



20220315000106290 1/5 \$37.00  
Shelby Cnty Judge of Probate, AL  
03/15/2022 10:01:59 AM FILED/CERT

Parcel I.D. #:

Send Tax Notice To: Anita G. Cofer  
550 Cedar Lake Drive  
Calera, AL 35040

---

## EXECUTRIX'S DEED

STATE OF ALABAMA     )  
                                      )  
COUNTY OF SHELBY    )

Know all men by these presents, that in consideration of the terms of the Last Will & Testament of Lola G. Cannady (Shelby County Probate case # PR-2021-665), and other good and valuable consideration, the receipt of sufficiency of which are hereby acknowledged, that **Anita G. Cofer, as Executrix of the Estate of Lola G. Cannady, a deceased person, having died testate on or about 18 July, 2021, with a probate estate probated in the Probate Court of Shelby County, Alabama, as case number PR-221-665, and Anita G. Cofer, a married woman, and John Randall Cannady, a single man, an individual being the only heirs of Lola G. Cannady, a deceased person, and Lois V. Dupree having died intestate on or about 12 March, 2009, without a probate estate being probated,** hereinafter known as GRANTOR, does hereby bargain, grant, sell and convey the following described real property being situated in Shelby County, Alabama, to **Anita G. Cofer**, hereinafter known as the GRANTEE;

*Lot 7, according to the Capps Sub-Division, Calera, Alabama, as shown by map recorded in Map Book 3, Page 155 in the Probate Office of Shelby County, Alabama.*

Subject to any and all easements, rights of way and restrictions of record.

Said legal description herein was taken from that certain Instrument recorded in the Shelby County, AL, Judge of Probate's Office in Book 235, Page 723. This instrument was prepared without the benefit of a title search or survey.

TO HAVE AND TO HOLD to the said GRANTEE together with every contingent remainder and right of reversion.

And we do for ourselves and for our heirs, executors, and administrators covenant with the said GRANTEES, their heirs, and assigns, that we are lawfully seized in fee simple of said premises; that they are free from all encumbrances, unless otherwise noted above; that we have a good right to sell and convey the same as aforesaid; that we will and our heirs, executors and administrators shall warrant and defend the same to the said GRANTEES, their heirs and assigns forever, against the lawful claims of all person.



20220315000106290 2/5 \$37.00  
Shelby Cnty Judge of Probate, AL  
03/15/2022 10:01:59 AM FILED/CERT

IN WITNESS WHEREOF, we have hereunto set our hands and seals, on this the  
14 Day of March, 2009.

Anita G. Cofer, as Executrix of the  
Estate of Lola G. Cannady, a deceased person  
Shelby County, Alabama Probate Court  
Case No: PR-2021-665

Anita G. Cofer

John Randall Cannady

STATE OF ALABAMA     )  
                                      )  
COUNTY OF SHELBY    )

I, the undersigned, a Notary Public in and for said State, do hereby certify that *Anita G. Cofer, as Executrix of the Estate of Lola G. Cannady, a deceased person, and Anita G. Cofer, a married woman*, whose name is signed to the foregoing conveyance, and who is personally known to me, and having been duly informed of the contents of said deed, acknowledged before me and my official seal of office, that she did execute the same voluntarily on the day the same bears date.

Given under my hand and official seal of office on this the 14 Day of  
March, 2022.

NOTARY PUBLIC

My Commission Expires: 28 February, 2024



20220315000106290 3/5 \$37.00  
Shelby Cnty Judge of Probate, AL  
03/15/2022 10:01:59 AM FILED/CERT

STATE OF ALABAMA     )  
                                      )  
COUNTY OF SHELBY    )

I, the undersigned, a Notary Public in and for said State, do hereby certify that *John Randall Cannady, a single man*, whose name is signed to the foregoing conveyance, and who is personally known to me, and having been duly informed of the contents of said deed, acknowledged before me and my official seal of office, that she did execute the same voluntarily on the day the same bears date.

Given under my hand and official seal of office on this the 14 Day of  
March, 2022.

NOTARY PUBLIC

My Commission Expires: 28 February, 2024

This Instrument Prepared By:

Clint C. Thomas, P.C.  
Attorney at Law  
P.O. Box 1422  
Calera, AL 35040

# ALABAMA

## Center for Health Statistics



20220315000106290 4/5 \$37.00  
Shelby Cnty Judge of Probate, AL  
03/15/2022 10:01:59 AM FILED/CERT

## ALABAMA

### CERTIFICATE OF DEATH

09-10147

State File Number 101

1. DECEASED—NAME First Middle Last (Type last name all capitals) Lois Virginia DUPREE			2. DATE OF DEATH (Month, Day, Year) March 12, 2009		3. COUNTY OF DEATH Shelby		
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Alabaster, 35007			5. INSIDE CITY LIMITS (Specify Yes or No) Yes		6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION (If not in either, give street and number) Chandler Health and Rehab		
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, OOA)			8. OF HISPANIC ORIGIN (Specify Yes or No; If Yes, Specify Cuban, Mexican, Puerto Rican, etc.) No		9. RACE—(Specify American Indian, Black, White, etc.) White		
10. SEX Female			11. AGE 78 YRS.		12. UNDER 1 YEAR MOS. DAYS HOURS MINS.		
13. DATE OF BIRTH (Month, Day, Year) June 7, 1930			14. DECEASED'S SOCIAL SECURITY NUMBER				
15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) 9 College (1-4 or 5+)			16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Widowed		17. SURVIVING SPOUSE (If wife, give maiden name) No		
18. STATE OF BIRTH (If not in USA, name country) Alabama		19. RESIDENCE—STATE Alabama		20. COUNTY Shelby		21. CITY, TOWN, OR LOCATION AND ZIP CODE Calera, 35040	
22. INSIDE CITY LIMITS (Specify Yes or No) Yes		23. STREET AND NUMBER 1844 19th St.		24. INFORMANT—Name and Address Sherry Lynn Dupree Watts 100 Dogwood Lane Apt. 109, Calera, AL 35040			
25. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Waitress/Clerk				26. KIND OF BUSINESS OR INDUSTRY Restaurant/Retail			
27. FATHER—NAME First Middle Last Jesse Dupree			28. MOTHER—NAME First Middle Last Iva Long				
29. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial		30. DATE OF DISPOSITION (Month, Day, Year) Mar. 13, 2009		31. CEMETERY OR CREMATORY—Name Shelby Memory		32. LOCATION—(City or Town—State) Calera, Alabama	
33. FUNERAL HOME—Name and Address Charter Funeral Home 2521 US Hwy 31, Calera, AL 35040			34. FUNERAL DIRECTOR—Signature <i>Sherry Lynn Dupree Watts</i>		35. DATE SIGNED BY FUNERAL DIRECTOR Mar. 28, 2009		
36. Certifying Physician (Physician certifying cause of death) "To the best of my knowledge death occurred at the time and date, and due to the cause(s) and manner stated." Medical Examiner 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>Dilip V. Shah</i>					37. DATE SIGNED (Month, Day, Year) 3/25/09		
38. TIME AND DATE OF DEATH 9:15 AM 3/12/09		39. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only)		40. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) DILIP V. SHAH MD			
41. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) 1004 1ST ST. N. SUITE 390, ALABASTER, AL 35007			42. CERTIFIER LICENSE NUMBER 13145		43. DATE FILED (Month, Day, Year) April 2, 2009		
44. REGISTRAR—Signature <i>Sheila Keller</i>			45. For State or County use only				

### 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 or respiratory arrest, shock, or heart failure. LIST ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (Final disease or condition resulting in death) → <b>CARDIO RESPIRATORY ARREST</b>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
a. DUE TO (OR AS A CONSEQUENCE OF):			
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. <b>DEPRESSION, MALNUTRITION, HYPERTENSION</b>			48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unt.)
49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) <b>NATURAL</b>		50. AUTOPSY (Specify Yes or No) <b>NO</b>	51. If yes, were findings considered in determining cause of death? (Specify Yes or No)
52. HOW INJURY OCCURRED (Enter nature of injury in item 46, Part I or item 47, Part II)		53. DATE OF INJURY (Month, Day, Year)	54. HOUR OF INJURY
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.

APR 03 2009

ADPH-HS 2/Rev. 11-93

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2009-394-719-0

*Catherine M. Donald*

Catherine Molchan Donald

# Real Estate Sales Validation Form



20220315000106290 5/5 \$37.00  
Shelby Cnty Judge of Probate, AL  
03/15/2022 10:01:59 AM FILED/CERT

This Document must be filed in accordance with Code of Alabama 1975, Sec

Grantor's Name Est. of Lela Canady  
Mailing Address P.O. Box 437  
CALEBA, AL 35040

Grantee's Name Anita Cofer  
Mailing Address 550 Cedar Lake Dr.  
CALEBA, AL 35040

Property Address 1844 19th St.  
CALEBA, AL 35040

Date of Sale 3-14-22  
Total Purchase Price \$

or  
Actual Value \$

or  
Assessor's Market Value \$ 75,600.-

The purchase price or actual value claimed on this form can be verified in the following documentary evidence: (check one) (Recordation of documentary evidence is not required)

☐ Bill of Sale  
☐ Sales Contract  
☐ Closing Statement

☒ Appraisal  
☒ Other Tax Record

If the conveyance document presented for recordation contains all of the required information referenced above, the filing of this form is not required.

## Instructions

Grantor's name and mailing address - provide the name of the person or persons conveying interest to property and their current mailing address.

Grantee's name and mailing address - provide the name of the person or persons to whom interest to property is being conveyed.

Property address - the physical address of the property being conveyed, if available.

Date of Sale - the date on which interest to the property was conveyed.

Total purchase price - the total amount paid for the purchase of the property, both real and personal, being conveyed by the instrument offered for record.

Actual value - if the property is not being sold, the true value of the property, both real and personal, being conveyed by the instrument offered for record. This may be evidenced by an appraisal conducted by a licensed appraiser or the assessor's current market value.

If no proof is provided and the value must be determined, the current estimate of fair market value, excluding current use valuation, of the property as determined by the local official charged with the responsibility of valuing property for property tax purposes will be used and the taxpayer will be penalized pursuant to Code of Alabama 1975 § 40-22-1 (h).

I attest, to the best of my knowledge and belief that the information contained in this document is true and accurate. I further understand that any false statements claimed on this form may result in the imposition of the penalty indicated in Code of Alabama 1975 § 40-22-1 (h).

Date 3/14/22

Unattested

(verified by)

Print Anita G. Cofer

Sign Anita G. Cofer  
(Grantor/Grantee/Owner/Agent) circle one

Form RT-1