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AFFIDAVIT OF HEIRSHIP

STATE OF ALABAMA
COUNTY OF SHELBY

Date: 11-15, **2023**

Deceased: **Lorene Marie Nolen a/k/a Lorene H. Nolen**

Property: **Parcel Number: 22-6-24-0-000-006.000**
Shelby County, Alabama

Begin at the Northwest corner of the NW ¼ of SW ¼ of Section 24, Township 21, Range 2 West and run South 264 feet; thence East 1320 to the East line of said quarter-quarter section; thence North along the East line of said quarter-quarter section 264 feet to the Northeast corner thereof; thence West along the North line of said quarter-quarter section 1320 feet to the point of beginning.

Deed References:
Warranty Deed: Deed Book 277, Page 761, Office of the Judge of Probate of Shelby County, Alabama; and Deed Book 171, Page 987.

Affiant: **Janet McCoy**
1725 Roanoke Lane
Auburn, Alabama 36830

Before me, the undersigned authority, on this day personally appeared, **Janet McCoy**, hereinafter referred to as "Affiant" who is over the age of 19 years, personally known to me and appearing to be fully competent, upon being duly sworn, stated upon Affiant's oath the following in connection with the death and heirship of **Lorene Marie Nolen ("Lorene")** and particularly in connection with the above property.

1. My name is **Janet McCoy,** and I am personally familiar with the family and marital history of **Lorene**, and I have personal knowledge of the facts stated in this Affidavit. I am not blood related to **Lorene**, and I have no interest in the property described herein.

2. **Lorene** died on September 4, 2013, in Cullman County, Alabama, and did so reside in Cullman County, Alabama at the time of her death. **Lorene** died intestate, and I know of no completed, pending, or contemplated administration of the estate of **Lorene** at this time. I knew **Lorene** for approximately 29 years prior to her death, as she was my friend. A copy of the death certificate of **Lorene** is attached hereto.

3. I was well acquainted with the family and near relatives of **Lorene**, and with all those who would, under the laws of the State of Alabama, be her heirs. **Lorene** was married to **Sammie George Nolen,** who preceded her in death on or about March 16, 2006. **Lorene** was not married at the time of her death.

4. **Lorene** had one child born to her during her lifetime, **David Neal Wilson. David Neal Wilson** is over the age of nineteen (19) years, and is of sound mind.

5. **Lorene** had no other children born to or adopted by her at any time during her life other than stated above.

8. All debts and funeral expenses of **Lorene**, if any, were paid in full, and there are no known creditors, to the best of my knowledge.

THE PURPOSE OF THIS AFFIDAVIT IS TO ESTABLISH OWNERSHIP OF THE ABOVE PROPERTY TO THE SOLE HEIR AND NEXT-OF-KIN OF LORENE MARIE NOLEN, DAVID NEAL WILSON.

Further, affiant saith not.

Janet McCoy
JANET MCCOY, AFFIANT

STATE OF ALABAMA)
COUNTY OF Lee)

I, the undersigned a Notary Public in and for said County, in said State, hereby certify that **Janet McCoy,** whose name is signed to the foregoing affidavit and who is known to me, acknowledged before me on this day that being informed of the contents of this affidavit she executed the same voluntarily on the day the same bears date.

Given under my hand and seal this 15th day of November, 2023.

Aaron Braden
Notary Public
My Commission Expires: 6/30/2026

AARON BRADEN
NOTARY
PUBLIC
ALABAMA STATE AT LARGE

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

ALABAMA
CERTIFICATE OF DEATH

County File Number

2371174-00

State File Number 101

Item	Entry
1. DECEASED—NAME (First, Middle, Last)	Lorene Marie NOLEN
2. DATE OF DEATH (Month, Day, Year)	September 4, 2013
3. COUNTY OF DEATH	Cullman
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE	Cullman 35056
5. INSIDE CITY LIMITS (Specify Yes or No)	Yes
6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION	Cullman Regional Medical Center
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA)	ER
8. OF HISPANIC ORIGIN?	No
9. RACE	White
10. SEX	Female
11. AGE	87 YRS.
12. UNDER 1 YEAR (MOS., DAYS) / UNDER 1 DAY (HOURS, MINS.)	
13. DATE OF BIRTH (Month, Day, Year)	December 12, 1925
14.	[redacted]
15. EDUCATION — Elementary or High School (0-12) / College (1-4 or 5+)	12
16. MARITAL STATUS	Widowed
17. SURVIVING SPOUSE (If wife, give maiden name)	
18. Was Decedent ever in Armed Forces (Specify Yes or No)	No
19. STATE OF BIRTH (If not in USA, name country)	Alabama
20. RESIDENCE—STATE	Alabama
21. COUNTY	Cullman
22. CITY, TOWN, OR LOCATION AND ZIP CODE	Vinemont 35179
23. INSIDE CITY LIMITS (Specify Yes or No)	No
24. STREET AND NUMBER	149 Co. Rd. 1417
25. INFORMANT—Name and Address	David Wilson, 149 Co. Rd. 1417, Vinemont, AL, 35179
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	Inspector
27. KIND OF BUSINESS OR INDUSTRY	Steel
28. FATHER—NAME (First, Middle, Last)	George Henderson Humphreys
29. MAIDEN NAME OF MOTHER (First, Middle, Last)	Maude Parker
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other)	Burial
31. DATE OF DISPOSITION (Month, Day, Year)	Sept. 6, 2013
32. CEMETERY OR CREMATORY—Name	Cullman City Cemetery
33. LOCATION—(City or Town—State)	Cullman AL
34. FUNERAL HOME—Name and Address	Cullman Funeral Home, 461 US Hwy 278 E., Cullman, AL 35055
35. FUNERAL DIRECTOR—Signature	Hilda Ridgeway (signature)
36. DATE SIGNED BY FUNERAL DIRECTOR	9-4-13
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	(signature)
38. DATE SIGNED (Month, Day, Year)	09-04-2013
39. TIME AND DATE OF DEATH	09-04-2013 0437
40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only)	09-04-2013 0437
41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)	G Borucki, DO
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)	CRMC, HWY 157, CULLMAN, ALABAMA
43. CERTIFIER LICENSE NUMBER	DO 0719
44. REGISTRAR—Signature	Diane West
For State or County use only	
45. DATE FILED (Month, Day, Year)	September 5, 2013

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.

	Cause	Approximate interval between onset and death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	Cardiac arrest	
DUE TO (OR AS A CONSEQUENCE OF) b.		
DUE TO (OR AS A CONSEQUENCE OF) c.		
DUE TO (OR AS A CONSEQUENCE OF) d.		

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

Item	Entry
47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	Bradycardia, Pacemaker
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
50. AUTOPSY (Specify Yes or No)	No
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 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)	—

Margin: 3. 6. 19. 20. 26. 27. 34. 46. 49. 55.

NAME OF DECEASED Lorene Marie Nolen SSN 417-48-6465

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 death certificate filed with the Cullman County Health Department.

Diane West
Signature

September 5, 2013
Date

RECEIVED NOV