

**Prepared By and  
When Recorded Mail To:**  
Vantage Point Title, Inc  
18167 U.S. HWY 19 N., Suite 180  
Clearwater, FL 33764  
Carolyn Guenther  
**Mail Tax Statements To:**  
Judith W. Bargainnier  
2027 Wild Flower Drive

Reference No.: AL964895  
Parcel No. 11 7 25 0 004 080.000

### AFFIDAVIT OF DEATH

Before me, the undersigned authority, personally appeared Judith W. Bargainnier, who, being first duly sworn, deposes and states as follows:

1. **Affiant Information:** My name is Judith W. Bargainnier I reside at 2027 Wild Flower Dr Hoover AL 35244. I am of lawful age and competent to make this affidavit.

2. **Decedent Information:** The decedent's name was Malcolm Mack Bargainnier III (the "Decedent"). The Decedent died on or about 1/8/15, in the County of Jefferson State of Alabama.

3. **Relationship to Decedent:** I was personally acquainted with the Decedent and have personal knowledge of the facts herein stated. My relationship to the Decedent is Spouse (e.g., spouse, child, trustee, neighbor, etc.).

4. **Property Information:** The Decedent had or may have had an interest in the following described real property located in the County of Shelby, State of AL.

The following described real estate situated in Shelby County, Alabama, to wit:

Lot 116, according to the Survey of Fourth Addition, RIVERCHASE WEST, as recorded in Map Book 7, Page 156, Probate Office of Shelby County, Alabama.

5. **Vesting Deed:** At the time of the decedent's death, decedent was the owner, of certain real property acquired by a deed recorded on February 18, 2015 as Document No. 20150218000051910 or Book and Page in Official Records of Shelby County, AL, covering the following described property situated in the County of Shelby, State of AL.

6. **Purpose of Affidavit:** This affidavit is made for the purpose of establishing the fact of death of the Decedent and to permit the recordation of evidence thereof in the public records.

7. **Supporting Documentation:** A certified copy of the Decedent's Death Certificate is attached hereto.

Date: 1/20/26

Affiant:

Judith W. Bergannier  
Signature

Printed Name: Judith W. Bergannier

STATE OF Alabama

COUNTY OF Shelby

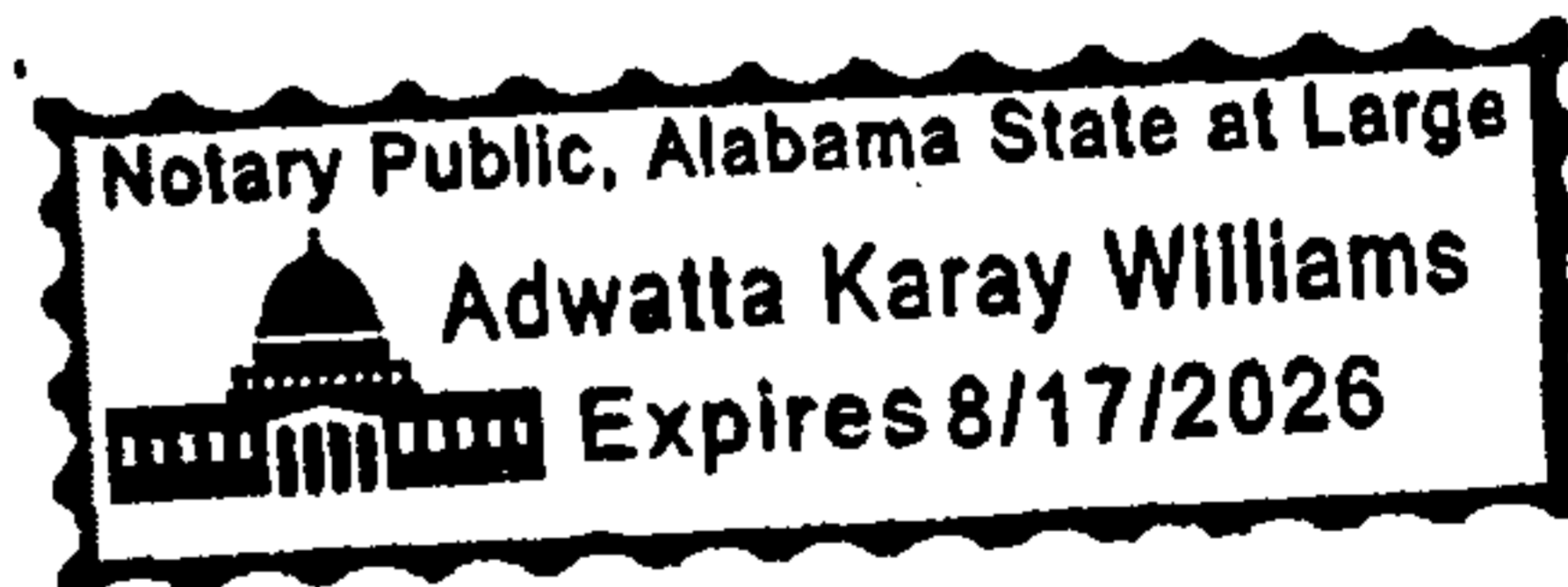
Subscribed and sworn to (or affirmed) before me on this 20 day of Jan, 2026 by Judith W. Bergannier,  who is personally known to me or  has produced Drivers License as identification.

(SEAL)

Adwatta Karay Williams  
Notary Public

Printed Name: Adwatta Karay Williams

My Commission Expires: 8/17/26



# ALABAMA CERTIFICATE OF DEATH

State File Number **101**

TYPE IN PERMANENT  
BLACK INK. DO NOT  
USE GREEN, RED, OR  
BLUE INK

County  
File  
Number -

1. DECEASED - NAME First Middle Last (Type last name in all capitals) <b>Malcolm Mack BARGAINNIER, III</b>			2. DATE OF DEATH (Month, Day, Year) <b>January 08, 2015</b>		3. COUNTY OF DEATH <b>Jefferson</b>	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE <b>Birmingham 35205</b>				5. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>	6. PLACE OF DEATH - HOSPITAL OR OTHER INSTITUTION (If not either, give street and number) <b>St. Vincent's Hospital</b>	
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA) <b>Inpatient</b>		8. OF HISPANIC ORIGIN (Specify Yes or No) If Yes, Specify Cuban, Mexican, Puerto Rican, etc. <b>No</b>		9. RACE - (Specify American Indian, White, Black, etc.) <b>White</b>	10. SEX <b>Male</b>	
11. AGE <b>67 YRS.</b>	12. UNDER 1 YEAR MOS. DAYS HOURS MINS	13. DATE OF BIRTH (Month, Day, Year) <b>July 03, 1947</b>		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+) <b>2</b>		16. MARITAL STATUS (Specify - Married, Never Married, Widowed, Divorced) <b>Married</b>		17. SURVIVING SPOUSE (If wife, give maiden name) <b>Judith Wills</b>		18. Was Decedent ever in Armed Forces (Specify Yes or No) <b>Yes</b>
19. STATE OF BIRTH (If not USA, name country) <b>Georgia</b>		20. RESIDENCE - STATE <b>Alabama</b>		21. COUNTY <b>Shelby</b>	22. CITY, TOWN, OR LOCATION AND ZIP CODE <b>Hoover 35244</b>	
23. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>	24. STREET AND NUMBER <b>2027 Wild Flower Dr.</b>		25. INFORMANT - Name and Address <b>Judith Bargainnier 2027 Wild Flower Dr. Hoover, AL 35244</b>			
26. USUAL OCCUPATION - (Give kind of work done during most of working life even if retired) <b>Police Officer</b>			27. KIND OF BUSINESS OR INDUSTRY <b>Hoover Police Department</b>			
28. FATHER - NAME First Middle Last <b>Malcolm Mack Bargainnier, Jr.</b>			29. MAIDEN NAME OF MOTHER - First Middle Last <b>Clarice Newman</b>			
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) <b>Burial</b>		31. DATE OF DISPOSITION (Month, Day, Year) <b>01/12/2015</b>	32. CEMETERY OR CREMATORY - Name <b>AL National Cemetery</b>		33. LOCATION - (City or Town - State) <b>Montevallo, AL</b>	
34. FUNERAL HOME - Name and Address <b>Southern Heritage 475 Cahaba Valley Rd. Pelham, AL 35124</b>			35. FUNERAL DIRECTOR - Signature <i>Robert H. [Signature]</i>		36. DATE SIGNED BY FUNERAL DIRECTOR <b>01/23/2015</b>	
37. <input checked="" type="checkbox"/> 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." <input type="checkbox"/> Medical Examiner (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: <i>David Deatkine</i>					38. DATE SIGNED (Month, Day, Year) <b>1/13/15</b>	
39. TIME AND DATE OF DEATH <b>2:00am Jan 8, 2015</b>		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) <b>David Deatkine, MD</b>		
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) <b>806 St Vincents Drive Suite 500 Birmingham, AL 35205</b>				43. CERTIFIER LICENSE NUMBER <b>17035</b>		
44. REGISTRAR - Signature <i>Rosella [Signature]</i> For State or County use only				45. DATE FILED (Month, Day, Year) <b>Jan. 30, 2015</b>		

### 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. <b>Metastatic Papillary Thyroid Carcinoma</b>		yrs.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		b. DUE TO (OR AS A CONSEQUENCE OF):
		c. DUE TO (OR AS A CONSEQUENCE OF):
		d. DUE TO (OR AS A CONSEQUENCE OF):
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 MONTHS? (Specify Yes, No, Unk.)		<b>No</b>
49. MANNER OF DEATH (Specify - Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) <b>Natural Causes</b>		50. AUTOPSY (Specify Yes or No) <b>No</b>
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)		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.



Filed and Recorded  
Official Public Records  
Judge of Probate, Shelby County Alabama, County  
Clerk  
Shelby County, AL  
02/03/2026 03:38:34 PM  
\$29.00 BRITTANI  
20260203000032100

ADPH-HS-2/Rev.11-93

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

*Rosella [Signature]*  
Signature of Local or Deputy Registrar

January 30 2015

Date of Issue

ANY ALTERATIONS VOID THIS DOCUMENT  
NAME OF DECEASED **BARGAINNIER, MALCOLM** SSN: **400-70-4172**

DECEASED  
BURIAL CERTIFICATE  
ANY ALTERATIONS VOID THIS DOCUMENT