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12/14/2023 08:20:02 AM
AFFID 1/4

AFFIDAVIT OF HEIRSHIP

STATE OF ALABAMA
COUNTY OF SHELBY

Date: 11/20, 2023

Deceased: **Lorene Marie 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: **Eston Norwood, III**
4870 Will Bend Road
Decatur, Alabama 35603

Before me, the undersigned authority, on this day personally appeared, **Eston Norwood, III**, 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 **Eston Norwood, III,** 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 25 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.

ESTON NORWOOD, III
AFFIANT

STATE OF ALABAMA)
COUNTY OF Lawrence)

I, the undersigned a Notary Public in and for said County, in said State, hereby certify that **Eston Norwood, III,** 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 he executed the same voluntarily on the day the same bears date.

Given under my hand and seal this 30 day of November, 2023.

GABRIEL EARLY
Notary Public
Alabama State at Large
My Commission Expires Aug 25, 2027

Notary Public
My Commission Expires: August 25, 2027

Poor Quality

Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County Clerk
Shelby County, AL
12/14/2023 08:20:02 AM
$32.00 BRITTANI
20231214000359560

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 — 237174700

State File Number 101

1. DECEASED—NAME: First Lorene; Middle Marie; Last (Type last name all capitals) 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—(If not in either, give street and number): Cullman Regional Medical Center
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA): ER
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: 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. DECEDENT'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+):
16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced): 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 George; Middle Henderson; Last Humphreys
29. MAIDEN NAME OF MOTHER: First Maude; Middle ; Last 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 Rodgers
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
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): GBorden, PO
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46): CRMC, HWY 157, CULLMAN, ALABAMA
43. CERTIFIER LICENSE NUMBER: D0019
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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Cardiac arrest
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
b.
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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 I or Item 47, Part II)

53. DATE OF INJURY (Month, Day, Year)

54. HOUR OF INJURY

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)

NAME OF DECEASED — LAST, First, Middle — SSN

This is a legal record and must be filed within five (5) days after death.

ADPH-VS-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