

WARRANTY DEED

STATE OF ALABAMA
SHELBY COUNTY

KNOW ALL MEN BY THESE PRESENTS: That in consideration of Six Hundred Sixty-Two Thousand Two Hundred Forty-Eight and 14/100 Dollars (\$662,248.14), to the undersigned grantor in hand paid by the grantees herein, the receipt whereof is acknowledged **Ruby H. House**, a widow, by and through her Attorney-in-Fact, Christopher L. House, (herein referred to as grantor), does grant bargain, sell and convey unto **Gary Nelson**, (herein referred to as grantees), as joint tenants with right of survivorship, the following described real estate, situated in Shelby County, Alabama, to-wit:

Lots 3, 4, 5, 16, 17, 23, 24, 25, 26, 30 and 31, according to the Survey of Givhan's Subdivision of a portion of the Northeast Quarter of the Southeast Quarter and the Southeast Quarter of the Southeast Quarter of Section 4, Township 24 North, Range 12 East, as recorded in Map Book 3, Page 130, in the Office of the Judge of Probate, Shelby County, Alabama, all being situated in Shelby County, Alabama.

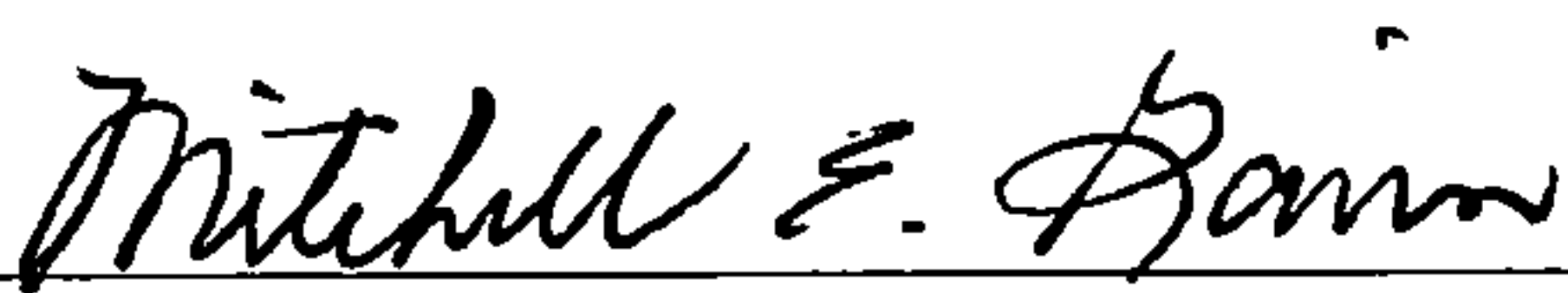
Prior Deed Reference: Card Number 20021223000639050

TO HAVE AND TO HOLD to the said grantee, his heirs and assigns forever.


And I do, for myself and for my heirs, executors and administrators, covenant with said grantee, his heirs and assigns, that I am lawfully seized in fee simple of said premises; that they are free from all encumbrances, unless otherwise stated above; that I have a good right to sell and convey the same as aforesaid; that I will, and my heirs, executors and administrators shall warrant and defend the same to the said grantee, his heirs and assigns forever, against the lawful claims of all persons.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this the 9th day of May, 2022.

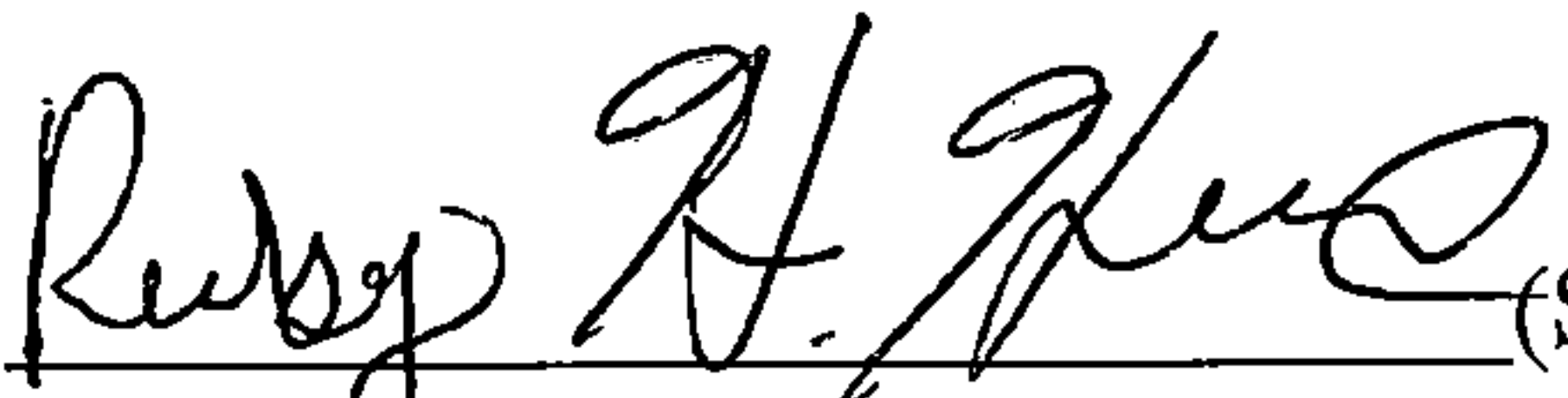
WITNESS:



(Seal)




(Seal)



(Seal)

Ruby H. House

By: 

(Seal)

Christopher L. House
Her Attorney-in-Fact

STATE OF ALABAMA)
TALLAPOOSA COUNTY)

I, the undersigned authority, a Notary Public in and for said State of Alabama at Large, hereby certify that **Christopher L. House**, whose name as Attorney-in-Fact for **Ruby H. House**, is signed to the forgoing conveyance and who is known to me, acknowledged before me this date that, being informed of the conveyance, he, in his 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 9th day of May, 2022.

Mitchell E. Gavin

NOTARY PUBLIC

My Commission Expires: July 30, 2022

THIS INSTRUMENT PREPARED BY:

Mitchell E. Gavin
Attorney At Law
1258 Lee Street, P. O. Box 248
Alexander City, Alabama 35011-0248

GRANTEE'S ADDRESS:

307 Seven Bark Trail
Jackson's Gap, Alabama 36861



20220516000199290 2/4 \$143.50
Shelby Cnty Judge of Probate, AL
05/16/2022 02:12:49 PM FILED/CERT

ALABAMA

CERTIFICATE OF DEATH

State File Number **101**TYPE IN PERMANENT
BLACK INK. DO NOT
USE GREEN, RED, OR
BLUE INK.County
File
Number3.
6.
19.
20.
26.
27.
34.

1. DECEASED—NAME First Middle Last (Type last name all capitals) Jimmy HOUSE			2. DATE OF DEATH (Month, Day, Year) October 29, 2010		3. COUNTY OF DEATH Shelby			
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Shelby 35143			5. INSIDE CITY LIMITS (Specify Yes or No) No		6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number) 56 Marigold Road			
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA) No			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 Male								
11. AGE 68 YRS.		12. UNDER 1 YEAR MOS. DAYS HOURS MINES		13. DATE OF BIRTH (Month, Day, Year) March 7, 1942		14. DECEASED'S SOCIAL SECURITY NUMBER 417-54-2406		
15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) College (1-4 or 5-+) 12			16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married		17. SURVIVING SPOUSE (If wife, give maiden name) Ruby H Hope		18. Was Decedent ever in Armed Forces (Specify Yes or No) No	
19. STATE OF BIRTH (If not in USA, name country) Alabama		20. RESIDENCE—STATE Alabama		21. COUNTY Shelby		22. CITY, TOWN, OR LOCATION AND ZIP CODE Shelby 35143		
23. INSIDE CITY LIMITS (Specify Yes or No) No		24. STREET AND NUMBER 56 Marigold Road		25. INFORMANT—Name and Address Ruby H House				
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Owner				27. KIND OF BUSINESS OR INDUSTRY Electrical Motor Repair				
28. FATHER—NAME First Middle Last Lowell Prentiss House			29. MOTHER—NAME First Middle Last Phoebe Pearlee Etrass					
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial		31. DATE OF DISPOSITION (Month, Day, Year) October 30, 2010		32. CEMETERY OR CREMATORY—Name Shelby Garden of Rest		33. LOCATION—(City or Town—State) Shelby, AL		
34. FUNERAL HOME—Name and Address Bolton Funeral Home				35. FUNERAL DIRECTOR—Signature <i>[Signature]</i>		36. DATE SIGNED BY FUNERAL DIRECTOR 11/11/2010		
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, 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>[Signature]</i>						38. DATE SIGNED (Month, Day, Year) 11/6/10		
39. TIME AND DATE OF DEATH 8:23am 10/29/2010		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) Edwin Moyo, MD				
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) 1821-20th Street Ensley Birmingham, AL 35218						43. CERTIFIER LICENSE NUMBER 6950		
44. REGISTRAR—Signature <i>[Signature]</i> For State or County use only						45. DATE FILED (Month, Day, Year) Nov 12, 2010		

SSN: **417542496**

#14 correct per FH SK 11/12/10

NAME OF DECEASED **Jimmy House**

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) → Lung Cancer with metastasis			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):					
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, or Unk.) No		
49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause)			50. AUTOPSY (Specify Yes or No) No		
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.

ADPH-HS 2/Rev. 11-83

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

[Signature]

Signature of Local Registrar

Nov 12, 2010

Date of Issue

20220516000199290 3/4 \$143.50
Shelby Cnty Judge of Probate, AL
05/16/2022 02:12:49 PM FILED/CERT

Real Estate Sales Validation Form


This Document must be filed in accordance with Code of Alabama 1975, Section 40-22-1

Grantor's Name Ruby H. House
Mailing Address P.O. Box 412
Montevallo, AL 35115

Grantee's Name Gary Nelson
Mailing Address 307 Seven Bark Trail
Jackson's Gap, AL 36861

Property Address 3820 HWY 25 S
Montevallo, AL 35115

Date of Sale _____
Total Purchase Price \$662,248.14


20220516000199290 4/4 \$143.50
Shelby Cnty Judge of Probate, AL
05/16/2022 02:12:49 PM FILED/CERT

or
Actual Value \$

or
Assessor's Market Value \$

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 ☐ Appraisal
☐ Sales Contract ☐ Other _____
☒ Closing Statement

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 5/6/22

Print Gary Nelson

☒ Unattested Mitchell S. Gann
(verified by)

Sign [Signature]
(Grantor Grantee Owner/Agent) circle one

Form RT-1