

HOV2100427

SURVIVING GRANTEE AFFIDAVIT

STATE OF ALABAMA
COUNTY OF SHELBY

I, Marilyn Kaup, being first duly sworn, on oath depose and state the following:

My name is Marilyn Kaup. I am the surviving grantee of that certain deed recorded in Book 363, Page 129, in the Probate Office of Shelby County, Alabama.

Norman F. Kaup, also listed as a joint grantee in the aforementioned deed, died on or about the 15th day of July, 2015, as evidenced by the death certificate attached hereto and incorporated herein as Exhibit A. Norman F. Kaup and Marilyn Kaup were married at the time of his death and there are no decrees of divorce or annulment during their marriage.

This affidavit is given to induce Reli Settlement Solutions, LLC to issue its title insurance policy or policies without exception to the marital status of the joint grantees in the aforementioned deed, and as an inducement therefore, said affiant agrees to indemnify and hold the aforementioned Title Insurer and/or its agent harmless of and from any and all loss, cost, damage and expense of every kind, including Attorney's fees, which said aforementioned Title Insurer and/or its agent shall or may suffer or incur or become liable for under its said policy or policies now to be issued, or any reissue, renewal or extension thereof, directly or indirectly, as a result of any misrepresentation herewith.

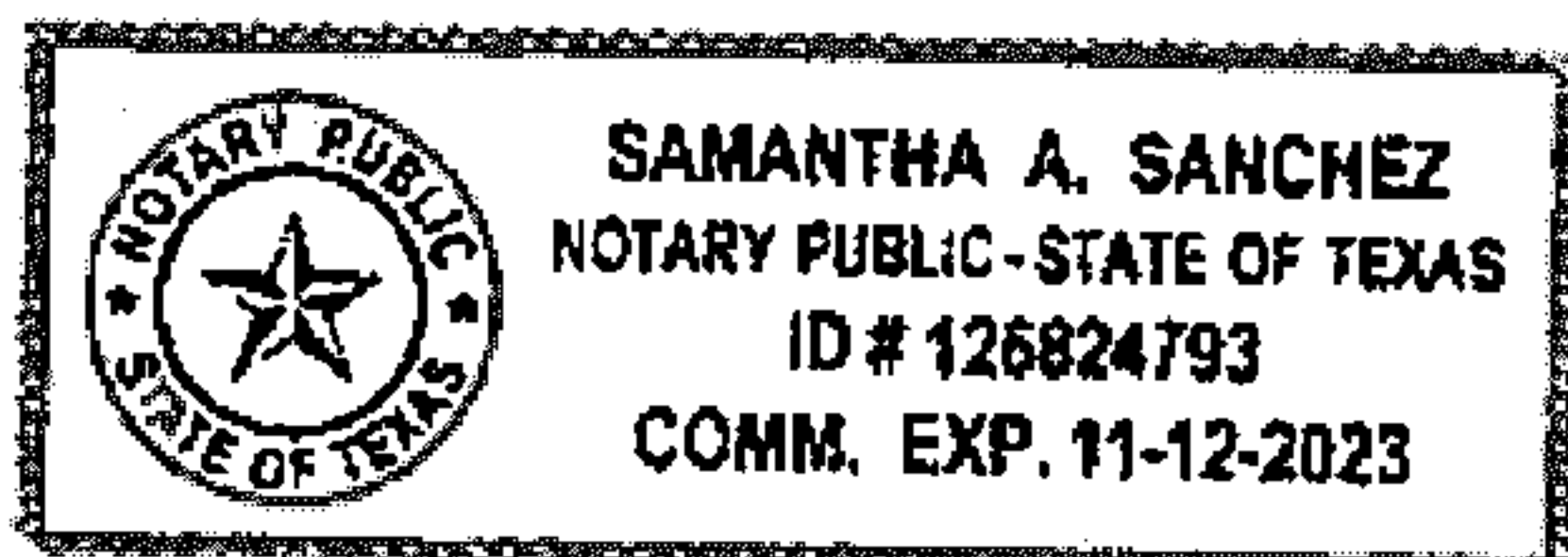
Signed this 14 day of September, 2021.

Marilyn Kaup
Marilyn Kaup

STATE OF Texas
COUNTY OF Harris

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that Christine Quevreaux whose named as as Personal Representative of the Estate of Barbara E. Klein, deceased, Jefferson County, Alabama Probate Case No. PR-2020-000829, whose name is signed to the foregoing instrument, and who is/are known to me, acknowledged before me on this day, that, being informed of the contents of the said instrument, he/she executed the same voluntarily and with full authority on the day the same bears date.

Given under my hand and official seal this 14 day of September, 2021.



Samantha Sanchez
Notary Public
Print Name:
My Commission Expires:

ALABAMA

Center for Health Statistics
ALABAMA

CERTIFICATE OF DEATH

2015-032017

TYPE IN PERMANENT
BLACK INK ON BOTH
SIDE GREEN FOR
BLUE INK
059004
000
0059 PAX
26
27
34 59-402

1. DECEASED - NAME - First Middle Last (Last name is on top) Norman Frederick KAUP		4. DATE OF DEATH (Month, Day, Year) July 24, 2015		5. COUNTY OF DEATH Shelby	
3. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Alabaster 35007			6. PLACE OF DEATH - HOSPITAL OR OTHER INSTITUTION OR CLINIC (Specify name and address) Shelby Baptist Medical Center		
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DCA) Inpatient		8. RACE - (Specify American Indian, White, Black, etc.) White		10. SEX Male	
11. AGE - YEARS 80		11. DATE OF BIRTH (Month, Day, Year) January 26, 1935		13. DECEASED'S SOCIAL SECURITY NUMBER [REDACTED]	
12. EDUCATION (Specify only if high school graduate) 4		14. MARRITAL STATUS (Specify Married, Widowed, Divorced, Single) Married		17. SURVIVING SPOUSE (If wife, give maiden name) Marilyn Jean Clark	
18. STATE OF BIRTH (If foreign, give country) Nebraska		19. RESIDENCE - STATE Alabama		21. COUNTY Shelby	
22. RESIDENCE - CITY, TOWN, OR LOCATION AND ZIP CODE Birmingham 35244		23. INFORMANT - Name and Address Marilyn Kaup 1925 Mountain Laurel Ln. Birmingham AL 35244		24. DATE SIGNED BY INFORMANT 8/18/2015	
25. USIA OCCUPATION - (Give kind of work done during most of working life even if retired) Electrical Engineer/General Manager		26. KIND OF BUSINESS OR INDUSTRY Alabama Power		27. DATE SIGNED (Month, Day, Year) 8/6/2015	
28. FATHER - Name - First Middle Last Ferdinand Kaup		29. MOTHER - Name - First Middle Last Eunice Hoffman		30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Research, Hospital, Anatomical) Cremation	
31. DATE OF DISPOSITION 07/30/2015		32. CEMETERY OR CREMATORY - Name Johns-Ridout's Crem.		33. LOCATION - (City or Town - State) Birmingham AL	
34. FUNERAL HOME - Name and Address Southern Heritage 475 Cahaba Valley Rd. Pelham AL 35124		35. FLUENT DIRECTOR - Name [Signature]		36. DATE SIGNED BY FLUENT DIRECTOR 8/18/2015	
37. SIGNATURE [Signature]		38. TIME AND DATE OF DEATH 7:45 PM 8/20/15		39. DATE AND TIME PROMOUNCED DEAD (For Complete use only) 8/20/15	
40. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Part 48) 1001 FIRST ST. NORTH ALABASTER AL 35007		41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Part 48) W. K. O'DAGH, MD		42. CENTRAL LICENSE NUMBER 27662	
43. REGISTRATION - Name Sheila Keller		44. STATE OR COUNTY (Use only) Shelby		45. DATE FILED (Month, Day, Year) Aug 28, 2015	

MEDICAL CERTIFICATION

46. PART 1 - Enter the immediate cause of completion (that caused the death) in Part 1 of the cause of death. Do not enter the cause of death on this line. List only one cause on each line. ASPIRATION PNEUMONIA		47. APPROXIMATE INTERVAL BETWEEN CAUSE AND DEATH 1 WEEK	
48. MANNER OF DEATH (Specify Accident, Homicide, Suicide, Unknown, and Other) NATURAL CAUSE		49. ANTOPIY (Specify Yes or No) NO	
50. HOW INJURY OCCURRED (Specify nature of injury (Part 49, Part 1) or Part 47, Part 48)		51. DATE OF INJURY (Month, Day, Year)	
52. PLACE OF INJURY (Specify if home, school, work, etc.)		53. HOUR OF INJURY	
54. INJURY AT WORK (Specify Yes or No)		55. LOCATION OF INJURY (Specify if home, school, work, etc.)	

(This is a legal record and must be filed within (5) days after death)

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama 2015-07-505-4
Catherine M. Donald
State Registrar of Vital Statistics
September 4, 2015