

20210809000386440 1/3 \$29.00  
Shelby Cnty Judge of Probate, AL  
08/09/2021 04:10:49 PM FILED/CERT

STATE OF ALABAMA )  
SHELBY COUNTY )

**KNOW ALL MEN BY THESE PRESENTS, that in consideration of One Hundred Fifty Thousand Nine Hundred and No/100 (\$150,000.00) Dollars to the undersigned Dorothy Ann Carlson, an unmarried woman whose mailing address is 45 Forrest Circle, Wilsonville, Alabama 35186, by and through her Attorney-in-Fact, Tamra Joan Carlson, herein referred to as Grantor, in hand paid by Kimberly Taylor, herein referred to as Grantee, the receipt of which is acknowledged, the said Grantors do grant, bargain, sell and convey unto the Grantee the following described real estate situated in Shelby County, Alabama:**

**Lot No. 9 according to Central Hills Subdivision in the Town of Wilsonville, Alabama, as shown by map recorded in Map Book 4, Page 44, in the Probate Office of Shelby County, Alabama.**

**The above described real estate is the same real estate conveyed to Cecil Lloyd Carlson and wife, Dorothy Ann Carlson, by that deed recorded in the Office of the Judge of Probate of Shelby County, Alabama, in Deed Book 259, Page 673. Cecil Lloyds Carlson is now deceased, having died February 8, 2014, as evidenced by the attached death certificate.**

**TO HAVE AND TO HOLD unto the Grantee, her heirs and assigns, forever, together with any and all remainder or reversion interest therein.**

**AND THE GRANTOR does for herself and for her heirs, executors, and administrators covenant with the said Grantee, her heirs and assigns, that she is lawfully seized in fee simple of said premises; that it is free from all encumbrances, except as herein stated; that she has a good right to sell and convey the same as aforesaid; that she will and her heirs, executors, and administrators shall warrant and defend the same to the said Grantee, her heirs and assigns forever against the lawful claims of all persons except as herein stated.**

**IN WITNESS WHEREOF, the Grantor has hereunto set her hand and seal this the 9th day of August, 2021.**

**Dorothy Ann Carlson**

Dorothy Ann Carlson

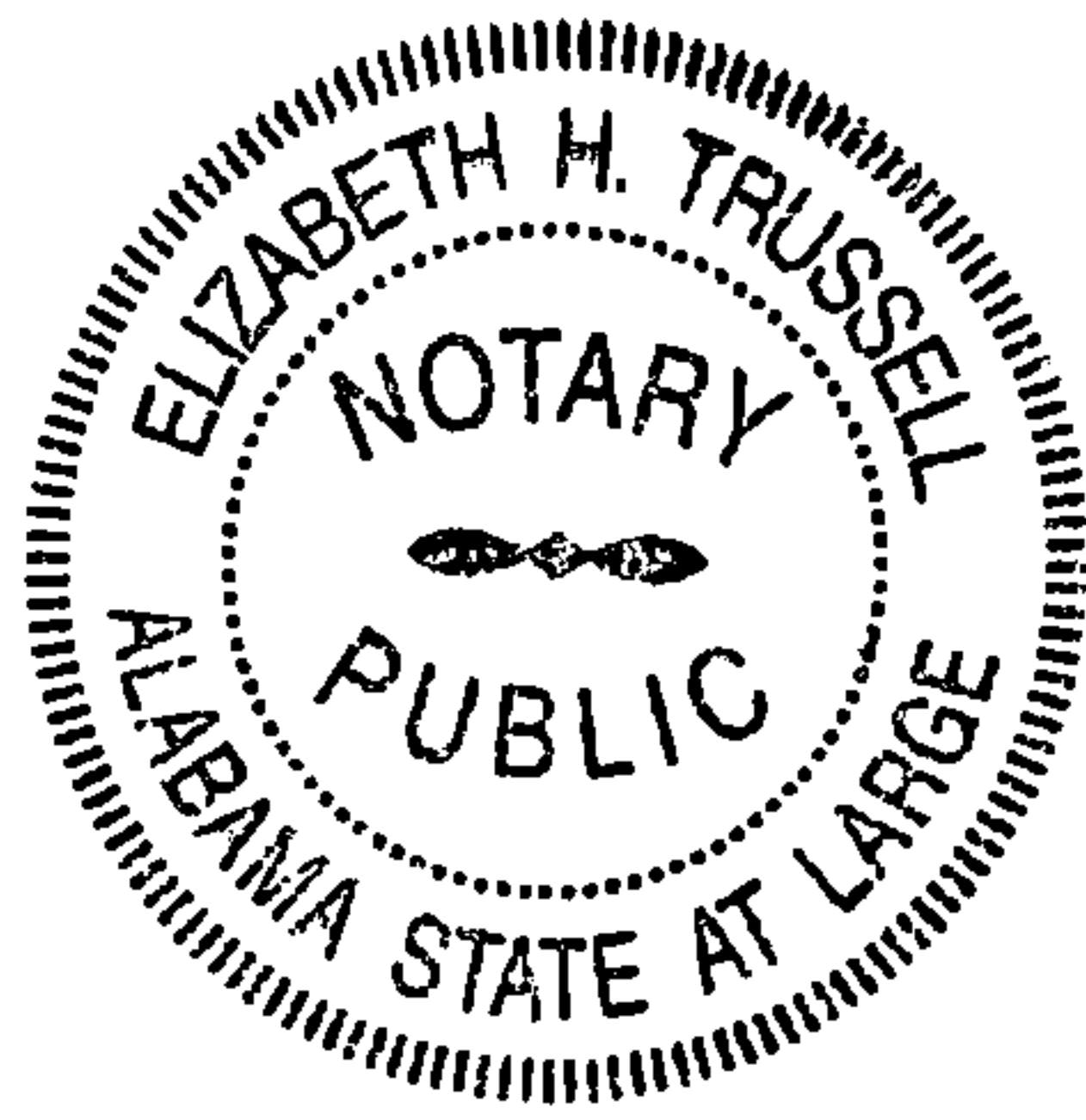
By: Tamra Joan Carlson  
Her Attorney-in-Fact  
Tamra Joan Carlson



STATE OF ALABAMA )  
TALLADEGA COUNTY )

I, the undersigned authority, a Notary Public in and for said County in said State, hereby certify that Tamra Joan Carlson, whose name as Attorney-in-Fact for Dorothy Ann Carlson, an unmarried woman, is signed to the foregoing conveyance and who is known to me, acknowledged before me this date that, being informed of the conveyance, she, in her capacity as such Attorney-in-Fact, and with full authority, executed the same voluntarily on the date the same bears date.

Given under my hand and official seal this the 9th day of June, 2021.



Elizabeth H. Trussell  
Notary Public  
My Commission Expires: 9/11/22

Grantee's Address:

45 Forrest Circle  
Wilsonville, AL 35186

PROPERTY ADDRESS  
45 Forrest Circle  
Wilsonville, AL 35186

THIS INSTRUMENT PREPARED BY:

LIVINGSTON & HARKINS, LLC  
26 NORTH NORTON AVENUE  
SYLACAUGA, ALABAMA 35150

# ALABAMA

## CERTIFICATE OF DEATH



20210809000386440 3/3 \$29.00  
 Shelby Cnty Judge of Probate, AL  
 08/09/2021 04:10:49 PM FILED/CERT

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

County File Number -

State File Number **101**

3.  
6.  
19.  
20.  
26.  
27.  
34.

1. DECEASED - NAME First Middle Last (Type last name in all capitals) <b>Cecil Lloyd CARLSON</b>			2. DATE OF DEATH (Month, Day, Year) <b>February 8, 2014</b>		3. COUNTY OF DEATH <b>Shelby</b>	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE <b>Alabaster 35007</b>				5. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>	6. PLACE OF DEATH - HOSPITAL OR OTHER INSTITUTION (If not either, give street and number) <b>Shelby Baptist Medical Center</b>	
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA) <b>Emergency Room</b>			8. OF HISPANIC ORIGIN (Specify Yes or No) If Yes, Specify Cuban, Mexican, Puerto Rican, etc. <b>No</b>		9. RACE - (Specify American Indian, White, Black, etc.) <b>White</b>	10. SEX <b>Male</b>
11. AGE <b>76</b> YRS.	12. UNDER 1 YEAR MOS. DAYS HOURS MINS.	13. DATE OF BIRTH (Month, Day, Year) <b>January 16, 1938</b>	14. DECEASED'S SOCIAL SECURITY NUMBER <b>417-48-2654</b>			
15. EDUCATION Specify ONLY Highest grade completed below Elementary or High School (0-12) College (1-4 or 5+) <b>3</b>		16. MARITAL STATUS (Specify - Married, Never Married, Widowed, Divorced) <b>Married</b>		17. SURVIVING SPOUSE (If wife, give maiden name) <b>Ann Gardner</b>	18. Was Decedent ever in Armed Forces (Specify Yes or No) <b>Yes</b>	
19. STATE OF BIRTH (If not USA, name country) <b>Michigan</b>		20. RESIDENCE - STATE <b>Alabama</b>	21. COUNTY <b>Shelby</b>	22. CITY, TOWN, OR LOCATION AND ZIP CODE <b>Wilsonville 35186</b>		
23. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>	24. STREET AND NUMBER <b>40 Forrest Circle</b>		25. INFORMANT - Name and Address <b>Ann Carlson 40 Forrest Circle, Wilsonville, AL 35186</b>			
26. USUAL OCCUPATION - (Give kind of work done during most of working life even if retired) <b>Technician</b>			27. KIND OF BUSINESS OR INDUSTRY <b>Research</b>			
28. FATHER - NAME First Middle Last <b>Edgar Ninen Carlson</b>			29. MAIDEN NAME OF MOTHER - First Middle Last <b>Joan Emily Hoover</b>			
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) <b>Burial</b>		31. DATE OF DISPOSITION (Month, Day, Year) <b>Feb 13, 2014</b>	32. CEMETERY OR CREMATORY - Name <b>Wilsonville City Cem.</b>	33. LOCATION - (City or Town-State) <b>Wilsonville, AL</b>		
34. FUNERAL HOME - Name and Address <b>Bolton Funeral Home P.O. Box 4, Columbiana, AL 35051</b>			35. FUNERAL DIRECTOR Signature <i>Robert Bolton</i>	36. DATE SIGNED BY FUNERAL DIRECTOR <b>Feb. 19, 2014</b>		
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 due to the cause(s) and manner stated." <input type="checkbox"/> Medical Examiner <input type="checkbox"/> 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>Pallavi</i>					38. DATE SIGNED (Month, Day, Year) <b>2/9/14</b>	
39. TIME AND DATE OF DEATH <b>2351 2/8/14</b>		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) <b>Pallavi Sunkavalli, MD,</b>			
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) <b>1000 First St. North Alabaster, AL 35007</b>				43. CERTIFIER LICENSE NUMBER <b>29697</b>		
44. REGISTRAR - Signature <i>Shula Keller</i> For State or County use only				45. DATE FILED (Month, Day, Year) <b>Feb 21, 2014</b>		

### MEDICAL CERTIFICATION

46. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac arrest, shock, or heart failure. LIST ONLY ONE CAUSE ON EACH LINE. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>Cardiac arrest</b> DUE TO (OR AS A CONSEQUENCE OF):	
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):
	c. DUE TO (OR AS A CONSEQUENCE OF):
	d. DUE TO (OR AS A CONSEQUENCE OF):
47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	
48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, Unk.)	
49. MANNER OF DEATH (Specify - Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause)	
50. AUTOPSY (Specify Yes or No)	51. If yes, were findings considered in determining cause of death? (Specify Yes or No)
52. HOW INJURY OCCURRED (Enter nature of Injury Item 46, Part I) or Item 47, Part II)	
53. DATE OF INJURY (Month, Day, Year)	54. HOUR OF INJURY M.
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 legal record and must be filed within five (5) days after death.

ADPH-HS-2/Rev.11-93

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

*Shula Keller*

**Feb 21, 2014**

Signature of Local Registrar

Date of Issue

NAME OF DECEASED Cecil L. Carlson SSN: 417-48-2654

BURIAL CERTIFIER

ANY ALTERATIONS VOID THIS DOCUMENT