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07/11/2022 09:18:26 AM
MISCINST 1/3

Requested by and Return to:
FIDELITY NATIONAL AGENCY SOLUTIONS

6500 Pinecrest Drive, Suite 600
Plano, TX 75024
(800)943-1196

DEATH CERT

FNTE-31004623

ALABAMA
Center for Health Statistics

AM0...7

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

ALABAMA
CERTIFICATE OF DEATH

13-24480

County File Number — State File Number 101

3. 059094 001
6. —
19. 01
20. 059094
26. —
27. —
34. 37436

1. DECEASED—NAME First: Frances Middle: Naish Last (Type last name all capitals): GRUBBS
2. DATE OF DEATH (Month, Day, Year): June 29, 2013
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): 400 Wynlake Lane
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA):
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: 87 YRS.
12. UNDER 1 YEAR: MOS. DAYS
UNDER 1 DAY: HOURS MINS.
13. DATE OF BIRTH: 8/3/
14. SOCIAL SECURITY NUMBER:
15. EDUCATION (Specify ONLY highest grade completed below): Elementary or High School (0-12): College (1-4 or 5+): 2
16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced): Widowed
17. SURVIVING SPOUSE (If wife, give maiden name):
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: Alabaster 35007
23. INSIDE CITY LIMITS (Specify Yes or No): Yes
24. STREET AND NUMBER: 104 Shiraz Street
25. INFORMANT—Name and Address: Ginger Lovelady, 400 Wynlake Lane, Alabaster, AL 35007
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Homemaker
27. KIND OF BUSINESS OR INDUSTRY: Own Home
28. FATHER—NAME First: Cape Middle: Last: Naish
29. MAIDEN NAME OF MOTHER— First: Minnie Middle:
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other): Burial
31. DATE OF DISPOSITION (Month, Day, Year): 7/5/2013
32. CEMETERY OR CREMATORY—Name: Jefferson Memorial Gardens, South
33. LOCATION—(City or Town—State): Hoover, AL
34. FUNERAL HOME—Name and Address: Currie-Jefferson, 2701 John Hawkins Pkwy, Hoover, AL
35. FUNERAL DIRECTOR—Signature: Jim Corbett
36. DATE SIGNED BY FUNERAL DIRECTOR: 7/8/2013
37. ___ 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: C. Vernon Skoog M.D.
38. DATE SIGNED (Month, Day, Year): July 3, 2013
39. TIME AND DATE OF DEATH: 6/29/13 0610
40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only):
41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 44): C. Vernon Skoog M.D.
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 44): 1700 4th Ave No. Bessemer, Al 35020
43. CERTIFIER LICENSE NUMBER: 4242
44. REGISTRAR— Signature: Sheila Keller — For State or County use only
45. DATE FILED (Month, Day, Year): July 10, 2013

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) → a. Hemorrhagic stroke

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.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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.)

49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause): Natural Causes

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 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)

46. —
49. —
56. —

NAME OF DECEASED: Frances Grubbs

SSN: [redacted]

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

JUL 11 2013

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. 2017-102-273-3

January 4, 2017

Catherine M. Donald

Catherine Molchan Donald
State Registrar of Vital Statistics

Exhibit A

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF SHELBY, STATE OF ALABAMA, AND IS DESCRIBED AS FOLLOWS:

LOT 17 ACCORDING TO THE SURVEY OF WYNLAKE SUBDIVISION PHASE II AS RECORDED IN MAP BOOK 20, PAGE 12 A&B, SHELBY COUNTY, ALABAMA RECORDS.

Parcel ID:23 5 22 0 006 017.000

Commonly known as 400 Wynlake Lane, Alabaster, AL 35007
However, by showing this address no additional coverage is provided

Source of Title Deed Instrument: 20080122000026290.

Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County Clerk
Shelby County, AL
07/11/2022 09:18:26 AM
$28.00 JOANN
20220711000272330