20221025000401710
10/25/2022 03:56:54 PM
DEEDS 1/6

Commitment Number: 220549226
Seller's Loan Number: 11242206661405

This instrument prepared by: George M. Vaughn, Esq., 8940 Main Street, Clarence, NY 14031, 866-333-3081.

After Recording Return To:
ServiceLink, LLC
1325 Cherrington Parkway
Coraopolis, PA 15108

PROPERTY APPRAISAL (TAX/APN) PARCEL IDENTIFICATION NUMBER 27521330200600O

GENERAL WARRANTY DEED

CATHERINE LEGG, surviving spouse of Bill R. Legg who passed from this life on 9/25/2014 as evidenced by the attached Certificate of Death, whose mailing address is **PO BOX 164, MONTEVALLO, AL 35115**, hereinafter grantor, for $0.00 (Zero Dollars and Zero Cents) in consideration paid, grants, with general warranty covenants to **CLAY SMITHERMAN** and **STEPHANIE SMITHERMAN, HUSBAND AND WIFE,** hereinafter grantees, whose tax mailing address is **831 VINE ST., MONTEVALLO, AL 35115**, the following real property:

The part of lot 10, of the original plat of Montevallo, fronting 60 feet on vine street; begin at point on west margin of vine street 80 feet NW of the eastern most corner of block 10; thence SW perpendicular to vine street along Lewis lot to within 6 feet of the center of block 10; thence northwest parallel with vine street 60 feet; thence northeast parallel with valley street to west margin of vine street; thence southeast along margin of vine street to point of beginning. Also, 10 feet from Hattie Lyman which makes frontage on vine street 70 feet extending back 140 feet; being situated in Shelby county, Alabama. Less and except any part of subject property lying within the alley. Commonly known as: 831 Vine St, Montevallo, AL 35115 Parcel ID: 27521330200600O

Property Address is: 831 VINE ST., MONTEVALLO, AL 35115

Prior instrument reference: **Official Records Book 225, Page 822**

Seller makes no representations or warranties, of any kind or nature whatsoever, other than those set out above, whether expressed, implied, implied by law, or otherwise, concerning the condition of the title of the property prior to the date the seller acquired title.

The real property described above is conveyed subject to general warranty covenants, the following: All easements, covenants, conditions and restrictions of record; All legal highways; Zoning, building and other laws, ordinances and regulations; Real estate taxes and assessments not yet due and payable; Rights of tenants in possession.

TO HAVE AND TO HOLD the same together with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title interest, lien equity and claim whatsoever of the said grantor, either in law or equity, to the only proper use, benefit and behalf of the grantees forever.

Executed by the undersigned on October 13, 2022:

Catherine Legg, By Melvin T. Thomas Smitherman, POA

CATHERINE LEGG, BY MELVIN THOMAS SMITHERMAN
AS ATTORNEY IN FACT

STATE OF Alabama
COUNTY OF Shelby

I, the undersigned, a Notary Public in and for the aforesaid County and State, hereby certify that **MELVIN THOMAS SMITHERMAN AS ATTORNEY IN FACT for CATHERINE LEGG,** whose name is signed to the foregoing conveyance, and who is known to me, acknowledged before me on this date that, being informed of the contents of the conveyance, he/she, executed the same voluntarily on the day the same bears date.

Given under my hand an official seal this 13th day of October, 2022

Charlena Caldwell
Notary Public

Charlena Caldwell
My Commission Expires
12/26/2023

CHARLENA CALDWELL
NOTARY PUBLIC
ALABAMA STATE AT LARGE
My Commission Expires
DEC 26 2023

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

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

ALABAMA

CERTIFICATE OF DEATH

County File Number –

State File Number 101

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

DECEASED

1. DECEASED – NAME First	Middle	Last (Type last name in all capitals)	2. DATE OF DEATH (Month, Day, Year)	3. COUNTY OF DEATH
Billy	Roanza	LEGG	September 25, 2014	Shelby

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 either, give street and number)
Montevallo 35115	Yes	831 Vine Street

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, White, Black, etc.)	10. SEX
	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
77 YRS.	MOS.	DAYS	HOURS	MINS.	August 19, 1937	

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+)			
12		Married	Catherine Bridges	No

19. STATE OF BIRTH (If not USA, name country)	20. RESIDENCE – STATE	21. COUNTY	22. CITY, TOWN, OR LOCATION AND ZIP CODE
Alabama	Alabama	Shelby	Montevallo 35115

23. INSIDE CITY LIMITS (Specify Yes or No)	24. STREET AND NUMBER	25. INFORMANT – Name and Address
Yes	831 Vine Street	Catherine B. Legg 831 Vine Street Montevallo, AL 35115

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

28. FATHER – NAME First	Middle	Last	29. MAIDEN NAME OF MOTHER – First	Middle	Last
Roy	C.	Legg	Mary		Weed

BURIAL

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	10/05/2014	Johns-Ridout's	Birmingham, Alabama

34. FUNERAL HOME – Name and Address	35. FUNERAL DIRECTOR – Signature	36. DATE SIGNED BY FUNERAL DIRECTOR
Rockco Funeral Home P.O. Box 647, Montevallo, AL 35115		10/13/2014

CERTIFIER

37. ___ Certifying Physician (Physician certifying cause of death) – To the best of my knowledge, death occurred at the time and date 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: [signature] 9-25-14

38. DATE SIGNED (Month, Day, Year): 09-25-2014

39. TIME AND DATE OF DEATH	40. DATE AND TIME PRONOUNCED DEAD (For Coroner/ME use only)	41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)
3:33 AM 9-25-14		Anthony Grulla MD

42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)	43. CERTIFIER LICENSE NUMBER
22266 Hwy 25 Columbiana, AL 35051	16752

44. REGISTRAR – Signature	For State or County use only	45. DATE FILED (Month, Day, Year)
Sheila Keller		Oct 16, 2014

MEDICAL CERTIFICATION

CAUSE OF DEATH

46. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac 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. Pulmonary Edema.	4 days
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): b. Congestive Heart Failure	
	DUE TO (OR AS A CONSEQUENCE OF): c.	
	DUE TO (OR AS A CONSEQUENCE OF): 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, Unk.) 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 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.
55.

SSN: ___

NAME OF DECEASED ___ B R Legg

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 Shelby County Health Department

Sheila Keller
Signature of Local Registrar

Oct 16, 2014
Date of Issue

Real Estate Sales Validation Form

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

Grantor's Name	CATHERINE LEGG	Grantee's Name	CLAY SMITHERMAN and STEPHANIE SMITHERMAN
Mailing Address	PO BOX 164, MONTEVALLO, AL 35115	Mailing Address	831 VINE ST., MONTEVALLO, AL 35115
Property Address	831 VINE ST., MONTEVALLO, AL 35115	Date of Sale	10/13/2022
		Total Purchase Price	235,000.00
		or	
		Actual Value	$
		or	
		Assessor's Market Value	$

The purchase price or actual value claim Allison S. Boyd orm can be verified in the following documentary evidence: (check one) (Recordation of documentary evidence is not required)

____ Bill of Sale	____ Appraisal
____ Sales Contract	____ Other
_X_ 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 10/17/2022 Print JENNIFER DURKOS

____ Unattested _____ Sign _____

(verified by) (Grantor/Grantee/Owner/Agent) circle one

Form RT-1