

QUIT CLAIM DEED

STATE OF ALABAMA SHELBY COUNTY

KNOW ALL MEN BY THESE PRESENTS, That in consideration of the sum of Ten Dollars and no/100-----(\$10.00) DOLLARS paid by Grantees, the receipt whereof is hereby acknowledged, the undersigned, we, Olonia B. Jones, a single individual, Willie B. Jones, a single individual, and Laura A. Peoples, a married individual, do remise, release, quit-claim, and convey to the said Olonia B. Jones and Susan Chappell, their assigns and the survivor of them, their heirs and assigns all right, title, interest and claim, in and to the following described real estate, situated in the County of Shelby and the State of Alabama, to-wit:

North, Range 12 East, and from said southwest corner run a distance of 794.75 feet on a bearing of North 11°33'East to a point, thence turn an angle of 62°06' to the right for a distance of 128.00 feet; thence turn an angle of 90° to the left for a distance of 84.0 feet; thence turn an angle of 90° to the right for a distance of 15.5 feet to a point on the north side of a public driveway, thence turn an angle of 90° to the right for a distance of 15.0 feet to the south side of said driveway to the point of beginning of lot herein described, thence turn an angle of 90° to the left along said driveway for a distance of 57.42 feet; thence turn an angle of 90° to the right for a distance of 131.75 fee, thence turn an angle of 90° to the right along said driveway for a distance of 131.75 feet, to the point of beginning. Said lot being a part of Block 4 of Seamon D. Brown Survey of East Montevallo.

This conveyance is further made subject to the existing note, mortgage and indebtedness, which the Grantee expressly agrees to assume and take this conveyance subject to as well as any second mortgage, equity lines of credit, judgments or other monetary liens.

Subject to all covenants, conditions, restrictions, reservations, easements and rights of way appearing of record and affecting said real property.

It is the intention of Grantor(s) and Grantees herein that the title be taken in the Grantees joint names as tenants in common for life with cross-contingent remainders to the survivor in fee, and that this estate be destructible only with the consent of both Grantees.

Grantor certifies this property is not his/her homestead nor the homestead of his/her spouse.

Grantors certify they are the heirs of Willie B. Jones who obtained ownership of the above described property by Warranty Deed recorded in Book 260 at Page 290. Willie B. Jones died on June 23, 1983.

This is a Scrivener's Deed. No title search has been performed by the preparer of this deed. No title opinion is rendered by the preparer of this deed upon which either Grantor or Grantees can rely.

Shelby County, AL 08/15/2022 State of Alabama Deed Tax:\$64.00



20220815000319400 2/5 \$99.00 Shelby Cnty Judge of Probate, AL 08/15/2022 02:02:59 PM FILED/CERT

2022.

Pursuant to Code of Alabama (1975) Section 40-22-1 as amended, the preparer of this conveyance represents that: The Grantor's mailing address is: PO Box 335 Montevallo, AL 35115 The Grantees mailing address: PO Box 335 Montevallo, AL 35115 The address of the within conveyed property is: 150 Dauphin Way, Montevallo, AL 35115 The date of this conveyance is as appears below. The total purchase price is \$63,900.00 which has been verified in the following documentary evidence retained by the preparer of this conveyance: ____ Closing Statement ____ Appraisal Bill of Sale Sales Contract (Shelby County Revenue) TO HAVE AND TO HOLD the aforegranted premises unto said Grantees, for and during their joint lives and upon the death of either of them, then to the survivor of them in fee simple, and to their heirs and assigns of such survivor forever, together with every contingent remainder and right of reversion. Olonia B. Jones // STATE OF ALABAMA COUNTY Shelbi I, the undersigned authority, a Notary Public in and for the said County in said State, hereby certify that Olonia B. Jones, whose name is signed to the foregoing conveyance, and who is known to me, acknowledged before me on this day, that, being informed of the contents of the conveyance she has executed the same voluntarily, on the day the same bears date.

Notary Public

My Commission ExpiresNotary Public, Alabama State At Large

My Commission Expires Aug. 08, 2023

Given under my hand this the _

•	JIN WITNESS	WHEREOF, I1,	nave hereunto 22.	set my hand a	and seal this	12	day of
				•		•	

Willie B. Jones

|--|

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STATE OF TENNESSEE	•
Davidson	COUNTY

I, the undersigned authority, a Notary Public in and for the said County in said State, hereby certify that **Willie B. Jones**, whose name is signed to the foregoing conveyance, and who is known to me, acknowledged before me on this day, that, being informed of the contents of the conveyance he has executed the same voluntarily, on the day the same bears date.

Given under my hand this the 1200 day of 500 day of 500, 2022.

STATE
OF
TENNESSEE
NOTARY
PUBLIC

Notary Public(

My Commission Expires:

My Commission Expires
October 2, 2023

5 4

20220815000319400 4/5 \$99.00 Shelby Cnty Judge of Probate, AL 08/15/2022 02:02:59 PM FILED/CERT

IN WITNESS WHEREOF, I have 2022 .	hereunto set my hand and seal this	day of
	Laura A. Peoples	<u>2</u>
STATE OF ALABAMA		
Shelby COUNTY		
I, the undersigned authority, a Nota hereby certify that Laura A. Peoples, who who is known to me, acknowledged before of the conveyance she has executed the same	e me on this day, that, being informe	conveyance, and ed of the contents
Given under my hand this the	day of July	, 2022.
	Notary Public My Commission Expires.	17/2024
	I. Al.	ON LOVE POLICE NOT A PAINTING THE ATTENTION OF THE ATTENT

Deed Prep only; no title search done by Scrivener

Prepared by:
Kristi C. Fuller, Esq.
8325 Crossland Loop
Montgomery, AL 36117
Telephone (334) 356-8818
Facsimile (334) 356-8810

ALABAMA Center for Health Statistics



20220815000319400 5/5 \$99.00 Shelby Cnty Judge of Probate, AL 08/15/2022 02:02:59 PM FILED/CERT

YPE, OR PRINT IN	<u> </u>		TE OF ALABAMA FICATE OF DEAT	'H	STATE FILE	3 1915	
PERMANENT INK	DECEASED-NAME FIRST	Mil	DOLE	LA,ST	DATE OF DEATH (MONTH, DAY, YEAR)		
	will.	ie B.	د	ONES	2. June 23	, 1983	
	_	BIRTHDAY	DER I YEAR UNDER 1 DA	TO VEADI	<u></u>	·	
	Black 21	M MEAR 7 55.	S. DAYS HOURS MIN	1.11-1-1908	3. Shelby	; ;	
	CITY, TOWN, OR LOCATION OF DEATH	INSID		OR OTHER INSTITUTION-NAM	ME (IF NOT IN EITHER, GIVE	STREET AND NUMBER)	
E SASED	Montevallo (759045 76	Yes 7d. 15	1 Daphin St	reet 00	<u> </u>	
	STATE OF BIRTH (IF NOT IN U.S.A., NA	ME CITIZEN OF WHAT CO		VER MARRIED, SURVIN	ING SPOUSE (IF WIFE, GIVE	MAIDEN NAME)	
UAL RESIDENCE ERE DECEASED	. Alabama 0	USA.	10. Wic	lowed 3 11.	None	None	
ED. IF DEATH	SOCIAL SECURITY NUMBER		LIFE, EVEN IF RETIRED)	E DURING KIND OF BUSINES	SS OR INDUSTRY		
CURRED IN STITUTION, GIVE		132. Mechar	-	13b. Sout	thern Cemen	t Company	
MISSION.	1 0 4 5	1	ITY, TOWN, or LOCATION	INSIDE CITY LIMI (SPECIFY_YES OR	NOV		
₹ (141. Alabanfa _	14b. Shelby 1	4. Montevall	o 14d. Yes	1,4. 151 D	aphin Stree.	
PARENTS.	FATHER-NAME WILL	MIDDLE		HER-MAIDEN NAME FIRS	middle mia	Miller	
*	13.		erry 16.				
÷ ·	PHYSICIAN'S NAME (IF ANY) DY	,		Mr.a. rat	ra Peoples	: 	
<u> </u>	17a. ADDRESS Alabaste:	r, Alabama	176. ADDRESS	151 Daphin	St. Montev		
7	PART I. DEATH WAS CAU	SED BY:	ENTER ONLY ONE CAUSE P	ER LINE FOR (a), (b), and (c)]		BETWEEN ONSET AND DEATH	
	IMMEDIATE CAUSE (a)	Cere no V	acular	as all	V		
M E D	WHICH GAVE RISE TO (b)	A CONSEQUENCE OF:	Muleun			; ,	
CAUSE C	LYING CAUSE LAST (c)	OR AS A CONSEQUENCE OF:	·	·	4299	: :	
WAS IN TTENDANCE MEDICAL C		BUT NOT RELATED TO CAUSE	_		IN DETERMINING CAUSE	WAS THERE A PREGNANCY IN LAST SIX MONTHS (YES, NO, UNK.) NO	
SHOULD BE R	OR UNDETERMINED (SPECIFY)	TE OF INJURY (MONTH, DAY,		HOW INJURY OCCURRED (E	NTER NATURE OF INJURY IN	PART I OR PART II, ITEM 36)	
HEALTH I FOR TORONER	INJURY AT WORK PLACE OF	INJURY AT HOME, FARM, STR., OFFICE BLOG., ETC. (SPECIF)	EET, LOCATION	(STREET OR R.F.D. ND.)	CITY OR TOWN, STATE)	<u> </u>	
C A	CERTIFICATION— MONTH DA PHYSICIAN: 1 ATTENDED THE FEB. 1	6, 1982 ₆ .06-23-	ALIVEO	BODY	TO NOT VIEW THE DEATH OCK AFTER DEATH. (HOUR)	CURRED At the place, on the date, and to the best of my knowledge, due to the . M. cause(s) stated.	
CERTIFIER 0	CERTIFICATION-CORONER OR HEALTI pasts of the examination of the body and/or my opinion death occurred on the date and	H OFFICER: On the the investigation, in	HOUR OF DEATH	THE DECEDENT WA	S PRONOUNCED DEAD	HOUR 183 N/S	
	CERTIFIER-PHY, CORONER OR HEALT	HOFFICER (TYPE OR PRINT)		M. 22b. DEG		SIGNED (MONTH, DAY, YEAR)	
شبيه	MAILING ADDRESS-CERTIFIER		ET OR R.F.P.NO.	AITARACTER	AL ARAMA	35007	
· -	BURIAL, CREMATION, REMOVAL	SEMETERY OR CREMATO	NY-NAME	LOCATION	TEADAINA ST	ATE	
	(SPECIFYL B	Monteval		v Montev		ama , 334	
				J 24c.			
	BUTIAL (MONTH, DAY, YEAR)	FUNERAL HOME—NAME	AND ADDRESS	(STREET OF R.F.D. NO. CITY	OR TOWN, STATE, ZIPI		
BURIAL:	276,	FUNERAL HOME-NAME	and address leral Chape		•	ham, Ala:	

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2022-374-381-1

Nicole Henderson Rushing

State Registrar of Vital Statistics