may result in the imposition of the penalty indicated in Code of Alabama 1975 § 40-22-1-(h).

**- Remainder of Page Intentionally Left Blank -  
- Grantor Signature Page Follows -**

IN WITNESS WHEREOF, the said Grantor has hereunto set Grantor's hand and seal effective as of the date first above written.

GRANTOR:

Hal Coons III

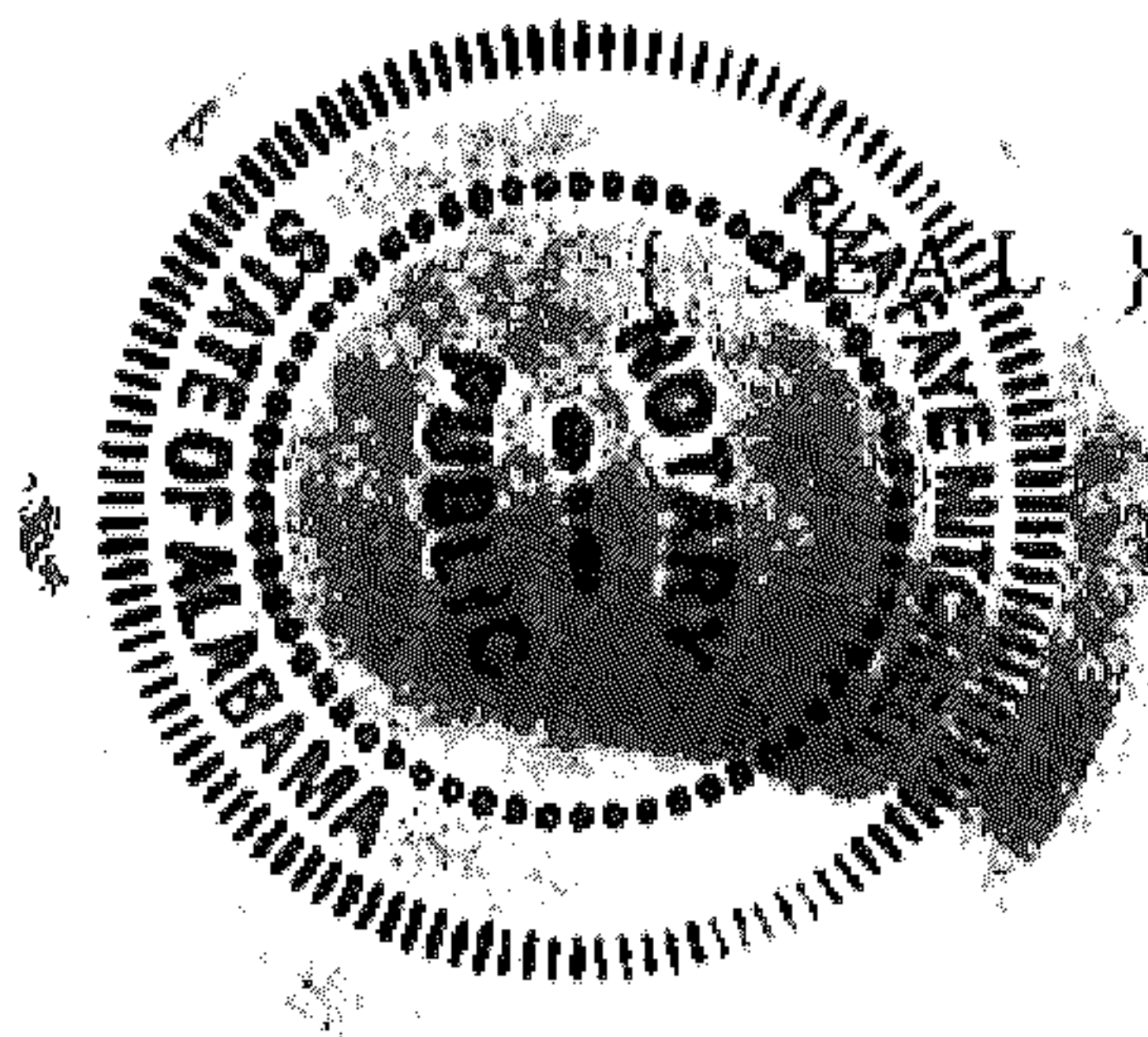
Hal Coons, III, as Trustee of the Gayle McLeod Falls Management Trust u/a/d/ December 5, 2012, as Amended and Restated

Date of Execution: 6-10-2021

STATE OF ALABAMA       )  
  )  
COUNTY OF JEFFERSON    )

I, the undersigned authority, a Notary Public in and for said County, in said State, hereby certify that Hal Coons, III, whose name as Trustee of the Gayle McLeod Falls Management Trust u/a/d/ December 5, 2012, As Amended and Restated, is signed to the foregoing conveyance and who is known to me, acknowledged before me on this day that, being informed of the contents of said conveyance, he, as such Trustee and with full authority, executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this 10th day of June, 2021.



Rita Faye Mitchell  
Notary Public  
My Commission Expires: 8-9-2024

This instrument prepared by:  
Katherine N. Barr, Esq.  
Sirote & Permutt, P.C.  
2311 Highland Avenue South (35205)  
P.O. Box 55727  
Birmingham, Alabama 35255-5727



## DEATH CERTIFICATE OF GAYLE FALLS

| ALABAMA<br>Center for Health Statistics<br>ALABAMA CERTIFICATE OF DEATH   |  |  |  |  |   |                                       |  |                                 |  | State<br>File<br>Number            | 101 2019-29676 |
|---|--|--|--|--|---|---------------------------------------|--|---------------------------------|--|------------------------------------|----------------|
| 1. DECEASED LEGAL NAME<br>Gayle Falls   |  |  |  |  |   |                                       | 3. DATE AND TIME OF DEATH<br>Jul 27, 2019 1130 |                                 |  |                                    |                |
| 2. ALIAS NAME (IF ANY)<br>None Given  |  |  |  |  |   |                                       | 4. DATE AND TIME PRONOUNCED DEAD               |                                 |  |                                    |                |
| 5. COUNTY OF DEATH<br>Shelby  |  |  | 6. CITY, TOWN OR LOCATION OF DEATH AND ZIP CODE<br>Birmingham, 35242 |  |   | 7. PLACE OF DEATH<br>1061 Somerset Ln |  |                                 |  |                                    |                |
| 8. SEX<br>Female  |  |  | 9. LAST NAME PRIOR TO FIRST MARRIAGE<br>McLeod                       |  |   | 10. SERVED IN ARMED FORCES<br>No      |  |                                 |  |                                    |                |
| 11. AGE<br>78   |  | 12. DATE OF BIRTH<br>Oct 11, 1940                                |  | 13. BIRTHPLACE (State or Foreign Country)<br>Alabama |   | 14. SOCIAL SECURITY NUMBER            |  |                                 |  |                                    |                |
| 15. MARITAL STATUS<br>Married   |  | 16. SURVIVING SPOUSE NAME PRIOR TO FIRST MARRIAGE<br>James Falls |  |  |   | 17. RESIDENCE STATE<br>Alabama        |  |                                 |  |                                    |                |
| 18. RESIDENCE COUNTY<br>Shelby  |  | 19. CITY, TOWN OR LOCATION AND ZIP CODE<br>Birmingham, 35242     |  | 20. STREET ADDRESS<br>1061 Somerset Ln               |   |                                       |  |                                 |  |                                    |                |
| 21. INFORMANT NAME, RELATIONSHIP AND ADDRESS<br>Lori Ritter, Daughter, 1061 Somerset Ln, Birmingham, AL 35242   |  |  |  |  |   |                                       |  |                                 |  |                                    |                |
| 22. FATHER/PARENT NAME PRIOR TO FIRST MARRIAGE<br>George Thomas McLeod  |  |  |  |  | 23. MOTHER/PARENT NAME PRIOR TO FIRST MARRIAGE<br>Marie White |                                       |  |                                 |  |                                    |                |
| 24. DISPOSITION OF BODY<br>Burial   |  | 25. CEMETERY OR CREMATORY<br>Jefferson Memorial Gardens, So      |  |  |   | 26. LOCATION<br>Hoover, Alabama       |  |                                 |  |                                    |                |
| 27. DATE OF DISPOSITION<br>Jul 31, 2019   |  | 28. FUNERAL DIRECTOR<br>Phil Currie                              |  |  |   | 29. LICENSE NUMBER                    |  | 30. DATE SIGNED<br>Jul 30, 2019 |  |                                    |                |
| 31. FUNERAL HOME NAME AND ADDRESS<br>Currie-Jefferson Funeral Home, 2701 John Hawkins Parkway, Hoover, AL 35244 |  |  |  |  |   |                                       | 32. LICENSE NUMBER                             |                                 |  |                                    |                |
| 33. MEDICAL CERTIFICATION: Certifying Physician   |  |  |  |  |   |                                       |  |                                 |  |                                    |                |
| 34. NAME<br>Tim Eller MD  |  |  |  |  | 35. LICENSE NUMBER<br>18214                                   |                                       | 36. DATE SIGNED<br>Aug 5, 2019                 |                                 |  |                                    |                |
| 37. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH<br>832 Princeton Ave SW, Birmingham, Alabama 35211           |  |  |  |  |   |                                       |  |                                 |  |                                    |                |
| 38. REGISTRAR<br>Nicole Henderson Rushing   |  |  |  |  |   |                                       | 39. DATE FILED<br>Aug 5, 2019                  |                                 |  |                                    |                |
| 40. PART I. DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED DEATH   |  |  |  |  |   |                                       |  |                                 |  |                                    |                |
| IMMEDIATE CAUSE<br>A. Alzheimer's Dementia<br>DUE TO (OR AS A CONSEQUENCE OF):                                  |  |  |  |  |   |                                       | INTERVAL<br>Unknown                            |                                 |  |                                    |                |
| B. DUE TO (OR AS A CONSEQUENCE OF):   |  |  |  |  |   |                                       |  |                                 |  |                                    |                |
| C. DUE TO (OR AS A CONSEQUENCE OF):   |  |  |  |  |   |                                       |  |                                 |  |                                    |                |
| D. DUE TO (OR AS A CONSEQUENCE OF):   |  |  |  |  |   |                                       |  |                                 |  |                                    |                |
| 41. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH   |  |  |  |  |   |                                       |  |                                 |  |                                    |                |
| 42. MANNER OF DEATH<br>Natural Causes   |  | 43. PREGNANT (IF FEMALE)   |  | 44. AUTOPSY<br>No                                    |   | 45. FINDINGS CONSIDERED<br>No         |  | 46. TOXICOLOGY<br>No            |  | 47. FINDINGS CONSIDERED<br>Unknown |                |
| 48. HOW INJURY OCCURRED   |  |  |  |  |   |                                       |  |                                 |  |                                    |                |
| 49. DATE AND TIME OF INJURY   |  |  | 50. INJURY AT WORK   |  |   | 51. IF TRANSPORTATION INJURY, SPECIFY |  |                                 |  |                                    |                |
| 52. PLACE OF INJURY   |  |  | 53. LOCATION OF INJURY   |  |   |                                       |  |                                 |  |                                    |                |

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2019-356-102-0

August 5, 2019

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

## DEATH CERTIFICATE OF JAMES FALLS

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

State Number **101 2020-61123**

|   |  |  |   |   |                                       |
|---|--|--|---|---|---------------------------------------|
| 1. DECEASED LEGAL NAME<br><b>James Franklin Falls</b>   |  |  |   | 2. DATE AND TIME OF DEATH<br><b>Sep 3, 2020 0624</b>        |                                       |
| 3. ALIAS NAME (IF ANY)<br><b>None Given</b>   |  |  |   | 4. DATE AND TIME PRONOUNCED DEAD                            |                                       |
| 5. COUNTY OF DEATH<br><b>Jefferson</b>  |  | 6. CITY, TOWN OR LOCATION OF DEATH AND ZIP CODE<br><b>McCalla, 35111</b> |   | 7. PLACE OF DEATH<br><b>Plantation Manor Nursing Home</b>   |                                       |
| 8. SEX<br><b>Male</b>   |  | 9. LAST NAME PRIOR TO FIRST MARRIAGE                                     |   | 10. SERVICE IS ARMED FORCES<br><b>Yes</b>                   |                                       |
| 11. AGE<br>YEARS MONTHS DAYS HRS MINS<br><b>78</b>  |  | 12. DATE OF BIRTH<br><b>Sep 1, 1942</b>                                  |   | 13. BIRTHPLACE (State or Foreign Country)<br><b>Alabama</b> |                                       |
| 14. SOCIAL SECURITY NUMBER  |  | 15. MARITAL STATUS<br><b>Widowed</b>                                     |   | 16. SURVIVING SPOUSE NAME PRIOR TO FIRST MARRIAGE           |                                       |
| 17. RESIDENCE COUNTY<br><b>Jefferson</b>  |  | 18. CITY, TOWN OR LOCATION AND ZIP CODE<br><b>McCalla, 35111</b>         |   | 19. STREET ADDRESS<br><b>6440 Old Tuscaloosa Hwy</b>        |                                       |
| 20. INFORMANT NAME, RELATIONSHIP AND ADDRESS<br><b>Lori Ritter, Step-Daughter, 1061 Somerset Lane, Birmingham, AL 35242</b> |  |  |   |   |                                       |
| 21. FATHER/PARENT NAME PRIOR TO FIRST MARRIAGE<br><b>Clifford Franklin Falls</b>  |  |  | 22. MOTHER/PARENT NAME PRIOR TO FIRST MARRIAGE<br><b>Ruth Crowder</b> |   |                                       |
| 23. DISPOSITION OF BODY<br><b>Burial</b>  |  | 24. CEMETERY OR CREMATORY<br><b>Jefferson Memorial Gardens So</b>        |   | 25. LOCATION<br><b>Hoover, Alabama</b>                      |                                       |
| 26. DATE OF DISPOSITION<br><b>Sep 8, 2020</b>   |  | 27. FUNERAL DIRECTOR OR OTHER AGENT<br><b>Phil Currie</b>                |   | 28. LICENSE NUMBER<br><b>Nov 10, 2020</b>                   |                                       |
| 29. FUNERAL HOME NAME AND ADDRESS<br><b>Currie-Jefferson Funeral Home, 2701 John Hawkins Parkway, Hoover, AL 35244</b>      |  |  |   |   |                                       |
| 30. MEDICAL CERTIFICATION: Certifying Physician   |  |  |   |   |                                       |
| 31. NAME<br><b>Jerry T McLane MD</b>  |  |  | 32. LICENSE NUMBER<br><b>8903</b>                                     |   | 33. DATE SIGNED<br><b>Jan 8, 2021</b> |
| 34. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH<br><b>995 9th Ave SW, Bessemer, Alabama 35022</b>                        |  |  |   |   |                                       |
| 35. REGISTRAR<br><b>Nicole Henderson Rushing</b>  |  |  |   |   | 36. DATE FILED<br><b>Jan 8, 2021</b>  |

#### CAUSE OF DEATH

|   |   |                             |  |   |                                      |
|---|---|-----------------------------|--|---|--------------------------------------|
| 46. PART I. DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED DEATH   |   |                             |  | INTERVAL                                  |                                      |
| IMMEDIATE CAUSE<br><br>UNDERLYING CAUSE   | A. Aspiration Pneumonia<br>DUE TO (OR AS A CONSEQUENCE OF): |                             |  | 2d  |                                      |
|   | B. COPD<br>DUE TO (OR AS A CONSEQUENCE OF):                 |                             |  | Unknown                                   |                                      |
|   | C.<br>DUE TO (OR AS A CONSEQUENCE OF):                      |                             |  |   |                                      |
|   | D.<br>DUE TO (OR AS A CONSEQUENCE OF):                      |                             |  |   |                                      |
| 47. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH<br><b>Alzheimer's Dementia, Coronary Artery Heart Disease, Hypertension</b> |   |                             |  |   |                                      |
| 48. MANNER OF DEATH<br><b>Natural Causes</b>  |   | 49. PREGNANT (IF FEMALE)    |  | 50. AUTOPSY<br><b>No</b>                  | 51. FINDINGS CONSIDERED<br><b>No</b> |
| 52. HOW INJURY OCCURRED   |   | 53. TOXICOLOGY<br><b>No</b> |  | 54. FINDINGS CONSIDERED<br><b>Unknown</b> |                                      |
| 55. DATE AND TIME OF INJURY   |   | 56. INJURY AT WORK          |  | 57. IF TRANSPORTATION INJURY, SPECIFY     |                                      |
| 58. PLACE OF INJURY   |   | 59. LOCATION OF INJURY      |  |   |                                      |

ADPH HS 02/REV 01-21

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2021-109-189-1

January 11, 2021

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

