20241016000324660 1/3 $634.50
Shelby Cnty Judge of Probate, AL
10/16/2024 11:43:38 AM FILED/CERT

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 15th day of October, 2024

Witness:

Rhonda E. Hoggle

Patrick L. Hogg

Shelby County, AL 10/16/2024
State of Alabama
Deed Tax:$606.50

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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.

STATE OF ALABAMA NOTARY PUBLIC
KENDAHL SCHNELL
My Commission Expires
January 5, 2026

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

Peggy Lined — Signature of Local or Deputy Registrar

AUG. 18, 2003 — Date of Issue

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Shelby Cnty Judge of Probate, AL
10/16/2024 11:43:38 AM FILED/CERT

2003 22609

ALABAMA
CERTIFICATE OF DEATH

County File Number —

State File Number 101

1. DECEASED—NAME (First, Middle, Last): Stephen T. Blackburn
2. DATE OF DEATH (Month, Day, Year): August 8, 2003
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
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: 53 YRS.
12. UNDER 1 YEAR (MOS. / DAYS) — UNDER 1 DAY (HOURS / MINS.):
13. DATE OF BIRTH (Month, Day, Year): March 22, 1950
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+): 5+
16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced): married
17. SURVIVING SPOUSE (If wife, give maiden name): Rhonda Hoggle
18. Was Decedent ever in Armed Forces (Specify Yes or No): yes
19. STATE OF BIRTH (If not in USA, name country): Alabama
20. RESIDENCE—STATE: Alabama
21. COUNTY: Shelby
22. CITY, TOWN, OR LOCATION AND ZIP CODE: Indian Springs 35124
23. INSIDE CITY LIMITS (Specify Yes or No): yes
24. STREET AND NUMBER: 1115 Indian Crest Drive
25. INFORMANT—Name and Address: Rhonda Blackburn, 1115 Indian Crest Dr. Indian Springs, AL 35124
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Engineering
27. KIND OF BUSINESS OR INDUSTRY: Coalbed Methane
28. FATHER—NAME (First, Middle, Last): G. C. Blackburn, Jr
29. MAIDEN NAME OF MOTHER (First, Middle, Last): Dorothy L. Thorn
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other): burial
31. DATE OF DISPOSITION (Month, Day, Year): Aug. 11, 2003
32. CEMETERY OR CREMATORY—Name: Southern Heritage
33. LOCATION—(City or Town—State): Pelham, AL
34. FUNERAL HOME—Name and Address: Southern Heritage, 475 Cahaba Valley Rd Pelham, AL 35124
35. FUNERAL DIRECTOR—Signature: [signature]
36. DATE SIGNED BY FUNERAL DIRECTOR: Aug 13 2003
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: Clark A Gray
38. DATE SIGNED (Month, Day, Year): August 8, 2003
39. TIME AND DATE OF DEATH: 1915 August 8, 2003
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): Clark A Gray Resident Physician
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46): UAB 619 19th Street South Birmingham, Al 35233
43. CERTIFIER LICENSE NUMBER: Z4858
44. REGISTRAR—Signature: Helen Morrison
For State or County use only
45. DATE FILED (Month, Day, Year): August 14, 2003

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. Cardiac failure
DUE TO (OR AS A CONSEQUENCE OF): b. Multi-system failure
DUE TO (OR AS A CONSEQUENCE OF): c. Candidiasis
DUE TO (OR AS A CONSEQUENCE OF): d. Acute myelogenous leukemia

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

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: 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.