Index under the following names:

Kim M. Andreasen
Valorie Kae Andreasen
Brian Kim Andreasen
Heidi Lyn Panter
Kacey Lee Andreasen
Karsen Brett Andreasen
[need to insert name of affiant]

STATE OF ALABAMA)
:
SHELBY COUNTY)

AFFIDAVIT OF HEIRSHIP OF KIM M. ANDREASEN

Before me, the undersigned, personally appeared Mary Paige Wadsworth, who, after first being duly sworn, deposes and says the following:

1. My name is Mary paige Wadsworth. I am over the age of 21 years and reside at 1506 Summerchase Dr. Hoover, AL 35244.

2. I am the friend of KIM M. ANDREASEN ("Kim") and knew him for at least 5 years. I have personal knowledge of the matters and things set forth herein.

3. Kim died in Shelby County, Alabama, on November 24, 2024. At the time of his death, he was married to VALORIE KAE ANDREASEN ("Valorie"), whom I also knew. Kim and Valorie had four (4) children of their marriage, Brian Kim Andreasen, Heidi Lyn Panter, Kacey Lee Andreasen and Karsen Brett Andreasen. Neither Kim nor Valorie had any other natural born or adopted children.

4. At the time of his death, Kim and Valorie lived in Calera, in Shelby County, Alabama.

5. It is my understanding that there was never any estate administration for Kim in the Probate Court of Shelby County, Alabama, or elsewhere.

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Shelby Cnty Judge of Probate, AL
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6. This Affidavit is made for the purpose of establishing the ownership of real property titled in the name of KIM M. ANDREASEN at the time of his death, with the knowledge that this Affidavit may be used as evidence in court or filed of record in any Probate Office for future reference.

Further the Affiant sayeth naught.

Done and dated this 7 day of July, 2025.

Mary Paige Wadsworth
Signature of Affiant

Printed name Mary Paige Wadsworth

STATE OF ALABAMA)

Shelby COUNTY)

Sworn to and subscribed before me, this the
7 day of July, 2025.

Kristi Reed
Notary Public—State at Large
My Commission Expires: 6-7-2028

This instrument prepared by:

Dorothy Lee Donaldson, Esq.
Dentons Sirote PC
2311 Highland Avenue South (35205)
P. O. Box 55727
Birmingham, AL 35255-5727
Telephone (205) 930-5130
dorothy.donaldson@sirote.com

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

ALABAMA
Center for Health Statistics
ALABAMA CERTIFICATE OF DEATH

State File Number **101** 2024-50640

1. DECEASED LEGAL NAME: Kim M Andreasen			2. DATE AND TIME OF DEATH: Nov 24, 2024 1550
3. ALIAS NAME(IF ANY): None Given			4. DATE AND TIME PRONOUNCED DEAD:
5. COUNTY OF DEATH: Shelby	6. CITY, TOWN OR LOCATION OF DEATH AND ZIP CODE: Calera, 35040	7. PLACE OF DEATH: 4288 Hwy 42	
8. SEX: Male	9. LAST NAME PRIOR TO FIRST MARRIAGE:		10. SERVED IN ARMED FORCES: No

11. AGE	UNDER 1 YEAR MONTHS	UNDER 1 YEAR DAYS	UNDER 1 DAY HRS	UNDER 1 DAY MINS	12. DATE OF BIRTH	13. BIRTHPLACE (State or Foreign Country)	14. SOCIAL SECURITY NUMBER
70					Jul 14, 1954	Idaho	[redacted]

15. MARITAL STATUS	16. SURVIVING SPOUSE NAME PRIOR TO FIRST MARRIAGE	17. RESIDENCE STATE
Married	Valorie Kae Gee	Alabama

18. RESIDENCE COUNTY	19. CITY, TOWN OR LOCATION AND ZIP CODE	20. STREET ADDRESS
Shelby	Calera, 35040	4288 Hwy 42

21. INFORMANT NAME, RELATIONSHIP AND ADDRESS: Valorie Andreasen, Wife, 4288 Hwy 42, Calera, AL 35040

22. FATHER/PARENT NAME PRIOR TO FIRST MARRIAGE	23. MOTHER/PARENT NAME PRIOR TO FIRST MARRIAGE
Max Wayne Andreasen	Emma Mardene Harris

24. DISPOSITION OF BODY	25. CEMETERY OR CREMATORY	26. LOCATION	
Cremation	W E Lusain Funeral Home	Birmingham, Alabama	
27. DATE OF DISPOSITION	28. FUNERAL DIRECTOR OR OTHER AGENT	29. LICENSE NUMBER	30. DATE SIGNED
Nov 27, 2024	Ethelyn R Lusain,		Dec 3, 2024

31. FUNERAL HOME NAME AND ADDRESS	32. LICENSE NUMBER
W E Lusain Funeral Home, 629 Goldwire Way SW, Birmingham, AL 35211	1021

33. **MEDICAL CERTIFICATION:** Certifying Physician

34. NAME	35. LICENSE NUMBER	36. DATE SIGNED
Megan Vansant Bullard MD	33298	Dec 2, 2024

37. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH: 122 7th Avenue NE, Suite D, Alabaster, Alabama 35007

38. REGISTRAR	39. DATE FILED
Nicole Henderson Rushing	Dec 3, 2024

CAUSE OF DEATH

40. PART I. DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED DEATH	INTERVAL
IMMEDIATE CAUSE — A. COPD W Acute Exacerbation	Unknown
DUE TO (OR AS A CONSEQUENCE OF):	
UNDERLYING CAUSE — B.	
DUE TO (OR AS A CONSEQUENCE OF):	
C.	
DUE TO (OR AS A CONSEQUENCE OF):	
D.	

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41. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH

42. MANNER OF DEATH	43. PREGNANT (IF FEMALE)	44. AUTOPSY	45. FINDINGS CONSIDERED	46. TOXICOLOGY	47. FINDINGS CONSIDERED	48. TOBACCO USE CONTRIBUTED TO DEATH
Natural Causes		No		No		Unknown

49. HOW INJURY OCCURRED

50. DATE AND TIME OF INJURY	51. INJURY AT WORK	52. IF TRANSPORTATION INJURY, SPECIFY
53. PLACE OF INJURY	54. LOCATION OF INJURY	

ADPH HS E2/REV 01-21

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2024-500-277-0

December 3, 2024

Nicole H. Rushing
Nicole Henderson Rushing
State Registrar of Vital Statistics