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06/24/2021 12:21:13 PM
AFFID 1/2

Prepared by/ Return to: ClearEdge Title - 2605 Enterprise Rd E, Suite 270 | Clearwater, FL 33759

STATE OF ALABAMA
COUNTY OF SHELBY

AFFIDAVIT OF DEATH AND CONTINUOUS MARRIAGE

PERSONALLY APPEARED before me, the undersigned authority, in and for said state and county, Evelyn R. Moore, being first duly sworn, did depose and says as follows:

That I am the sole surviving Grantee of that certain Warranty Deed dated 1/06/2009, executed by Evelyn R. Moore of ~~Calare~~ Calera, Alabama (Grantors), to Evelyn R. Moore and Michael L. Hudson, as joint tenants by marriage, with the right of survivorship (Grantees), recorded on 1/06/2009 in INSTRUMENT#, 20090106000003700, in the Office of the Judge of Probate of SHELBY County, Alabama.

Further, that the co-grantee of the aforesaid deed, Michael L. Hudson, were still husband and wife on the date of his/her death being 10/30/2016. Said death is documented in the Office of Judge of Probate of SHELBY County, Alabama by the Death Certificate attached hereto.

AFFIANT FURTHER SAYETH NOT.

Evelyn R. Moore
Evelyn R. Moore, AFFIANT

SWORN to and subscribed before me on this 22 day of June, 21.

Jessica Adams
NOTARY PUBLIC

My Commission Expires: 12/13/21

JESSICA ADAMS
NOTARY PUBLIC
ALABAMA STATE AT LARGE
MY COMMISSION EXPIRES
12-13-2021

ATTACH CERTIFIED COPY OF DEATH CERTIFICATE

Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County
Clerk
Shelby County, AL
06/24/2021 12:21:13 PM
$25.00 CHERRY
20210624000307850

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

12335580

FILING DATE: NOV 07 2016

CERTIFICATE OF DEATH
STATE OF MISSISSIPPI

STATE FILE NUMBER: 123- 2016-074823

1. DECEDENT'S LEGAL NAME (First, Middle, Last)	2. SEX	3a. HOUR OF DEATH	3b. DATE OF DEATH (Month, Day, Year)
Michael Lamont Hudson	M	3:13 A. m.	October 30, 2016

4. RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
☒ White ☐ Black or African American ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Native Hawaiian ☐ Samoan ☐ Asian Indian ☐ Guamanian or Chamorro
☐ Other Asian (Specify) ☐ Other Pacific Islander (Specify)
☐ American Indian or Alaska Native (Name of the enrolled tribe or principal tribe) ☐ Other (Specify)

5a. AGE AT LAST BIRTHDAY	5b. MOS	5c. DAYS	5d. HOURS	5e. MINS	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTH PLACE (State or Foreign Country)
49 Years	ONLY IF UNDER 1 YEAR		ONLY IF UNDER 1 DAY		August 26, 1967	AL

8. PLACE OF DEATH (Check only one box): IF DEATH OCCURRED IN A HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify):

9a. FACILITY NAME (If not a facility, give street address, route number, or other location) (If hospital, also give ID number)	9b. CITY, TOWN OR LOCATION OF DEATH	9c. ZIP CODE	9d. COUNTY OF DEATH
Baptist Memorial Hospital-N MS #360	Oxford	38655	Lafayette

10. DECEDENT'S EDUCATION – Check the box that best describes the highest degree or level of school completed at time of death.
☐ 8th grade or less ☐ 9th – 12th grade, no diploma ☐ High school graduate or GED completed ☐ Some college, no degree ☐ Associate degree (e.g., AA, AS) ☐ Bachelor's degree (e.g., BA, AB, BS)
☒ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) ☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) ☐ Unknown

11. MARTIAL STATUS AT TIME OF DEATH	12. SURVIVING SPOUSE (If wife, give maiden name)	13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No)
☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown	Evelyn Riggins	YES

14. DECENDENT OF HISPANIC ORIGIN? Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino.
☒ No, not Spanish/Hispanic/Latino ☐ Yes, Mexican, Mexican American, Chicano ☐ Yes, Puerto Rican ☐ Yes, Cuban ☐ Yes, other Spanish/Hispanic/Latino. (Specify)

15. SOCIAL SECURITY NUMBER	16a. USUAL OCCUPATION (Kind of work done most of working life)	16b. KIND OF BUSINESS OR INDUSTRY
[redacted]	Captain	Sheriff's Office

17a. RESIDENCE – STATE	17b. COUNTY	17c. CITY OR TOWN	17d. ZIP CODE	17e. STREET AND NUMBER OR RURAL LOCATION (Include apartment number)	17f. INSIDE CITY LIMITS (Yes or No)
AL	Shelby	Calera	35040	129 Waterford Highland TR	YES

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)
Norman Michael Hudson	Brenda Sue King

20a. INFORMANT – NAME (Type or print)	20b. RELATIONSHIP TO DECEDENT	20c. MAILING ADDRESS (Street and number, City or town, State, ZIP Code)
Evelyn Moore	Spouse	129 Waterford Highlands Trail, Calera, AL 35040

21a. DISPOSITION OF BODY (Specify: Burial, Cremation, Removal, etc.)	21b. CEMETERY/CREMATORY – NAME	21c. LOCATION (City and State)	22a. FUNERAL DIRECTOR – SIGNATURE AND LICENSE NUMBER
Burial	Alabama National Cem.	Montevallo, AL	Kim Bedford FS847

22b. FUNERAL HOME (Who first assumed custody of body)	22c. FUNERAL HOME LICENSE NUMBER	22d. MAILING ADDRESS (Street and number, City or town, State, ZIP Code)
Browning Funeral Home 58-D	FE-53	P.O. Box 510, Pontotoc, MS 38863

22e. FUNERAL HOME (If body was transferred prior to disposition)	22f. MAILING ADDRESS (Street and number, City or town, State, ZIP Code)
Rockco Funeral Home	P.O. Box 647, Montevallo, AL 35115

23a. PERSON WHO PRONOUNCED DEATH – NAME AND TITLE (Type or print)	23b. PRONOUNCED DEAD (Month, Day, Year)	23c. PRONOUNCED DEAD (Time)
Dr. Jeffrey Bunker Stout	ON October 30, 2016	AT 3:13 A. m.

24a. NAME OF CERTIFYING PHYSICIAN OR CORONER (Type or print)	24b. MAILING ADDRESS (Street and number, City or town, State, ZIP Code)
Rocky Kennedy, Lafayette CMEI	300 North Lamar Blvd., Oxford, MS 38655

This section to be completed by Physician if NOT a medical examiner:
25a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated.
SIGNATURE ► MD/DO
25b. DATE SIGNED (Month, Day, Year)
25c. STATE LICENSE NUMBER
25d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)

This section to be completed by coroner or medical examiner ONLY:
25e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated.
SIGNATURE ►
25f. TITLE: Lafayette County CMEI
25g. DATE SIGNED (Month, Day, Year): October 31, 2016

26. CAUSE OF DEATH PART I – Enter the chain of events – diseases, injuries, or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest, shock, or heart failure without showing the etiology. List only one cause on each line. DO NOT USE ABBREVIATIONS.

		Interval between onset and death
IMMEDIATE CAUSE (final disease or condition resulting in death) →	(a) Status Post Cardiac Arrest	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST.	(b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): St Elevation Myocardial Infarction	
	(c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):	
	(d) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):	

27. PART II: OTHER SIGNIFICANT CONDITIONS – Conditions contributing to death but not resulting in the underlying cause given in PART I.	28a. AUTOPSY (Yes or No)	28b. AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? (Yes or No)	29. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)
Hx of Coronary Artery Disease, Irritable Bowel Syndrome	No	N/A	Yes

30. DID TOBACCO USE CONTRIBUTE TO DEATH?
☐ Yes ☐ Probably ☒ No ☐ Unknown

31. IF FEMALE, ☐ NOT pregnant within the past year ☐ PREGNANT at the time of death ☐ Not pregnant, BUT PREGNANT WITHIN 42 DAYS OF DEATH ☐ Not pregnant, BUT PREGNANT 43 DAYS TO 1 YEAR BEFORE DEATH ☐ Unknown if pregnant within the past year

This section MUST be completed if Death NOT due to natural causes:

32a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)	32b. DATE OF INJURY (Month, Day, Year)	32c. TIME OF INJURY m.	32d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED

32e. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

32f. INJURY AT WORK (Yes or No)	32g. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)	32h. LOCATION Street or route number	City or town	State

Mississippi State Department of Health — Revised 01/2012 — Form 511

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

11/9/2016

Judy Moulder
STATE REGISTRAR

WARNING: A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THIS IS WATERMARKED PAPER. DO NOT ACCEPT WITHOUT FIRST HOLDING TO LIGHT TO VERIFY WATERMARK.