

WARRANTY DEED

STATE OF ALABAMA)
SHELBY COUNTY)

KNOW ALL MEN BY THESE PRESENTS:

That for and in consideration of One and 00/100 Dollars (\$1.00) to the undersigned Grantor, in hand paid by the Grantees herein, the receipt whereof is acknowledged, we, herein Rhonda E. Hoggle and husband, Patrick L. Hogg (referred to as GRANTOR) do grant, bargain, sell and convey unto Rhonda E. Hoggle and Patrick L. Hogg, (herein referred to as GRANTEES) for and during their joint lives and upon the death of either of them, then to the survivor of them in fee simple, together with every contingent remainder and right of reversion, the following real estate together with an easement situated in Shelby County, Alabama to wit:

Lot 3, according to the Survey of Mountain Park, First Sector, as recorded in Map Book 9, Page 103, in the Probate Office of Shelby County Alabama,

Subject to:

1. Taxes, assessments for the year 2024_ and subsequent years.
2. All matters of record.

Rhonda E. Hoggle is the surviving grantee of that certain deed recorded at Inst # 1995-30971 in the Probate Office of Shelby County, Stephen T. Blackburn having passed away on August 8, 2003.

Pursuant to and in accordance with Section 40-22-1 of the Code of Alabama (1975), the following information is offered in lieu of submitting Form RT-1:

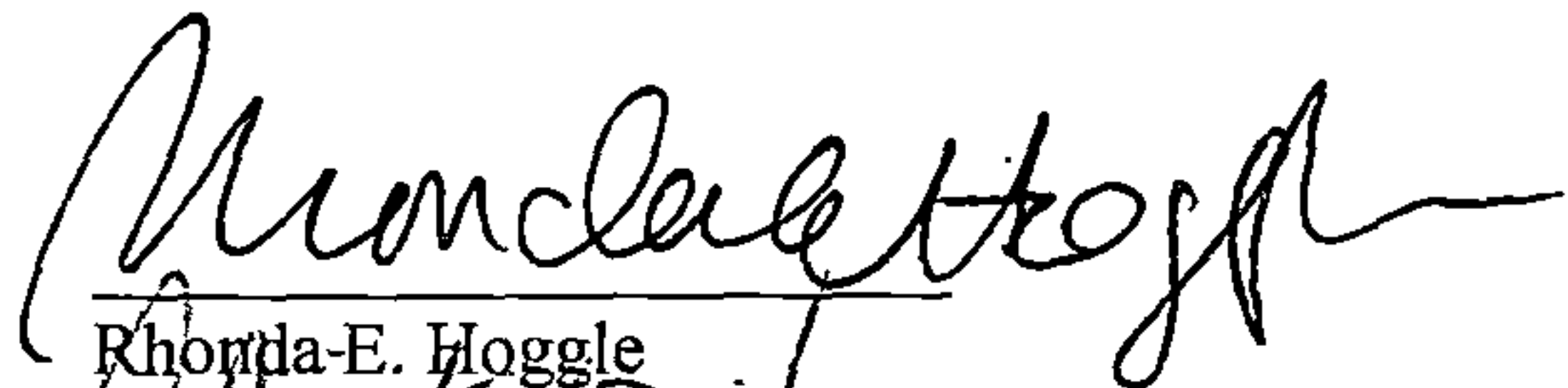
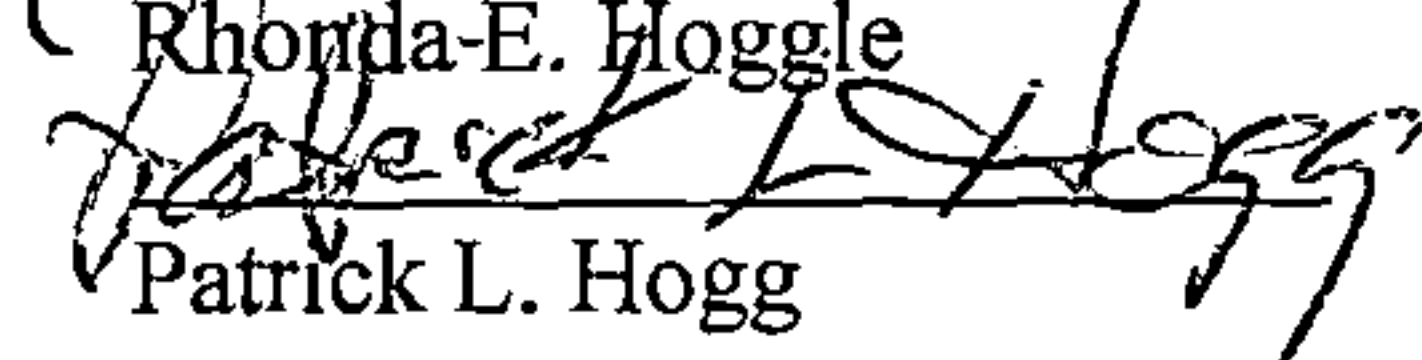
Grantor: Rhonda E. Hoggle and Patrick L. Hogg
Grantor's Address: 1115 Indian Crest Drive, Indian Springs, AL 35124
Grantee: Rhonda E. Hoggle and Patrick L. Hogg
Grantee's Address: 1115 Indian Crest Drive, Indian Springs, AL 35124
Property Address: 1115 Indian Crest Drive, Indian Springs, AL 35124
Assessed Value: \$606,440.00

To Have and to Hold to the said GRANTEES for and during their joint lives and upon the death of either of them, then to the survivor of them in fee simple, and to the heirs and assigns of such survivor forever, together with every contingent remainder and right of reversion.

And I do for myself and for my heirs, executors, and administrators covenant with the said GRANTEES, their heirs and assigns, that I am lawfully seized in fee simple of said premises; that they are free from all encumbrances unless otherwise noted above; that I have a good right to sell and convey the same as aforesaid that I will and my heirs, executors and administrators shall warrant and defend the same to the said GRANTEES, their heirs and assigns forever against the lawful claims of all persons.

IN WITNESS WHEREOF, we have hereunto set our hands and seals this 5th day of October, 2024

Witness:


Rhonda E. Hoggle

Patrick L. Hogg

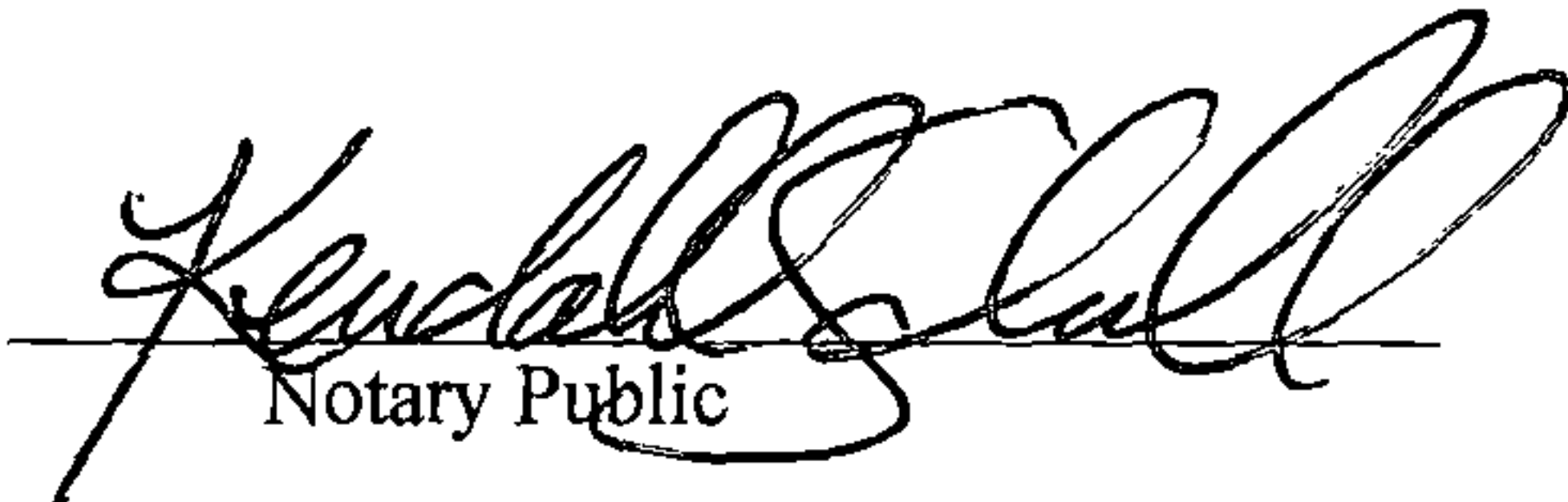
20241016000324660 2/3 \$634.50
Shelby Cnty Judge of Probate, AL
10/16/2024 11:43:38 AM FILED/CERT

STATE OF ALABAMA)
SHELBY COUNTY)

I, the undersigned, a Notary Public in and for said State and County, do hereby certify that Rhonda E. Hoggle and husband, Patrick L. Hogg, whose names are signed to the foregoing conveyance, and who are known to me, acknowledged before me this day that, being informed of the content of the conveyance, they executed the same voluntarily on the day the same bears date.

Given under my hand and seal, this 15th day of October, 2024.




Notary Public
My commission expires: 1-5-2026

This Instrument Prepared By:
Jeffrey E. Rowell
300 Vestavia Parkway, Suite 2300
Birmingham, Alabama 35216

This is a true and exact copy of the record on file with
The Jefferson County Department of Health

AUG. 18, 2003

Signature of Local or Deputy Registrar

Date of Issue

ALABAMA

CERTIFICATE OF DEATH



20241016000324660 3/3 \$634.50
Shelby Cnty Judge of Probate, AL
10/16/2024 11:43:38 AM FILED/CERT

County
File
Number

State File Number

101

1. DECEASED—NAME First Middle Last (Type last name all capitals)			2. DATE OF DEATH (Month, Day, Year)		3. COUNTY OF DEATH	
Stephen T. Blackburn			August 8, 2003		Jefferson	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE			5. INSIDE CITY LIMITS (Specify Yes or No)		6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number)	
Birmingham 35233			yes		UAB	
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA)			8. OF HISPANIC ORIGIN (Specify Yes or No) If Yes, Specify Cuban, Mexican, Puerto Rican, etc.		9. RACE—(Specify American Indian, Black, White, etc.)	
inpatient			no		white	
11. AGE			12. UNDER 1 YEAR		13. DATE OF BIRTH (Month, Day, Year)	
53 YRS.			MOS. DAYS HOURS MINS.		March 22, 1950	
15. EDUCATION (Specify ONLY highest grade completed below)			16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced)		17. SURVIVING SPOUSE (If wife, give maiden name)	
Elementary or High School (0-12)			College (1-4 or 5+)		Rhonda Hoggle	
5+			married		yes	
19. STATE OF BIRTH (If not in USA, name country)			20. RESIDENCE—STATE		21. COUNTY	
Alabama			Alabama		Shelby	
23. INSIDE CITY LIMITS (Specify Yes or No)			24. STREET AND NUMBER		25. INFORMANT—Name and Address	
yes			1115 Indian Crest Drive		Rhonda Blackburn	
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)			27. KIND OF BUSINESS OR INDUSTRY		28. Was Decedent ever in Armed Forces (Specify Yes or No)	
Engineering			Coalbed Methane		yes	
29. FATHER—NAME First Middle Last			30. MAIDEN NAME OF MOTHER—First Middle Last		31. DATE OF DISPOSITION (Month, Day, Year)	
G. C. Blackburn, Jr			Dorothy L. Thorn		Aug. 11, 2003	
32. CEMETERY OR CREMATORY—Name			33. LOCATION—(City or Town—State)		34. FUNERAL HOME—Name and Address	
Southern Heritage			Pelham, AL		475 Cahaba Valley Rd Pelham, AL 35124	
35. FUNERAL DIRECTOR—Signature			36. DATE SIGNED BY FUNERAL DIRECTOR		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"	
[Signature]			Aug 13, 2003		38. DATE SIGNED (Month, Day, Year)	
39. TIME AND DATE OF DEATH			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)	
1915 August 8, 2003					Charles A. Gray Resident Physician	
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)			43. CERTIFIER LICENSE NUMBER		44. REGISTRAR—Signature	
UAB 619 19th Street SOUTH Birmingham, AL 35233			24898		Helen Morrison	
45. DATE FILED (Month, Day, Year)			46. DATE SIGNED BY REGISTRAR		47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	
August 14, 2003					48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unk.)	

MEDICAL CERTIFICATION

46. PART I. Enter the disease, 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. Cardiac failure				
b. Multi-system failure				
c. Candidiasis				
d. Acute myelogenous leukemia				
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, or Unk.)	
49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause)			50. AUTOPSY (Specify Yes or 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)				

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

ADPH-HS 2/Rev. 11-93