

Prepared By:
Arthur Andrew Jenkins, Esq.
416 Pirkle Ferry Rd, Ste L-100
Cumming, GA 30040
STATE OF ALABAMA
COUNTY OF Shelby

AFFIDAVIT OF HEIRSHIP
Annette Hovey Ray
(Decedent)

Before me, the undersigned Notary Public, on this day personally appeared Dayle Eason, hereinafter referred to as "Affiant," who is personally known to me (or, if not being personally known to me, did confirm his/her identity presenting _____ as identification [i.e. drivers license]), and appearing to be fully competent and of sufficient age, upon being duly sworn, stated upon Affiant's oath the following:

1. My name is Dayle Eason (name of Affiant), and Indian Trail, NC 28079
 - a. I live at 1613 Seamanich PK Dr. (address of Affiant's residence).
 - b. I am personally familiar with the family and marital history of Annette Hovey Ray (Decedent), and
 - c. I have personal knowledge of the facts stated in this affidavit.
2. The Decedent was my Cousin (relation to Decedent: cousin, friend, church member, etc.) and knew him/her for 58 years at the time of his/her death. During Decedent's lifetime, I was well acquainted with Decedent's affairs and his/her family.
3. The Decedent died on 11/2/18 (a copy of Decedent's death certificate is attached hereto).
4. I was well acquainted with the family and near relatives of the Decedent, and with all those who would, under the laws of the State of Alabama, be his/her heirs. The following statements and the information contained herein, including my answers to questions below, are based upon my personal knowledge and are true and correct.

QUESTION 1: The Decedent's died with:
 ✓ Will _____ No Will

QUESTION 2: The Decedent's estate was:
_____ probated ✓ not probated

QUESTION 3: Give the name and address of the surviving widow or widower of the Decedent.

NAME	ADDRESS
N/A	

QUESTION 4: If the Decedent was married more than once, give the name(s) of the former spouse(s) and other information.

NAME	Date of Marriage	Marital Status	Address or Date of Death
N/A			

QUESTION 5: Give the names and places of residence of all surviving children of deceased, together with the other information called for: (add (adopted) after name for adopted children)

NAME	DATE OF BIRTH	ADDRESS
Joshua O. Ray	May 29, 1972	210 Crest Lake Dr., Hoover, AL 35244
Heather K. Evans	August 10, 1979	2905 S. Dallas, Amarillo, TX 79103

QUESTION 6: Give the name of any deceased children of the Decedent, together with the other information called for:

NAME	DATE OF DEATH	Survived by Spouse? (name)
N/A		

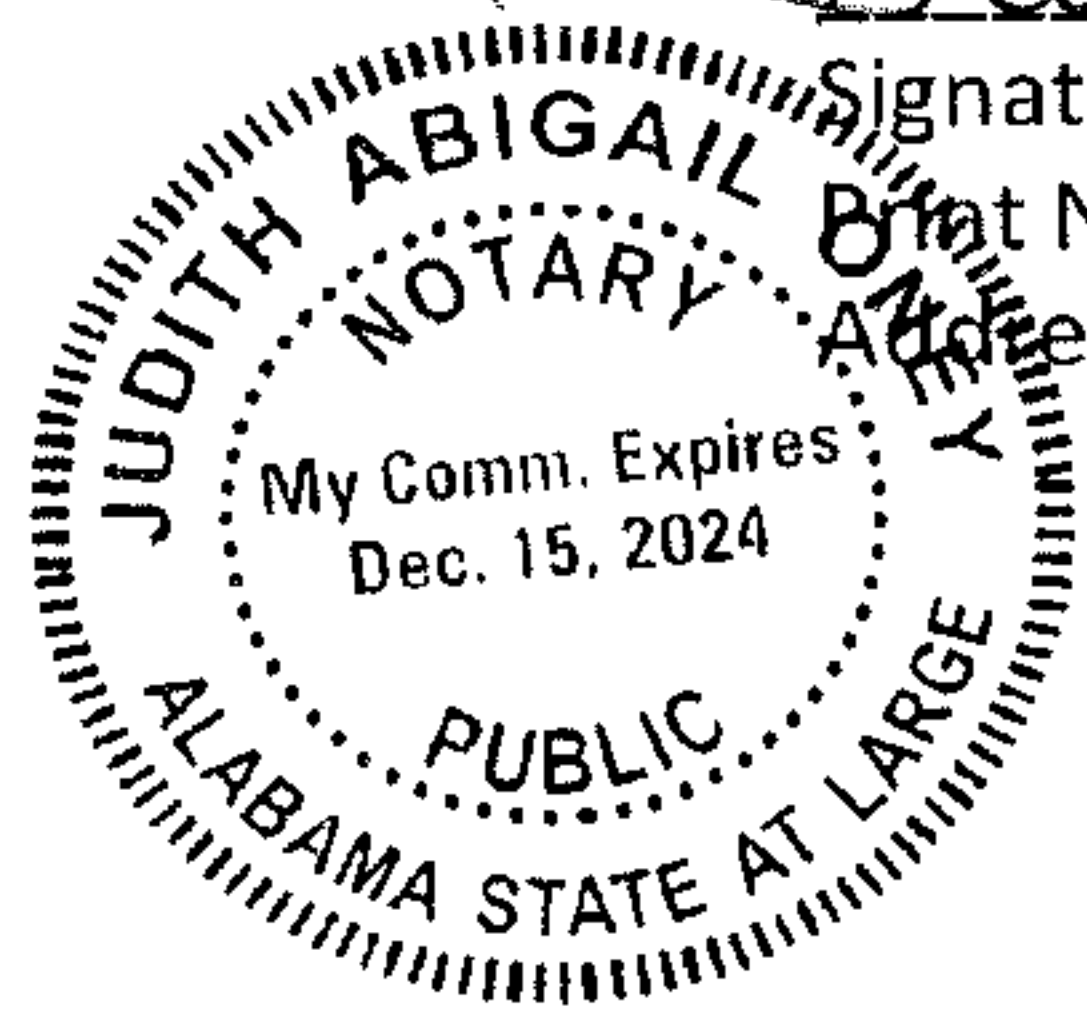
QUESTION 8: Did the Decedent have any adopted children or step-children taken into his/her home?

YES NO If yes, provide their names and other information.

NAME	DATE OF BIRTH	ADDRESS
Heather K. Evans	08/10/1979	2905 S. Dallas, Amarillo, TX 79103

I acknowledge that a title company will rely on the information contained in this affidavit as the basis for its issuance of title insurance on the property located at **210 Crest Lake Drive, Hoover, AL 35244.**

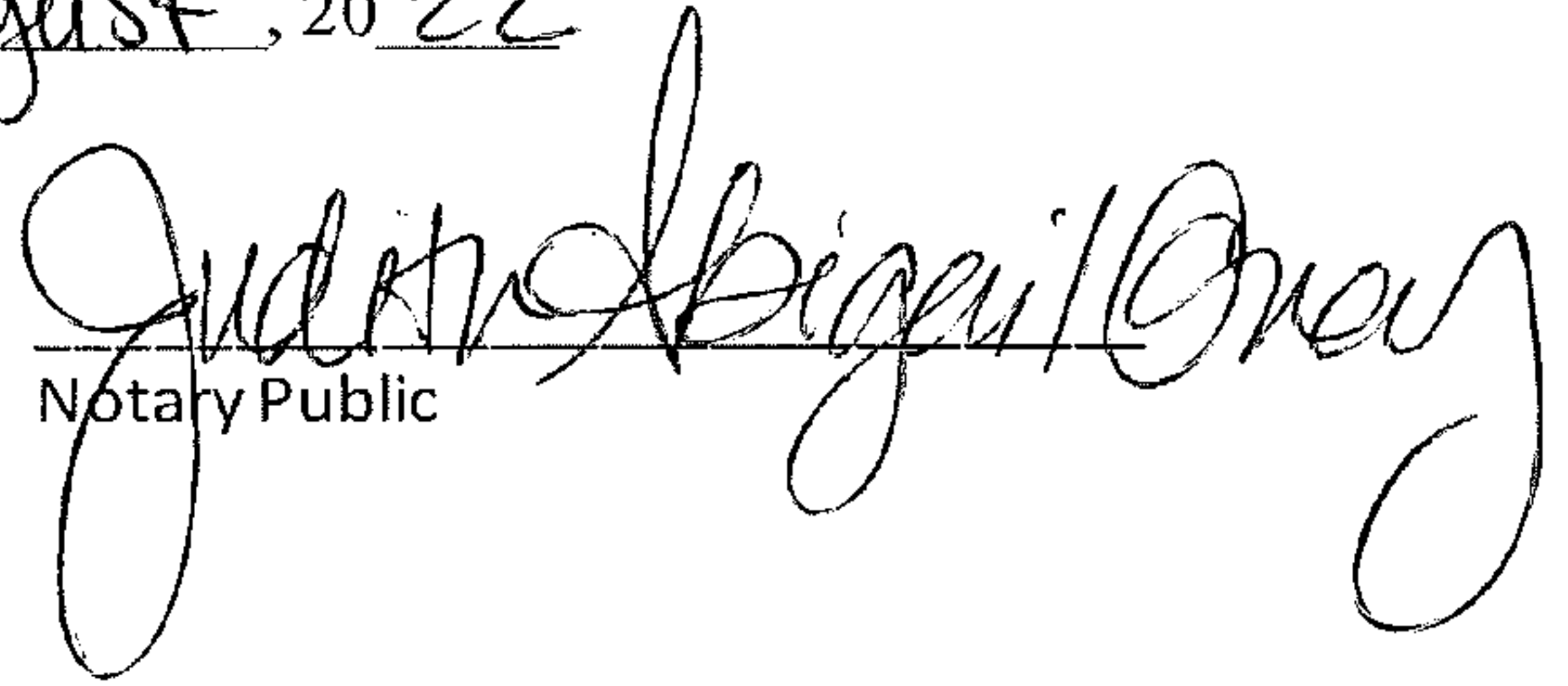
Dated this the 13 day of Aug, 2022


 Signature of Affiant: Gayle Eason
 Print Name: Gayle Eason
 Address: 1013 Greenwich PKWY
Indian Trail, NC 28079

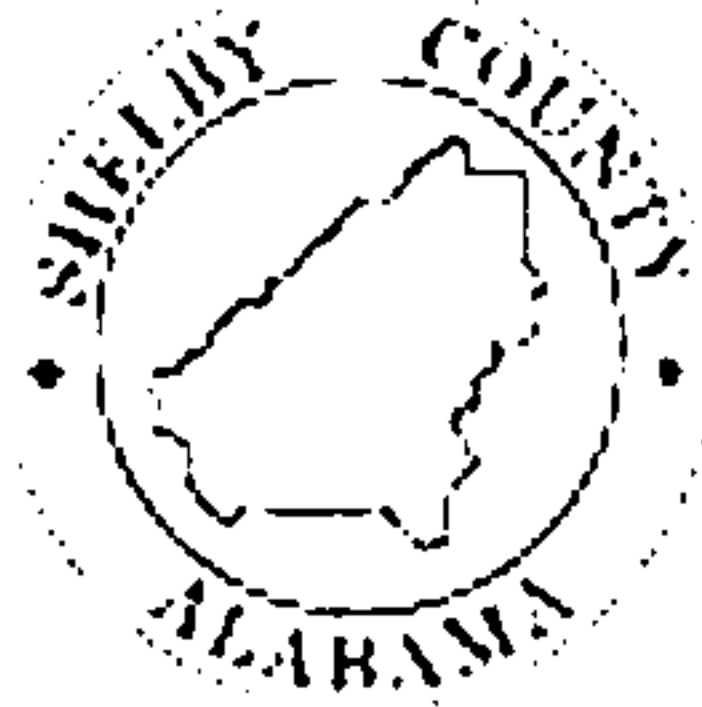
STATE OF ALABAMA
COUNTY OF Shelby

Before me, the undersigned Notary Public and for said county in said state, personally appeared Gayle Eason, who, being first duly sworn, makes oath that (s)he has read the foregoing affidavit and that the same is true and accurate to the best his/her knowledge and belief, and that (s)he executed the foregoing Affidavit voluntarily on said date.

Subscribed and sworn to before me this 13th day of August, 2022


 Notary Public

My Commission Expires: 12/15/2024



Filed and Recorded
 Official Public Records
 Judge of Probate, Shelby County Alabama, County
 Clerk
 Shelby County, AL
 06/09/2023 12:44:57 PM
 \$32.00 BRITTANI
 20230609000174150

Allen S. Bayl

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

ALABAMA
 Center for Health Statistics
 ALABAMA CERTIFICATE OF DEATH State File Number **101 2018-43420**

1. DECEASED LEGAL NAME Annette Hovey Ray				2. DATE AND TIME OF DEATH FD Nov 2, 2018 1310			
3. ALIAS NAME (IF ANY) None Given				4. DATE AND TIME PRONOUNCED DEAD Nov 2, 2018 1315			
5. COUNTY OF DEATH Jefferson		6. CITY, TOWN OR LOCATION OF DEATH AND ZIP CODE Birmingham, 35243		7. PLACE OF DEATH Grandview Medical Center			
8. SEX Female		9. LAST NAME PRIOR TO FIRST MARRIAGE Hovey			10. SERVED IN ARMED FORCES No		
11. AGE 76	UNDER 1 YEAR MONTHS	DAYS	UNDER 1 DAY HRS	MINS	12. DATE OF BIRTH Aug 4, 1942		13. BIRTHPLACE (State or Foreign Country) Alabama
14. SOCIAL SECURITY NUMBER [REDACTED]		15. MARITAL STATUS Widowed				16. SURVIVING SPOUSE NAME PRIOR TO FIRST MARRIAGE	
17. RESIDENCE STATE Alabama		18. RESIDENCE COUNTY Shelby		19. CITY, TOWN OR LOCATION AND ZIP CODE Birmingham, 35244		20. STREET ADDRESS 210 Crest Lake Drive	
21. INFORMANT NAME, RELATIONSHIP AND ADDRESS Joshua Orion Ray, Son, 210 Crest Lake Drive, Birmingham, AL 35244							
22. FATHER/PARENT NAME PRIOR TO FIRST MARRIAGE Emmett Oats Hovey				23. MOTHER/PARENT NAME PRIOR TO FIRST MARRIAGE Annie Lou Nash			
24. DISPOSITION OF BODY Cremation		25. CEMETERY OR CREMATORY Charter Crematory		26. LOCATION Calera, Alabama			
27. DATE OF DISPOSITION Nov 5, 2018		28. FUNERAL DIRECTOR William E Burdett		29. LICENSE NUMBER		30. DATE SIGNED Nov 8, 2018	
31. FUNERAL HOME NAME AND ADDRESS Charter Funeral Home and Crematory, 2521 U S Highway 31, Calera, AL 35040						32. LICENSE NUMBER	
33. MEDICAL CERTIFICATION: <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN <input type="checkbox"/> MEDICAL EXAMINER <input type="checkbox"/> CORONER							
34. NAME Mark Vaporean MD				35. LICENSE NUMBER 28611		36. DATE SIGNED Nov 8, 2018	
37. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH 3690 Grandview Pkwy, Birmingham, Alabama 35243							
38. REGISTRAR Nicole Henderson Rushing						39. DATE FILED Nov 8, 2018	

CAUSE OF DEATH

40. PART I. DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED DEATH							INTERVAL	
UNDERLYING CAUSE	IMMEDIATE CAUSE A. pneumonia						6 days	
	DUE TO (OR AS A CONSEQUENCE OF):							
	B. DUE TO (OR AS A CONSEQUENCE OF):							
	C. DUE TO (OR AS A CONSEQUENCE OF):							
41. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH Liver Cirrhosis, Gastric Varices								
42. MANNER OF DEATH Natural Causes		43. PREGNANT (IF FEMALE)		44. AUTOPSY No	45. FINDINGS CONSIDERED	46. TOXICOLOGY No	47. FINDINGS CONSIDERED	48. TOBACCO USE CONTRIBUTED TO DEATH No
49. HOW INJURY OCCURRED								
50. DATE AND TIME OF INJURY			51. INJURY AT WORK		52. IF TRANSPORTATION INJURY, SPECIFY			
53. PLACE OF INJURY			54. LOCATION OF INJURY					

ADPH HS E2/REV 01-16

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2018-469-994-7

November 16, 2018

Nicole Henderson Rushing
 Nicole Henderson Rushing
 State Registrar of Vital Statistics

ANY ALTERATIONS VOID THIS DOCUMENT

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