



20230206000030650 1/3 \$28.00  
Shelby Cnty Judge of Probate, AL  
02/06/2023 01:11:10 PM FILED/GERT

# Small Estate Affidavit

## Affidavit for Collection of Property

I, John Kerns, of 130 Stone Hill Circle, Pelham, Alabama, 35124, hereinafter known as the "Affiant" certify that all of the following statements are true in regards to the Estate of Helen Kerns who has passed away in the State of Alabama, County of Shelby:

1. Decedent, Helen Kerns, died on 09/18/21 in the County of Shelby, in the State of Alabama.
2. A copy of the decedent's death certificate will be submitted along with this affidavit.
3. The value of the assets of the decedent's estate exceeds the estate's known liabilities.
4. The Decedent does not have any liabilities and/or debts owed to creditors.
5. The value of the decedent's estate does not exceed the monetary limit of \$32,047 imposed by the State of Alabama.
6. There is no pending administration of the decedent's estate.
7. There is no reasonable expectation that probate of the decedent's estate is soon to commence.
8. The total number of heirs or devisees to the decedent is One (1) identified as:  
John Robert Kerns III is the Decedent's Husband and is entitled to the following property:  
There are no additional assets or property of the Decedent.
9. All heirs or devisees will be given notice of this affidavit within 30 days of filing.
10. This document is governed under the laws in the State of Alabama and shall not be filed with any local authority until the minimum time period has passed after the death of the Decedent.

John Robert Kerns III  
Signature of Affiant, John Kerns

This form has been signed in the presence of a notary public.



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Signed and sworn to me on the 2/6/23.

State of Alabama

County of Shelby

I, Celena Lynn Landry Collett the undersigned authority in and for said County in said State, hereby certify that John Kerns, whose name is signed as the Affiant in this small estate affidavit, and who is known to me, acknowledged before me on this day that, being informed of the contents of the said document, (s)he executed the same voluntarily on 2/6/23.

Given under my hand this 2/6/23.

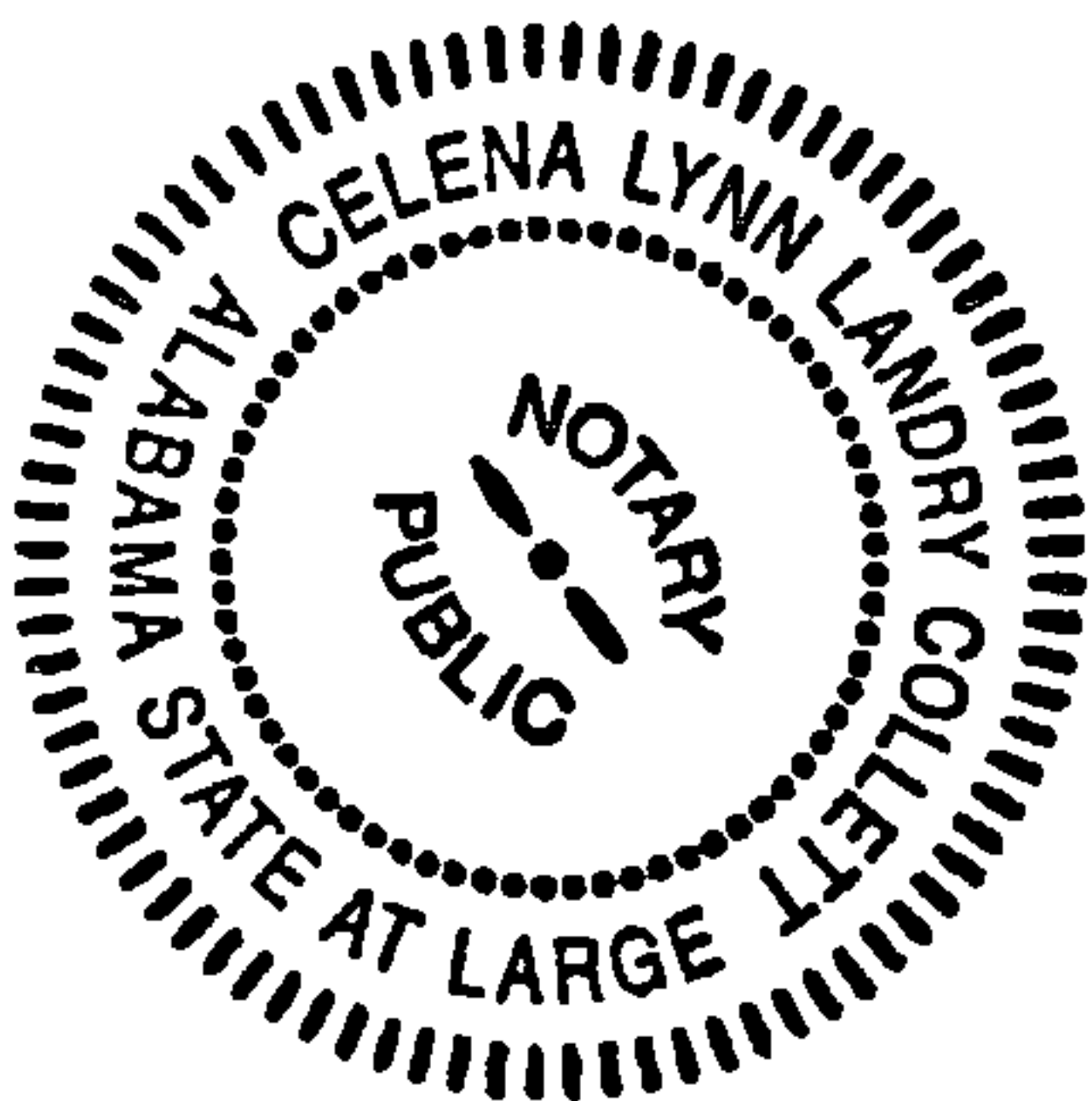
Notary Public Signature Celena Lynn Landry Collett

Printed Name: Celena Lynn Landry Collett

State of Alabama

My commission expires: 8-30-2023

(Notary Seal)



**ALABAMA**  
**Center for Health Statistics**  
**ALABAMA CERTIFICATE OF DEATH**

State  
File  
Number

**101 2021-47227**

|                                                                                                                               |                                             |                                                                                  |  |                                                                        |  |                                           |         |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------------------------------------------------------|--|------------------------------------------------------------------------|--|-------------------------------------------|---------|
| 1. DECEASED LEGAL NAME<br>Helen Salzmman Kerns                                                                                |                                             |                                                                                  |  | 2. DATE AND TIME OF DEATH<br>Sep 18, 2021                              |  |                                           |         |
| 3. ALIAS NAME (IF ANY)<br>None Given                                                                                          |                                             |                                                                                  |  | 4. DATE AND TIME PRONOUNCED DEAD                                       |  |                                           |         |
| 5. COUNTY OF DEATH<br>Shelby                                                                                                  |                                             | 6. CITY, TOWN OR LOCATION OF DEATH AND ZIP CODE<br>Pelham, 35124                 |  | 7. PLACE OF DEATH<br>130 Stone Hill Circle                             |  |                                           |         |
| 8. SEX<br>Female                                                                                                              |                                             | 9. LAST NAME PRIOR TO FIRST MARRIAGE<br>Salzmman                                 |  |                                                                        |  | 10. SERVED IN ARMED FORCES<br>No          |         |
| 11. AGE<br>85                                                                                                                 |                                             | 12. DATE OF BIRTH<br>Jan 28, 1936                                                |  | 13. BIRTHPLACE (State or Foreign Country)<br>Maryland                  |  | 14. SOCIAL SECURITY NUMBER<br>422-48-3545 |         |
| 15. MARITAL STATUS<br>Married                                                                                                 |                                             | 16. SURVIVING SPOUSE NAME PRIOR TO FIRST MARRIAGE<br>John Robert Logan Kerns III |  |                                                                        |  | 17. RESIDENCE STATE<br>Alabama            |         |
| 18. RESIDENCE COUNTY<br>Shelby                                                                                                |                                             | 19. CITY, TOWN OR LOCATION AND ZIP CODE<br>Pelham, 35124                         |  | 20. STREET ADDRESS<br>130 Stone Hill Circle                            |  |                                           |         |
| 21. INFORMANT NAME, RELATIONSHIP AND ADDRESS<br>John Robert Logan Kerns III, Husband, 130 Stone Hill Circle, Pelham, AL 35124 |                                             |                                                                                  |  |                                                                        |  |                                           |         |
| 22. FATHER/PARENT NAME PRIOR TO FIRST MARRIAGE<br>Frank Louis Salzmman                                                        |                                             |                                                                                  |  | 23. MOTHER/PARENT NAME PRIOR TO FIRST MARRIAGE<br>Helen Belle Bartlett |  |                                           |         |
| 24. DISPOSITION OF BODY<br>Cremation                                                                                          |                                             | 25. CEMETERY OR CREMATORY<br>Charter Crematory                                   |  | 26. LOCATION<br>Calera, Alabama                                        |  |                                           |         |
| 27. DATE OF DISPOSITION<br>Sep 20, 2021                                                                                       |                                             | 28. FUNERAL DIRECTOR OR OTHER AGENT<br>Cody W. Caldwell                          |  | 29. LICENSE NUMBER<br>5864                                             |  | 30. DATE SIGNED<br>Sep 27, 2021           |         |
| 31. FUNERAL HOME NAME AND ADDRESS<br>Charter Funeral Home and Crematory, 2521 U S Highway 31, Calera, AL 35040                |                                             |                                                                                  |  |                                                                        |  | 32. LICENSE NUMBER                        |         |
| 33. MEDICAL CERTIFICATION: Certifying Physician                                                                               |                                             |                                                                                  |  |                                                                        |  |                                           |         |
| 34. NAME<br>Ramy Toma MD                                                                                                      |                                             |                                                                                  |  | 35. LICENSE NUMBER<br>27206                                            |  | 36. DATE SIGNED<br>Sep 20, 2021           |         |
| 37. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH<br>1400 Urban Center Drive Ste 100, Vestavia Hills, Alabama 35242          |                                             |                                                                                  |  |                                                                        |  |                                           |         |
| 38. REGISTRAR<br>Nicole Henderson Rushing                                                                                     |                                             |                                                                                  |  |                                                                        |  | 39. DATE FILED<br>Sep 27, 2021            |         |
| 40. CAUSE OF DEATH                                                                                                            |                                             |                                                                                  |  |                                                                        |  |                                           |         |
| 40. PART I. DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED DEATH                                                             |                                             |                                                                                  |  |                                                                        |  | INTERVAL                                  |         |
| IMMEDIATE<br>CAUSE                                                                                                            | A. unspecified protein-calorie malnutrition |                                                                                  |  |                                                                        |  |                                           | Unknown |
|                                                                                                                               | DUE TO (OR AS A CONSEQUENCE OF):            |                                                                                  |  |                                                                        |  |                                           |         |
|                                                                                                                               | B. DUE TO (OR AS A CONSEQUENCE OF):         |                                                                                  |  |                                                                        |  |                                           |         |
|                                                                                                                               | C. DUE TO (OR AS A CONSEQUENCE OF):         |                                                                                  |  |                                                                        |  |                                           |         |
| UNDERLYING<br>CAUSE                                                                                                           | D. DUE TO (OR AS A CONSEQUENCE OF):         |                                                                                  |  |                                                                        |  |                                           |         |
|                                                                                                                               |                                             |                                                                                  |  |                                                                        |  |                                           |         |
| 41. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH                                                               |                                             |                                                                                  |  |                                                                        |  |                                           |         |
| 42. MANNER OF DEATH<br>Natural Causes                                                                                         |                                             | 43. PREGNANT (IF FEMALE)                                                         |  | 44. AUTOPSY<br>Unk                                                     |  | 45. FINDINGS CONSIDERED<br>Unk            |         |
|                                                                                                                               |                                             |                                                                                  |  | 46. TOXICOLOGY<br>Unk                                                  |  | 47. FINDINGS CONSIDERED<br>Unk            |         |
| 49. HOW INJURY OCCURRED                                                                                                       |                                             |                                                                                  |  | 48. TOBACCO USE CONTRIBUTED TO DEATH<br>Unknown                        |  |                                           |         |
| 50. DATE AND TIME OF INJURY                                                                                                   |                                             |                                                                                  |  | 51. INJURY AT WORK                                                     |  | 52. IF TRANSPORTATION INJURY, SPECIFY     |         |
| 53. PLACE OF INJURY                                                                                                           |                                             |                                                                                  |  | 54. LOCATION OF INJURY                                                 |  |                                           |         |

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ADPH HS E2/REV.01-21

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2021-432-823-0

September 30, 2021

*Nicole Henderson Rushing*  
 Nicole Henderson Rushing  
 State Registrar of Vital Statistics