20221005000380480 1/7 $50.00
Shelby Cnty Judge of Probate, AL
10/05/2022 12:33:13 PM FILED/CERT

Prepared By

Name: Deelana Borden
Address: 5068 Sutherland Road
Mount Olive
State: Alabama Zip Code: 35117

After Recording Return To

Name: Melisa L. Rascoe
Address: 1001 Leonard Road
Fultondale
State: Alabama Zip Code: 35068

Space Above This Line for Recorder's Use

ALABAMA GENERAL WARRANTY DEED

STATE OF ALABAMA
Shelby COUNTY

KNOW ALL MEN BY THESE PRESENTS, That for and in consideration of the sum of Ten Thousand and no/100 ($10,000.0) in hand paid to Nita Ogg, a unremarried widow, residing at 1108 Mountain Drive, County of Jefferson, City of Fultondale, State of Alabama (hereinafter known as the "Grantor(s)") hereby grants, bargains, and sells to Melisa Lea Rascoe or Thomas Clint Rascoe, a married couple, residing at 1001 Leonard Road, County of Jefferson, City of Fultondale, State of Alabama (hereinafter known as the "Grantee(s)") the following *described real estate (*and in Exhibit A if attached), situated in Shelby County, Alabama to-wit:

Lot 1, Block 8, according to Glasscock's Subdivision on Spring Creek, and Coosa River, which is located in the SE 1/4 of the NE 1/4, Section 12, Township 24 North, Range 15 East the map of said subdivision being recorded in Map Book 4, page 23 in the Probate Office of Shelby County , Alabama, being situtated in Shelby County, Alabama.

[INSERT LEGAL DESCRIPTION HERE AND/OR ATTACH EXHIBIT A]

TOGETHER WITH all the rights, members and appurtenances to the Real Estate in anywise appertaining or belonging thereto.

Shelby County, AL 10/05/2022
State of Alabama
Deed Tax:$10.00

20221005000380480 2/7 $50.00
Shelby Cnty Judge of Probate, AL
10/05/2022 12:33:13 PM FILED/CERT

TO HAVE AND TO HOLD, the tract or parcel of land above described together with all and singular the rights, privileges, tenements, appurtenances, and improvements unto the said Grantees, their heirs and assigns forever. With Rights of Survivorship.

And said Grantors, for said Grantors, their heirs, successors, executors and administrators, covenants with Grantees, and with their heirs and assigns, that Grantors are lawfully seized in fee simple of the said Real Estate; that said Real Estate is free and clear from all Liens and Encumbrances, except as hereinabove set forth, and except for taxes due for the current and subsequent years, and except for any Restrictions pertaining to the Real Estate of record in the Probate Office of said County; and that Grantors will, and their heirs, executors and administrators shall, warrant and defend the same to said Grantees, and their heirs and assigns, forever against the lawful claims of all persons.

IN WITNESS WHEREOF, Grantor has executed and delivered this General Warranty Deed under seal as of the day and year first above written.

Nita Ogg Dee Lana Borden POA
Grantor's Signature

Nita Ogg Deelana Borden POA
Grantor's Name

5068 Sutherland Rd.
Address

Mt. Olive, AL 35117
City, State & Zip

Nita Ogg Dee Lana Borden POA
Grantor's Signature

Nita Ogg Deelana Borden
Grantor's Name

5068 Sutherland Rd.
Address

Mt. Olive, AL 35117
City, State & Zip

In Witness Whereof,

Witness's Signature

Witness's Name

Address

City, State & Zip

Witness's Signature

Witness's Name

Address

City, State & Zip

20221005000380480 3/7 $50.00
Shelby Cnty Judge of Probate, AL
10/05/2022 12:33:13 PM FILED/CERT

STATE OF ALABAMA)

COUNTY OF Jefferson)

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that DeeLana Borden as POA/Neta whose names are signed to the foregoing instrument, and who is known to me, acknowledged before me on this day that, being informed of the contents of the instrument, they, executed the same voluntarily on the day the same bears date.

Given under my hand this 4th day of October, 2022.

Notary Public

My Commission Expires: 4/6/2026

20221005000380480 4/7 $50.00
Shelby Cnty Judge of Probate, AL
10/05/2022 12:33:13 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	Nita Ogg	Grantee's Name	Melisa L. Rascoe
Mailing Address	1108 Mountain Drive	Mailing Address	1001 Leonard Road
	Fultondale, Alabama 35068		Fultonale, Alabama 35068
Property Address	Lot 1, Block 8	Date of Sale	10/3/2022
	Glasscock Subdivision on	Total Purchase Price	$10,000.00
	Spring Creek	or	
	Parcel# 33 1 12 1 001 031.000	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
- [ ] Sales Contract
- [ ] Closing Statement
- [ ] Appraisal
- [x] Other Tax Assessment Form

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 10-5-22 Print Nita Ogg DeeLana Borden POA

[ ] Unattested _____ Sign Nita Ogg DeeLana Borden POA
(verified by) (Grantor/Grantee/Owner/Agent) circle one

Form RT-1

eForms

THE FRONT OF THIS DOCUMENT IS PINK - THE BACK OF THIS DOCUMENT IS BLUE AND HAS AN ARTIFICIAL WATERMARK

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

ALABAMA

CERTIFICATE OF DEATH

County File Number —

State File Number 101

3. _____
6. _____
19. _____
20. _____
26. _____
27. _____
34. _____

1. DECEASED—NAME First	Middle	Last (Type last name all capitals)	2. DATE OF DEATH (Month, Day, Year)	3. COUNTY OF DEATH
Raymond	Alan	OGG	November 1,2009	Jefferson

4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE	5. INSIDE CITY LIMITS (Specify Yes or No)	6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number)
Birmingham 35223	Yes	University of Alabama

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.	9. RACE—(Specify American Indian, Black, White, etc.)	10. SEX
Inpatient	No	White	Male

11. AGE	12. UNDER 1 YEAR		UNDER 1 DAY		13. DATE OF BIRTH (Month, Day, Year)	14. DECEASED'S SOCIAL SECURITY NUMBER
42 YRS.	MOS.	DAYS	HOURS	MINS.	July 5, 1967	288-66-6538

15. EDUCATION (Specify ONLY highest grade completed below)		16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced)	17. SURVIVING SPOUSE (If wife, give maiden name)	18. Was Decedent ever in Armed Forces (Specify Yes or No)
Elementary or High School (0-12)	College (1-4 or 5+)			
	4	Married	Nita Wells	No

19. STATE OF BIRTH (If not in USA, name country)	20. RESIDENCE—STATE	21. COUNTY	22. CITY, TOWN, OR LOCATION AND ZIP CODE
Ohio	Alabama	Jefferson	Mt. Olive 35117

23. INSIDE CITY LIMITS (Specify Yes or No)	24. STREET AND NUMBER	25. INFORMANT—Name and Address
Yes	5068 Southerland Road	Nita Ogg 5068 Southerland Road Mt. Olive, Alabama

26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	27. KIND OF BUSINESS OR INDUSTRY
Basketball Player	Professional Basketball

28. FATHER—NAME. First	Middle	Last	29. MAIDEN NAME OF MOTHER— First	Middle	Last
Mike		Ogg	Patricia		Vines

30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other)	31. DATE OF DISPOSITION (Month, Day, Year)	32. CEMETERY OR CREMATORY—Name	33. LOCATION—(City or Town—State)
Cremation	Nov. 4,2009	Johns Ridout's Crematory	Birmingham, Alabama

34. FUNERAL HOME—Name and Address	35. FUNERAL DIRECTOR—Signature	36. DATE SIGNED BY FUNERAL DIRECTOR
Ridout's Gardendale Chapel 2029 Decatur Hwy. G'Dale., Al 35071	Shirley Chappell	Nov. 3 ,2009

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: David J. Mooney, MD

38. DATE SIGNED (Month, Day, Year): Nov 1, 2009

39. TIME AND DATE OF DEATH	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)
15:38 11/01/09		David J. Mooney, Physician

42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)	43. CERTIFIER LICENSE NUMBER
619 South 19th Street, University of Alabama Hospital, Birmingham, AL 35233	AL # Resident

44. REGISTRAR— Signature	For State or County use only	45. DATE FILED (Month, Day, Year)
Rosella Jacks		Nov 6, 2009

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.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Respiratory Failure	
DUE TO (OR AS A CONSEQUENCE OF): b. Mitral Valve Endocarditis	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST — DUE TO (OR AS A CONSEQUENCE OF): c.	
d.	

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.)
Prior Mitral Valve Replacement	No

49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause)	50. AUTOPSY (Specify Yes or No)	51. If yes, were findings considered in determining cause of death? (Specify Yes or No)
Natural Cause	No	

52. HOW INJURY OCCURRED (Enter nature of injury in Item 46, Part 1 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. _____
19. _____

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

ADPH-HS 2/Rev. 11-93

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

Rosella Jacks
Signature of Local or Deputy Registrar

November 10, 2009
Date of Issue

PURCHASED

BURIAL PERMIT

THE FRONT OF THIS DOCUMENT IS PINK - THE BACK OF THIS DOCUMENT IS BLUE AND HAS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

Not Valid Without Attached Page

ALABAMA
Center for Health Statistics

ALABAMA CERTIFICATE OF DEATH State File Number 101 2015-12416

1. DECEASED LEGAL NAME: Johnny Dale Foshee				2. DATE AND TIME OF DEATH: Mar 31, 2015 1704
3. ALIAS NAME(IF ANY): None Given				4. DATE AND TIME PRONOUNCED DEAD:
5. COUNTY OF DEATH: Jefferson	6. CITY, TOWN OR LOCATION OF DEATH AND ZIP: Birmingham, 35233		7. PLACE OF DEATH: University of Alabama Hospital	
8. HISPANIC ORIGIN: No	9. RACE: White		10. SEX: Female	11. SERVED IN ARMED FORCES: Yes
12. AGE: 65	UNDER 1 YEAR: MONTHS / DAYS	UNDER 1 DAY: HRS / MINS	13. DATE OF BIRTH: Jun 26, 1949	14. STATE OF BIRTH: Alabama / 15. SOCIAL SECURITY NUMBER: 423-66-5811
16. MARITAL STATUS: Married	17. SURVIVING SPOUSE: Nita Kaye Wells			18. RESIDENCE STATE: Alabama
19. RESIDENCE COUNTY: Jefferson	20. CITY, TOWN OR LOCATION AND ZIP: Fultondale, 35068	21. STREET ADDRESS: 1108 Mountain Drive		
22. INFORMANT NAME, RELATIONSHIP AND ADDRESS: Nita Foshee, Relationship: Wife 1108 Mountain Drive Fultondale, Alabama 35068			23. OCCUPATION: Security 24. BUSINESS OR INDUSTRY: ACIPCO	
25. FATHER'S NAME: Unknown	26. MOTHER'S MAIDEN NAME: Ruby Marcella Foshee			
27. DISPOSITION OF BODY: Cremation	28. DATE OF DISPOSITION: Apr 2, 2015	29. CEMETERY OR CREMATORY: Abanks Mortuary	30. LOCATION: Birmingham, Alabama	
31. FUNERAL HOME NAME AND ADDRESS: Abanks Mortuary, 808 5Th Avenue North, Birmingham, AL 35203				32. LICENSE NUMBER:
33. FUNERAL DIRECTOR: Carey Bryant Boals		34. LICENSE NUMBER:	35. DATE SIGNED: Apr 6, 2015	
36. MEDICAL CERTIFICATION: X CERTIFYING PHYSICIAN ___ MEDICAL EXAMINER ___ CORONER				
37. NAME: Ashley C Nichols MD		38. LICENSE NUMBER: 28688	39. DATE SIGNED: Apr 2, 2015	
40. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH: 1713 6th Ave South, Birmingham, Alabama 35233				
41. REGISTRAR: Catherine Molchan Donald			42. DATE FILED: Apr 6, 2015	

CAUSE OF DEATH

43. PART I. DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED DEATH	INTERVAL
IMMEDIATE CAUSE — A. acute left MCA stroke	5 days
DUE TO (OR AS A CONSEQUENCE OF): B. HTN	Unknown
UNDERLYING CAUSE — DUE TO (OR AS A CONSEQUENCE OF): C. Hyperlipidemia	Unknown
DUE TO (OR AS A CONSEQUENCE OF): D.	

44. PART II. OTHER SIGNIFICANT CONDITONS CONTRIBUTING TO DEATH: COPD

45. MANNER OF DEATH	46. PREGNANCY IN LAST 42 DAYS	47. AUTOPSY	48. FINDINGS CONSIDERED	49. DATE AND TIME OF INJURY
Natural Cause	No	No		

50. HOW INJURY OCCURRED:

51. INJURY AT WORK	52. PLACE OF INJURY	53. LOCATION OF INJURY

ADPH HS E2/REV 07-10

Attachment Page

ALABAMA
Center for Health Statistics

Amendment No. **044261**

ALABAMA
AMENDMENT TO RECORD OF DEATH
This amendment corrects the record identified below.

INFORMATION FROM ORIGINAL RECORD:

Certificate No. **2015-12416**

Name **Johnny D. FOSHEE**

Date of Death **March 31, 2015**

County of Death **Jefferson**

File Date **April 6, 2015**

ITEM#	ITEM DESCRIPTION	CORRECT INFORMATION
10	Sex	Male

EVIDENCE SUPPORTING CORRECTION:

Decedent's birth certificate, filed in Alabama Vital Records, Year 1949, Page 40152; and a request from Nita Foshee, wife/informant.

PERSON REQUESTING CORRECTION:

Name NITA FOSHEE

Relationship WIFE/INFORMANT

Address 1108 MOUNTAIN DRIVE

City, State, Zip FULTONDALE, AL 35068

I certify the foregoing amendment is hereby made a part of the record concerned without determination of its probative value. Done this **19th** day of **May**, **2015**.

By Kimberly Smith
Recording Clerk

ADPH-F-HS-38/Rev. 4-08

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2021-414-427-9

~~September~~ 15, 2021

Nicole H. Rushing
Nicole Henderson Rushing
State Registrar of Vital Statistics