

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF ALABAMA)
) SS.
COUNTY OF SHELBY)


20251110000345400 1/2 \$26.00
Shelby Cnty Judge of Probate, AL
11/10/2025 02:05:59 PM FILED/CERT

Now on this 31st day of October 2025, I, Teresa Hicks, of lawful age, being duly sworn, state as follows:

On the 7th day of August 2020, ownership interest was conveyed by a Warranty Deed from Andrea Cameron to Darren L. Hicks and Teresa Hicks as Joints Tenants, not as Tenants in Common, with right of survivorship, the following real property situated in Shelby County, Alabama, to wit:

Lot 26, according to the Final Record Plat of Greystone Farms, Terrace Hills, as recorded in Map Book 24, Page 54, in the Probate Office of Shelby County, Alabama

RECORDED ON
7 8/12/2020
AS INST No.
20200812000-
345020

Which document was recorded in the records of the Probate Court of Shelby County, in the State of Alabama, in Map Book 24, at Page 54. There is attached hereto a certified copy of the Death Certificate of Darren L. Hicks, deceased, issued by the Department of Health for the State of Alabama showing that the deceased Joint Tenant died on the 5th day of February 2025.

Affiant further states that she is the surviving joint tenant in the above-described property, and that the decedent named in the certificate of death is one and the same person as the joint tenant named in the deed recorded as above set forth.

Affiant further states that on the date of deceased joint tenant's death the two were married to each other and that affiant is the surviving spouse.

And further affiant saith not.

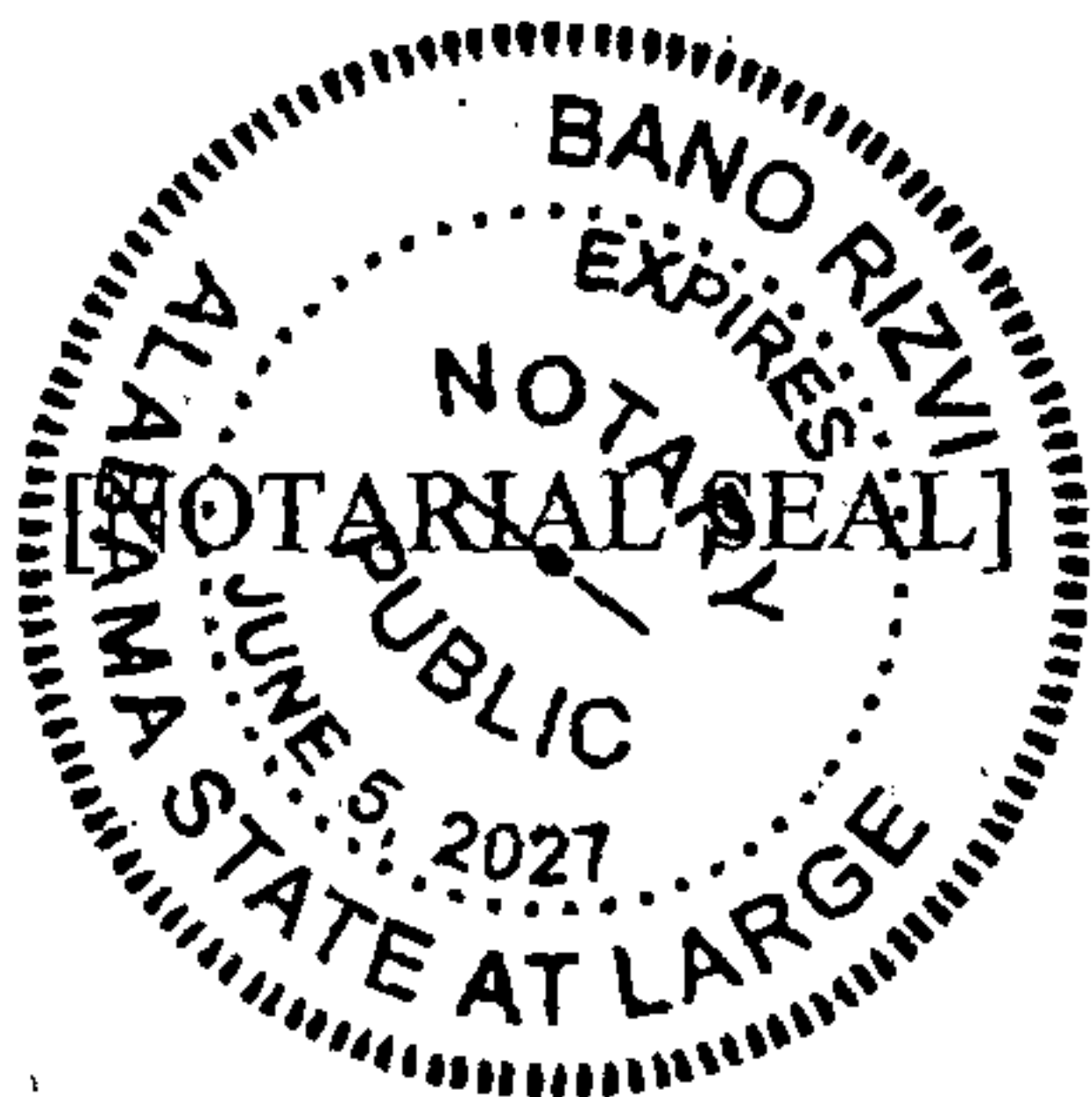
Signed  Affiant

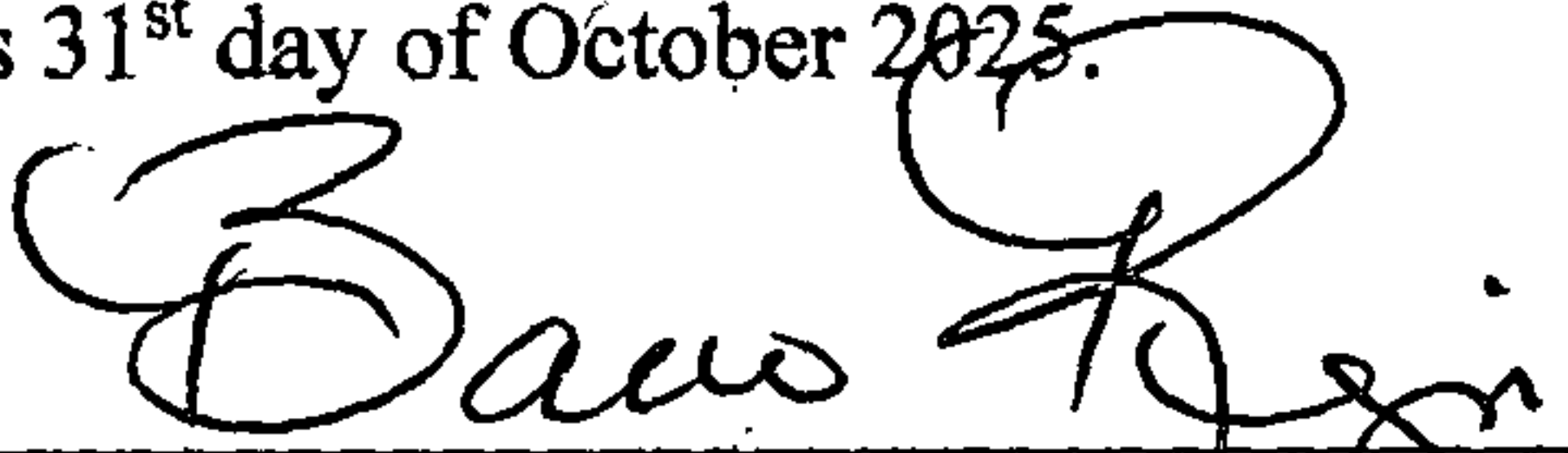
ACKNOWLEDGMENT

STATE OF ALABAMA)
) SS.
COUNTY OF JEFFERSON)

I, the undersigned, a notary public in and for said county in said state, hereby certify that Teresa Hicks, 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 said instrument, she executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this 31st day of October 2025.




Notary Public
My commission expires: 6-5-2027

ALABAMA
Center for Health Statistics
ALABAMA CERTIFICATE OF DEATH

State
File
Number**101 2025-06858**

1. DECEASED LEGAL NAME Darren Lenard Hicks				2. DATE AND TIME OF DEATH Feb 5, 2025 1706			
3. ALIAS NAME(IF ANY) None Given				4. DATE AND TIME PRONOUNCED DEAD			
5. COUNTY OF DEATH Jefferson		6. CITY, TOWN OR LOCATION OF DEATH AND ZIP CODE Homewood, 35209		7. PLACE OF DEATH Baptist Health Brookwood Hospital			
8. SEX Male		9. LAST NAME PRIOR TO FIRST MARRIAGE			10. SERVED IN ARMED FORCES No		
11. AGE 55	UNDER 1 YEAR MONTHS	UNDER 1 DAY DAYS	12. DATE OF BIRTH Mar 19, 1969	13. BIRTHPLACE (State or Foreign Country) Alabama			 20251110000345400 2/2 \$26.00 Shelby Cnty Judge of Probate, AL 11/10/2025 02:05:59 PM FILED/CERT
15. MARITAL STATUS Married		16. SURVIVING SPOUSE NAME PRIOR TO FIRST MARRIAGE Teresa Sansberry					
18. RESIDENCE COUNTY Jefferson		19. CITY, TOWN OR LOCATION AND ZIP CODE Birmingham, 35242		20. STREET ADDRESS 4343 Marden Drive			
21. INFORMANT NAME, RELATIONSHIP AND ADDRESS Teresa Hicks, Wife, 4343 Marden Drive, Birmingham, AL 35242							
22. FATHER/PARENT NAME PRIOR TO FIRST MARRIAGE Unknown				23. MOTHER/PARENT NAME PRIOR TO FIRST MARRIAGE Louise Hicks			
24. DISPOSITION OF BODY Entombment		25. CEMETERY OR CREMATORY Elmwood Mausoleum		26. LOCATION Birmingham, Alabama			
27. DATE OF DISPOSITION Feb 15, 2025		28. FUNERAL DIRECTOR OR OTHER AGENT Brittany Brown		29. LICENSE NUMBER		30. DATE SIGNED Feb 18, 2025	
31. FUNERAL HOME NAME AND ADDRESS Davenport and Harris Funeral Home, 301 Martin Luther King Dr SW, Birmingham, AL 35211						32. LICENSE NUMBER	
33. MEDICAL CERTIFICATION: Certifying Physician							
34. NAME Stirling Shirah MD				35. LICENSE NUMBER 30700		36. DATE SIGNED Feb 17, 2025	
37. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH 2010 Brookwood Medical Center Drive, Homewood, Alabama 35209							
38. REGISTRAR Nicole Henderson Rushing						39. DATE FILED Feb 19, 2025	

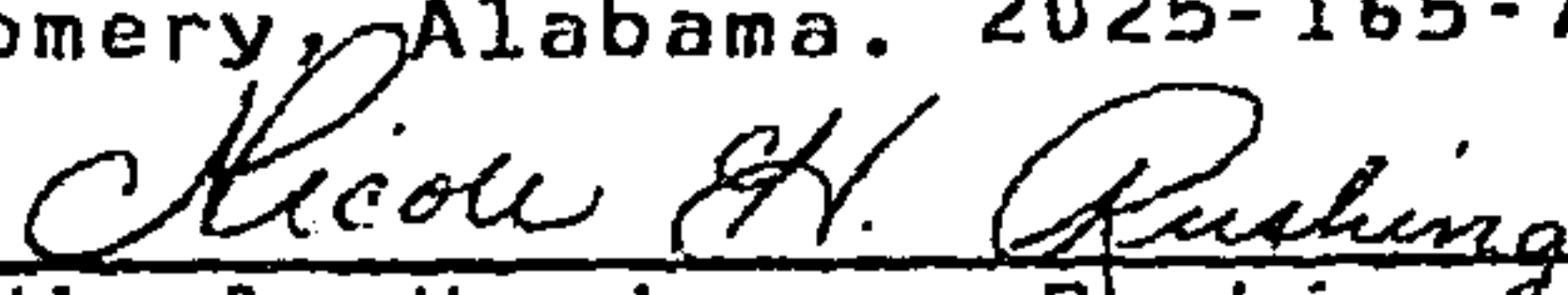
CAUSE OF DEATH

40. PART I. DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED DEATH							INTERVAL	
IMMEDIATE CAUSE UNDERLYING CAUSE	A. Cardiopulmonary arrest DUE TO (OR AS A CONSEQUENCE OF):						Unknown	
	B. Mesenteric ischemia DUE TO (OR AS A CONSEQUENCE OF):						Unknown	
	C. Thrombotic Event DUE TO (OR AS A CONSEQUENCE OF):						Unknown	
	D. Severe Sepsis with Shock						Unknown	
41. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH								
42. MANNER OF DEATH Natural Causes		43. PREGNANT (IF FEMALE)		44. AUTOPSY No	45. FINDINGS CONSIDERED	46. TOXICOLOGY Unk	47. FINDINGS CONSIDERED Unk	48. TOBACCO USE CONTRIBUTED TO DEATH 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 HIS 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. 2025-165-759-3

February 20, 2025


Nicole Henderson Rushing
State Registrar of Vital Statistics