20210813000395800 08/13/2021 03:28:37 PM AFFID 1/4

RECORDING REQUESTED BY

Name: LAURA S ABELL

Address: 243 WATERFORD COVE TRAIL City State Zip: CALERA, AL 35040

PREPARED BY AND RETURN TO: Melissa Henke Stewart Title Guaranty - Recording 500 N. Broadway St. Louis, MO 63102

(For Further Return To Affiant)

### **AFFIDAVIT OF SURVIVORSHIP**

Assessor's Parcel Number: 228341008007000

State of AL

County of SHELBY\ss.

I, LAURA S ABELL, of legal age, being first duly sworn, deposes and says:

That the decedent, WILLIAM WARREN ABELL, III, described in the attached certified copy of Certificate of Death is the same person as WILLIAM WARREN ABELL, III, named as one of the parties in the deed dated MARCH 28, 2019, executed by ADAMS HOMES LLC to WILLIAM WARREN ABELL, III AND LAURA S ABELL, as JOINT TENANTS, recorded on APRIL 1, 2019, as INSTRUMENT# 20190401000103140, of the Official Records of SHELBY County, AL, covering the property situated in CALERA. County of SHELBY. State of AL, described as follows: See attached "Exhibit A"

Affiant: LAURA S ABELL	7/24/2021
State of <u>ALABAMA</u> County of <u>5HELBY</u> } ss	
SIGNED AND SWORN TO (or affirmed) before me on this $\frac{24}{}$	May of <u>JULY</u> , 20 <u>2</u> , the basis of satisfactory evidence
to be the persons(s) who appeared before me.	NOTARY STAMP/SEAL
Mana Puce Glow  Notary Signature  Notary Commission Expires: 02/14/2022	MARIA PRICE GLOVER My Commission Expires February 14, 2022

## EXHIBIT "A" LEGAL DESCRIPTION

File No.: PMCREF21355110

The following described real estate situated in Shelby County, Alabama, to-wit:

Lot 601, according to the map and survey of Waterford Cove, Sector 2, as recorded in Map Book 38, Page 6, in the Office of the Judge of Probate of Shelby County, Alabama.

Being the same property conveyed to William Warren Abell, Ill and Laura S Abell, as joint tenants with right of survivorship by Warranty Deed from Adams Homes LLC, dated March 28, 2019, recorded on April 1, 2019 as Instrument 20190401000103140.

APN: 228341008007000

Commonly known as: 243 Waterford Cove Trail, Calera, AL 35040

File No.: PMCREF21355110

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

Not Valid Without Attached Page

# ALABAMA Center for Health Statistics

Page 1 of 2

ALABAMA CERTIFICATE OF DEATH State Number 101 2021-07901 2. DATE AND TIME OF DEATH I. DECEASED LEGAL NAME 0001 Feb 4, 2021 William Warren Abell III 4. DATE AND TIME PRONOUNCED DEAD 3. ALIAS NAME(IF ANY) None Given 6. CITY, TOWN OR LOCATION OF DEATH AND ZIP CODE 7. PLACE OF DEATH 5. COUNTY OF DEATH 243 Waterford Cove Trail Calera, 35040 Shelby 10. SERVED IN ARMED FORCES 9. LAST NAME PRIOR TO FIRST MARRIAGE 8. SEX Yes Male 14. SOCIAL SECURITY NUMBER 13. BIRTHPLACE (State or Foreign Country) **UNDER 1 DAY** 12. DATE OF BIRTH **UNDER 1 YEAR** 11. AGE MINS DAYS HRS MONTHS Alabama Apr 1, 1947 17. RESIDENCE STATE 16. SURVIVING SPOUSE NAME PRIOR TO FIRST MARRIAGE 15. MARITAL STATUS Alabama Laura Appleby Married 19. CITY, TOWN OR LOCATION AND ZIP CODE 20. STREET ADDRESS 18. RESIDENCE COUNTY 243 Waterford Cove Trail Calera, 35040 Shelby 21. INFORMANT NAME, RELATIONSHIP AND ADDRESS Laura Abell, Wife, 243 Waterford Cove Trail, Calera, AL 35040 23. MOTHER/PARENT NAME PRIOR TO FIRST MARRIAGE 22. FATHER/PARENT NAME PRIOR TO FIRST MARRIAGE Nell McKenzie William Abell Jr 26. LOCATION 25. CEMETERY OR CREMATORY 24. DISPOSITION OF BODY Montevallo, Alabama Alabama National Cemetery Burial 30. DATE SIGNED 29. LICENSE NUMBER 28. FUNERAL DIRECTOR OR OTHER AGENT 27. DATE OF DISPOSITION Feb 16, 2021 05969 Kristi D Hall Feb 10, 2021 32. LICENSE NUMBER 31. FUNERAL HOME NAME AND ADDRESS Rockco Funeral Home, PO Box 647, Montevallo, AL 35115 MEDICAL CERTIFICATION: Certifying Physician 36. DATE SIGNED 35. LICENSE NUMBER 34. NAME Feb 16, 2021 27206 Ramy Toma MD 37. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH 1400 Urban Center Drive Ste 100, Vestavia Hills, Alabama 35242 39. DATE FILED 38. REGISTRAR Feb 16, 2021 Nicole Henderson Rushing CAUSE OF DEATH INTERVAL 40. PART I. DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED DEATH <del>Unknow</del>n IMMEDIATE Chronic Obstructive Pulmonary Disease W acute exacerbation CAUSE DUE TO (OR AS A CONSEQUENCE OF): UNDERLYING CAUSE DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): Revised Medical 41. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH Certification Attached 48. TOBACCO USE 46. TOXICOLOGY 47. FINDINGS 44. AUTOPSY 45. FINDINGS 43. PREGNANT (IF FEMALE) 42. MANNER OF DEATH CONTRIBUTED TO DEATH CONSIDERED CONSIDERED **Unknown** <del>Unk</del> <del>Unk</del> <del>Unk</del> <del>Unk</del> Natural Causes 49. HOW INJURY OCCURRED 52. IF TRANSPORTATION INJURY, SPECIFY 51. INJURY AT WORK 50. DATE AND TIME OF INJURY 54. LOCATION OF INJURY 53. PLACE OF INJURY

Attachment Page

#### ALABAMA Center for Health Statistics

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Amendment No. 059676

### ALABAMA Supplemental Medical Certification

This Supplemental Medical Certification replaces any Medical Certification shown on previous pages for the record identified below.

pages for the record identified b	elow.						
INFORMATION FROM ORIGINAL RECORD:				Certificate No. 2021-07901  Date of Death February 4, 2021			
Name WILLIAM W. ABELL III  County of Death Shelby							
			File Date February 16, 2021				
		OF DEAT	H	,		INTERVAL	
PART I. DISEASES, INJURIES OR COMPLICATIONS THAT CAU		tt Tila	Dalas Disanda	••	•	Unknown	
CAUSE A. Chronic Obstructive Pulmonary Dise Due to (or as a consequence of):	ease w Acute Exace	erbation bio	Polar Disorde	<u> </u>	· · · · · · · · · · · · · · · · · · ·	Olikilowii	
/n To	:						
DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):			·				
DUE TO (OR AS A CONSEQUENCE OF):  D.					•	,	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH				•		
Bi-polar disorder  MANNER OF DEATH  PREGNANT (IF)	FEMALE)	AUTOPSY	FINDINGS	TOXICOLOGY	FINDINGS	TOBACCO USE CONTRIBUTED TO DEATH	
Natural Causes	,	No	CONSIDERED	No	CONSIDERED	Unknown	
HOW INJURY OCCURRED	<u>, , , , , , , , , , , , , , , , , , , </u>		<b> </b>				
					EOIES	<u> </u>	
DATE AND TIME OF INJURY	INJURY AT WORK		IF TRANSPORTATION INJURY, SPECIFY				
PLACE OF INJURY	LOCATION OF INJUR	RY			· .		
		•					
Ramy T	Ramy Toma MD			March 9, 2021			
Certifier				Date Signed			
	ARINA PARAMETER AND	Official Judge of Clerk Shelby 08/13/20 \$31.00	d Recorded Public Records f Probate, Shelby County, AL 021 03:28:37 PM BRITTANI 13000395800	County Alabama,			
The above Medical Certification as Done this 10th day of March, 202  By Shayla Santiago  Recording Clerk		he certifie	r is hereby	made a pa	rt of the re		
			· · · · · · · · · · · · · · · · · · ·	<u> </u>	ADPH-HS-91	/Rev. 3-03	
This is an official certified Statistics, Alabama Department	copy of the of Public H	origina:  ealth,	1ontgomer:	y,∕∕Alabam	a. 2021-	er of Health 184-806-2	