

Prepared by & Return to :
MARK TIPPINS, ATTY.
118 N. Ross St. #6
Auburn, Alabama 36830

Grantees address:
118 Windsor Lane
Pelham, AL 35124

Tax Parcel I.D. #:
11 7 35 0 004 092.000

Source of title:
20050805000398870

20240528000156520 1/3 \$1033.00
Shelby Cnty Judge of Probate, AL
05/28/2024 10:51:49 AM FILED/CERT

LIFE ESTATE

QUIT CLAIM DEED

I, **LUCILLE DAWSON**, a single woman (grantor), do hereby convey my interest in the real estate below to **ROBERT DAWSON** and **ERNETTE DAWSON** (grantees) as joint tenants with rights of survivorship :

Lot 6 Chadwick Square Map Book 13 page 3 as recorded in the Office of the Judge of Probate of Shelby County, Alabama.

Grantor retains unto herself a life estate in the subject real estate.


This deed instrument reserves to the Grantor of said deed, the right to possess and enjoy a beneficial interest for life in the property described herein in which the Grantor resides. This beneficial interest is intended to qualify such property under state and local law for all homestead exemptions for which the Grantor is otherwise eligible.

VELTRA DAWSON died on 3-29-2014 Attached as Exhibit A hereto is a copy of his death certificate. LUCILLE DAWSON is the surviving grantee


Grantor : LUCILLE DAWSON

STATE OF ALABAMA
COUNTY OF SHELBY

I, the undersigned notary public, certify that **LUCILLE DAWSON**, who is personally known to me, she voluntarily executed this deed before me on this day, being informed of the contents of the contents of the conveyance she executed the same voluntarily as her own act this 3-4-2024.


NOTARY PUBLIC :

My commission expires : 12/14/27

TITLE NOT SEARCHED



Shelby County, AL 05/28/2024
State of Alabama
Deed Tax: \$1005.00

STATE OF ALABAMA
REAL ESTATE SALES VALIDATION FORM
RT-1

GRANTOR'S NAME : LUCILLE DAWSON 2074 Royal Fern Lane Hoover, Alabama 35244

GRANTEE: ERNETTE DAWSON 118 Windsor Lane Pelham, Al. 35124

Property address : 2074 Royal Fern Lane Hoover, Alabama 35244 (Entirely within Shelby County, Alabama)

Date of Sale : 3-4--2024

Total Purchase Price: \$ or

Actual Value : \$
or

Assessor's Market Value : **\$1,005,000.00**



20240528000156520 2/3 \$1033.00
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The purchase price or actual value claimed on this form can be verified in the following documentary evidence:

Bill of sale _____ Sales Contract _____ Closing Statement _____ Appraisal _____ Other XX _____

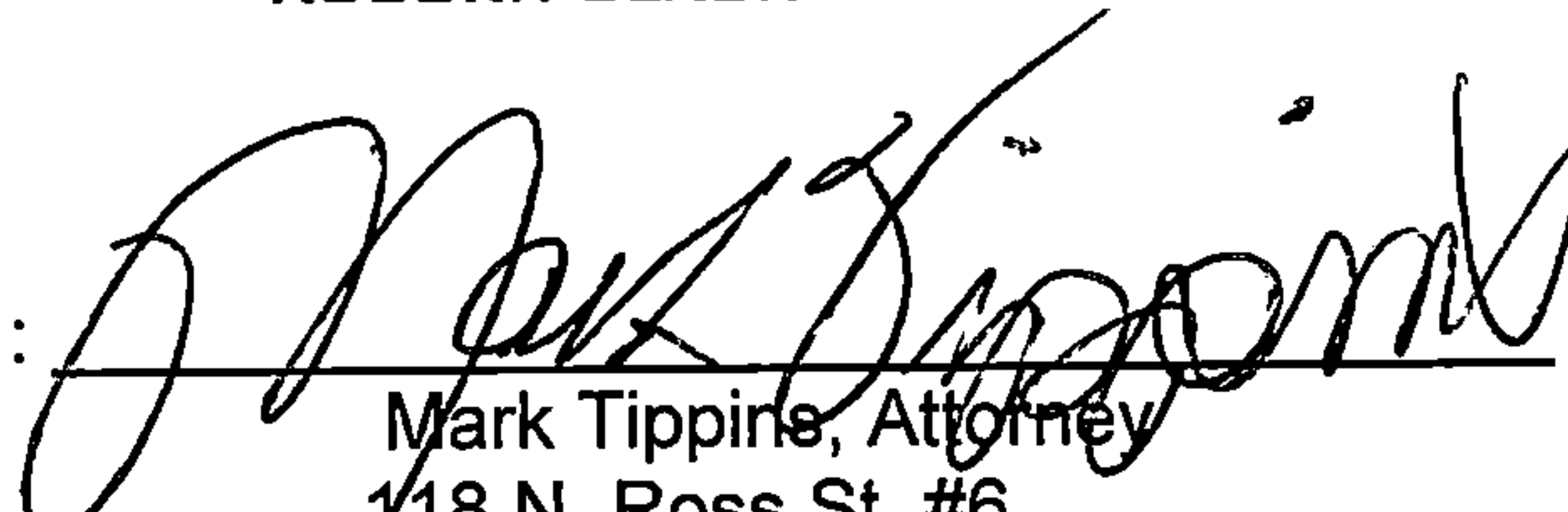
I attest to the best of my knowledge and belief that the information contained in this document is true and accurate. I further understand that any false statements claimed on this form may result in the imposition of the penalty indicated in Code of Alabama 1975 §40-22-1(h).

Verified by :

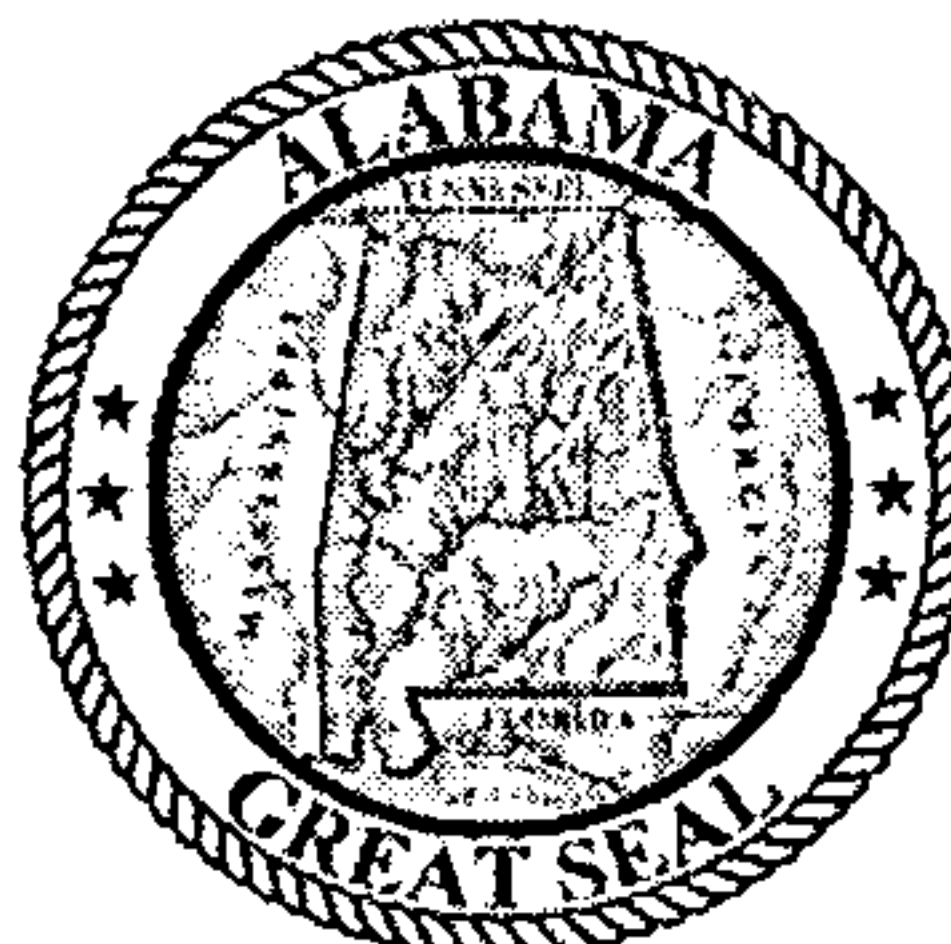
AUBURN BLACKSTONE LAW GROUP

Date : 5-14-2024

By :


Mark Tippins, Attorney
118 N. Ross St. #6
Auburn, AL. 36830

FORM
RT-1
Alabama Department
of Revenue





20240528000156520 3/3 \$1033.00
Shelby Cnty Judge of Probate, AL
05/28/2024 10:51:49 AM FILED/CERT

ALABAMA

Center for Health Statistics

EXHIBIT A

ALABAMA

CERTIFICATE OF DEATH

2014-037108

County
File
Number -

State File Number 101

3. 037074	1. DECEASED - NAME First Middle Last (Type last name in all capitals) Veltra DAWSON, JR.	2. DATE OF DEATH (Month, Day, Year) September 29, 2014	3. COUNTY OF DEATH Jefferson
6. 114	4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Birmingham 35209	5. INSIDE CITY LIMITS (Specify Yes or No) Yes	6. PLACE OF DEATH - HOSPITAL OR OTHER INSTITUTION (If not either, give street and number) Brookwood Medical Center
19. 14	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, White, Black, etc.) Black
20. 059133	10. SEX Male	11. AGE 77 YRS.	12. UNDER 1 YEAR MOS. DAYS HOURS MINS.
26. 04404	13. DATE OF BIRTH (Month, Day, Year) January 20, 1937	14. DECEASED'S SOCIAL SECURITY NUMBER [REDACTED]	15. EDUCATION Specify ONLY Highest grade completed below Elementary or High School (0-12) College (1-4 or 5+) 3
	16. MARITAL STATUS (Specify - Married, Never Married, Widowed, Divorced) Married	17. SURVIVING SPOUSE (If wife, give maiden name) Lucille Ross	18. Was Decedent ever in Armed Forces (Specify Yes or No) Yes
	19. STATE OF BIRTH (If not USA, name country) Illinois	20. RESIDENCE - STATE Alabama	21. COUNTY Shelby
	22. CITY, TOWN, OR LOCATION AND ZIP CODE Hoover 35244	23. INSIDE CITY LIMITS (Specify Yes or No) Yes	24. STREET AND NUMBER 2074 Royal Fern Lane
	25. INFORMANT - Name and Address Lucille Dawson Hoover, AL 35244	26. USUAL OCCUPATION - (Give kind of work done during most of working life even if retired) Manager	27. KIND OF BUSINESS OR INDUSTRY Marketing
	28. FATHER - NAME First Middle Last Melvin Dawson	29. MAIDEN NAME OF MOTHER - First Middle Last Lovell Coleman	30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Cremation
	31. DATE OF DISPOSITION 1 OCT 2014	32. CEMETERY OR CREMATORY - Name Cremation Center of B'ham	33. LOCATION - (City or Town-State) Woodstock, AL
	34. FUNERAL HOME - Name and Address Cremation Center of B'ham 1013 Shady Oaks Dr., Woodstock, AL 35188	35. FUNERAL DIRECTOR - Signature Kelly Johnson	36. DATE SIGNED BY FUNERAL DIRECTOR 18 OCT 2014
	37. Certifying Physician (Physician certifying cause of death) "To the best of my knowledge, death occurred at the time and date due to the cause(s) and manner stated." Medical Examiner Coroner Signature: [Signature]	38. DATE SIGNED (Month, Day, Year) 10/2/14	39. TIME AND DATE OF DEATH 11:06 PM 9/29/14
	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) Aftab Khan MD	42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) PO Box 130387 B'ham, AL 35213
	43. CERTIFIER LICENSE NUMBER 24061	44. REGISTRAR - Signature [Signature]	45. DATE FILED (Month, Day, Year) Oct. 20, 2014

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 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. Cardiac arrest	
b. Hypotension	
c. Respiratory failure	
d. [Blank]	
47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, Unk.)
high grade adenocarcinoma	
49. MANNER OF DEATH (Specify - Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) Natural cause	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 Item 46, Part I or Item 47, Part II) [Blank]	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)

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

OCT 22 2014

ADPH-HS-2/Rev.11-93

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2014-422-035-8

October 29, 2014

Catherine M. Donald
Catherine Molchan Donald
State Registrar of Vital Statistics