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Prepared By:
Arthur Andew Jenkins, Esq.
416 Pirkle Ferry Rd, Ste L-100
Cumming, GA 30040

AFFIDAVIT OF HEIRSHIP

John Orion Ray
(Decedent)

STATE OF ALABAMA
COUNTY OF Shelby

Before me, the undersigned Notary Public, on this day personally appeared Gayle 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 Gayle Eason (name of Affiant), and Indian Trail NC 28079
   a. I live at 1013 Greenwich Pk Dr. (address of Affiant's residence).
   b. I am personally familiar with the family and marital history of John O 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 47 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 May 29, 2022 (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:

__X__ Will _____ No Will

QUESTION 2: The Decedent's estate was:

_____ probated __X__ not probated

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

NAME	ADDRESS
Annette Ray	210 Crest Lake Dr, Hoover, AL 35244

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 24, 1972	210 Crest Lake Dr., Hoover, AL 35244
Heather K. Evans (adopted)	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 X 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
Print Name: Gayle Eason
Address: 1013 Deerwood Park Dr.
Indian Trail, NC 28079

JUDITH ABIGAIL ONEY
NOTARY PUBLIC
ALABAMA STATE AT LARGE
My Comm. Expires
Dec. 15, 2024

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 12:44:58 PM
$33.00 BRITTANI
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TYPE IN PERMANENT BLACK INK. DO NOT USE GREEN, RED, OR BLUE INK.

ALABAMA

CERTIFICATE OF DEATH

County File Number —

State File Number 101

1. DECEASED—NAME First: John Middle: Orion Last (Type last name all capitals): RAY		2. DATE OF DEATH (Month, Day, Year): May 29, 2012	3. COUNTY OF DEATH: Jefferson
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE: Birmingham, 35233	5. INSIDE CITY LIMITS (Specify Yes or No): Yes	6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number): UAB Hospital	
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA): Inpatient	8. OF HISPANIC ORIGIN (Specify Yes or No) If Yes, Specify Cuban, Mexican, Puerto Rican, etc.: No	9. RACE—(Specify American Indian, Black, White, etc.): White	10. SEX: Male
11. AGE: 67 YRS.	12. UNDER 1 YEAR: MOS. / DAYS — UNDER 1 DAY: HOURS / MINS.	13. DATE OF BIRTH (Month, Day, Year): November 13,1944	14. DECEASED'S SOCIAL SECURITY NUMBER: [redacted]
15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12): 12 College (1-4 or 5+): 5+	16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced): Married	17. SURVIVING SPOUSE (If wife, give maiden name): Annette Hovey	18. Was Decedent ever in Armed Forces (Specify Yes or No): Yes
19. STATE OF BIRTH (If not in USA, name country): California	20. RESIDENCE—STATE: Alabama	21. COUNTY: Jefferson	22. CITY, TOWN, OR LOCATION AND ZIP CODE: Hoover, 35244
23. INSIDE CITY LIMITS (Specify Yes or No): Yes	24. STREET AND NUMBER: 210 Crest Lake Drive	25. INFORMANT—Name and Address: Annette Ray 210 Crest Lake Dr., Hoover, AL 35244	
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Civil Engineer		27. KIND OF BUSINESS OR INDUSTRY: Construction	
28. FATHER—NAME First: Willis Middle: Echols Last: Ray, Sr.		29. MAIDEN NAME OF MOTHER— First: Dorothy Middle: Last: Stover	
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other): Cremation	31. DATE OF DISPOSITION (Month, Day, Year): May 31,2012	32. CEMETERY OR CREMATORY—Name: Charter Crematory	33. LOCATION—(City or Town—State): Calera, AL
34. FUNERAL HOME—Name and Address: Charter Funeral Home 2521 US Hwy 31, Calera, AL 35040		35. FUNERAL DIRECTOR—Signature: [signature]	36. DATE SIGNED BY FUNERAL DIRECTOR: June 1,2012
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: Keth Wile MD			38. DATE SIGNED (Month, Day, Year): 5/29/2012
39. TIME AND DATE OF DEATH: 18:15 5/29/2012	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): Keth Wile MD	
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46): 1900 University Blvd 422 THT Birmingham AL 35294			43. CERTIFIER LICENSE NUMBER: 19147
44. REGISTRAR— Signature: [signature] For State or County use only			45. DATE FILED (Month, Day, Year): June 7, 2012

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. pneumonia	
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. sepsis	
d.	
47. PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. IPF, lung transplant	48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unk.)
49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) natural cause	50. AUTOPSY (Specify Yes or No): Yes — 51. If yes, were findings considered in determining cause of death? (Specify Yes or No)
52. HOW INJURY OCCURRED (Enter nature of injury in 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)

ANY ALTERATIONS VOID THIS DOCUMENT — BURIAL CERTIFIER — DECEASED

NAME OF DECEASED John Ray SSN:

46. 49. 55.

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

[signature]
Signature of Local or Deputy Registrar

June 8 2012
Date of Issue