

PROPERTY WARRANTY DEED

STATE OF ALABAMA)

COUNTY OF SHELBY)



20260325000085020 1/9 \$331.00
Shelby Cnty Judge of Probate, AL
03/25/2026 11:58:11 AM FILED/CERT

KNOW ALL MEN BY THESE PESENTS, that in consideration of the sum of One Dollar and 00/100 (\$1.00) the receipt and sufficiency of which are acknowledge that **BILL PAUL THOMPSON** and **SANDRA THOMPSON** hereinafter do hereby called the **GRANTORS**, does hereby **BARGAIN, GRANT, SELL AND CONVEY**, unto **CAROLYN R. STOKES** and **JENNIFER CLEVINGER**, hereinafter called the **GRANTREES**, in fee simple, the following described real estate satiated in Shelby County, Alabama, to-wit;

The NW 1/4 of NW 1/4, Sections 19, Township 18S, Range 2 East Shelby County, containing 10 acres more or less, subject to mineral rights and restrictions that appears on record.

TO HAVE AND TO HOLD to the said **GRANTEES** for the duration of the trust and then to assignee(s) in fee simple forever.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 25
Day of March, 2026.

Prepared by:

Carolyn R. Stokes
P.O. Box 244
Sterrett, AL 35147

Bill Paul Thompson
BILL PAUL THOMPSON
GRANTOR

Carolyn R Stokes
CAROLYN R. STOKES
DURABLE POWER OF ATTORNEY

Sandra Thompson
SANDRA THOMPSON
GRANTOR

Carolyn R Stokes
CAROLYN R. STOKES
DURABLE POWER OF ATTORNEY

Shelby County, AL 03/25/2026
State of Alabama
Deed Tax: \$285.00



20260325000085020 2/9 \$331.00
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ACKNOWLEDGMENT

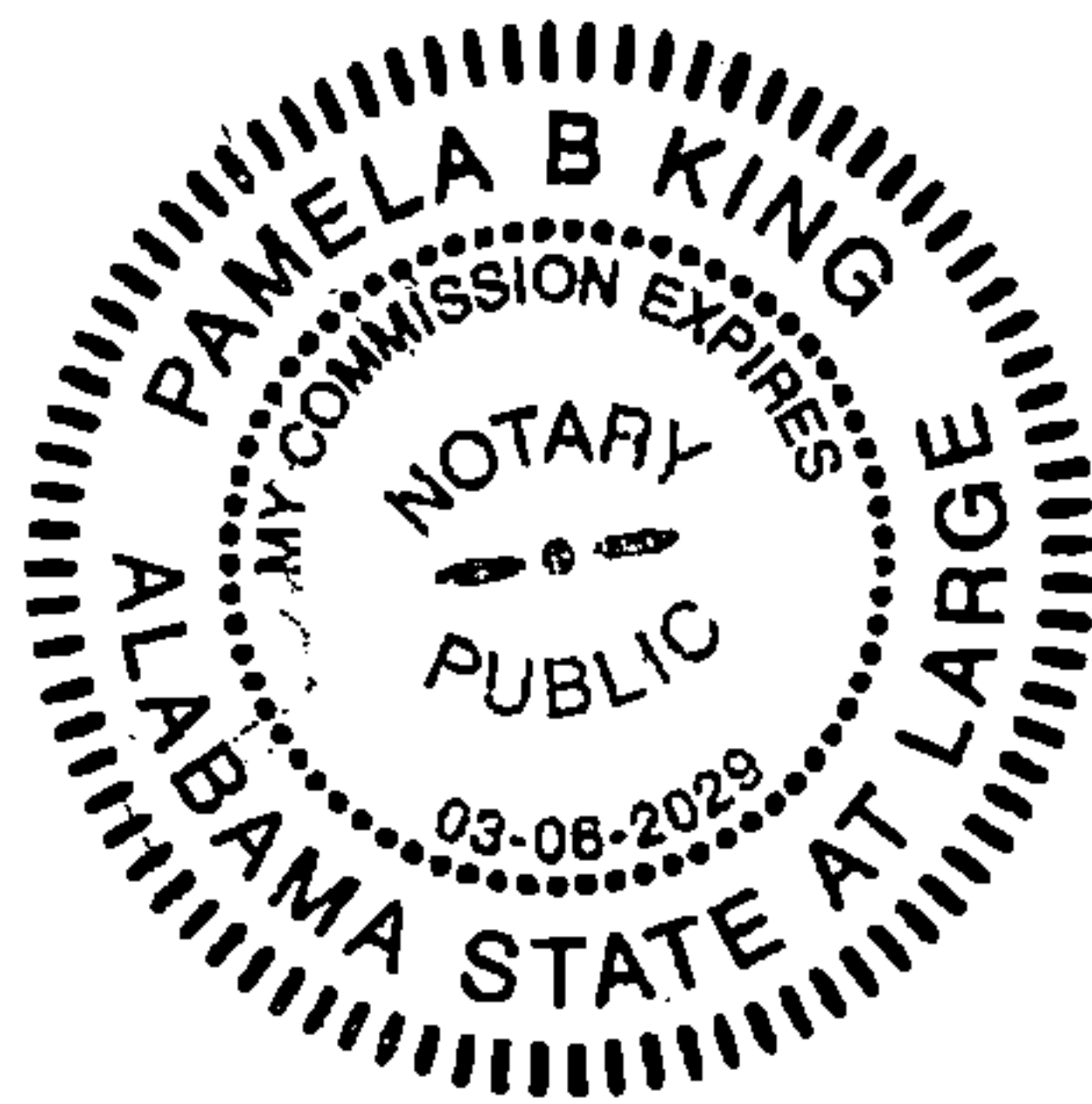
COUNTY OF SHELBY)

I Pamela B. King, Notary Public in and of State hereby certify that **BILL PAUL THOMPSON** and **SANDRA THOMPSON**, whose names are signed to the forgoing conveyance, and who are known to me, acknowledged before me on this day that, being informed of the contents of this foregoing conveyance, that they executed the same voluntarily on the day.

GIVEN UNDER MY HAND AND OFFICIAL SEAL OF THE STATE OF ALABAMA this day 25 of March, 2026.

Pamela B. King
Notary Public

My Commission Expires: 3-6-2029



Real Estate Sales Validation Form

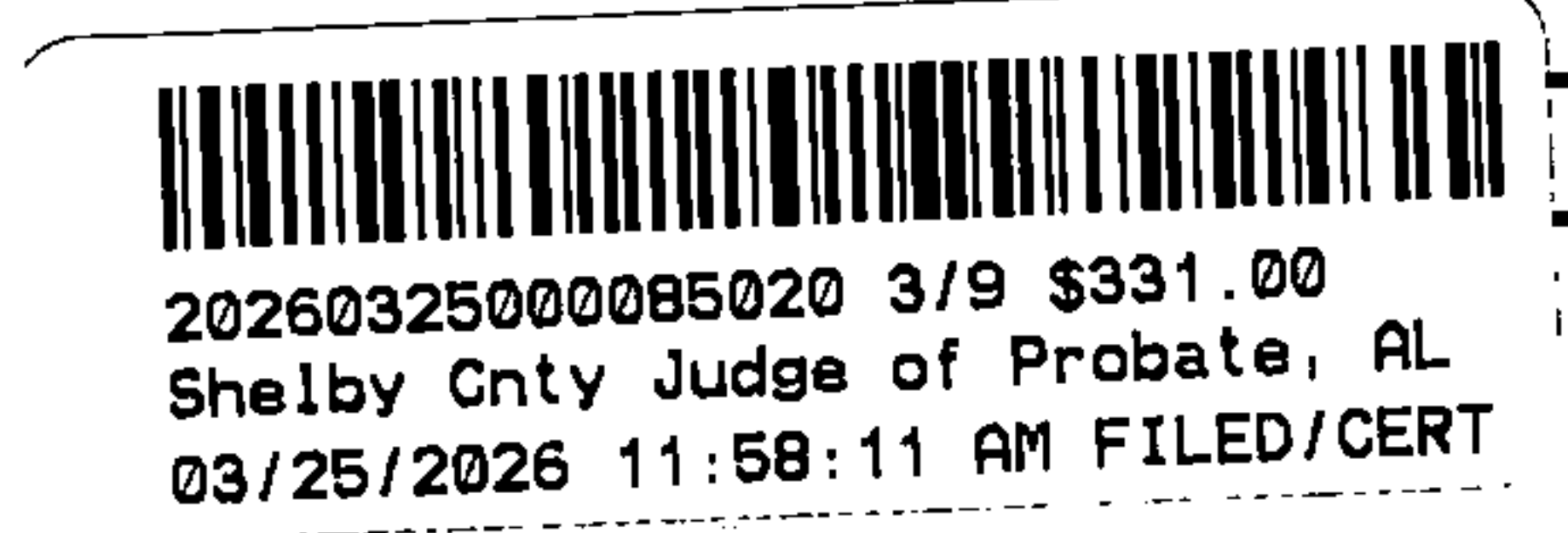
This Document must be filed in accordance with Code of Alabama 1975, Section 40-22-1

Grantor's Name: Bill Paul & Sandra Thompson
Mailing Address: P.O. Box 73, Sterrett, AL 35147

Grantee's Name: Carolyn R Stokes
Mailing Address: P.O. Box 244, Sterrett, AL 35147

Property Address: 379 Thompson Ln, Sterrett, AL 35147

Date of Sale
Total Purchase Price \$
or
Actual Value \$
or
Assessor's Market Value \$ 284,830.00



The purchase price or actual value claimed on this form can be verified in the following documentary evidence: (check one) (Recordation of documentary evidence is not required)

- Bill of Sale
Sales Contract
Closing Statement
Appraisal
Other

If the conveyance document presented for recordation contains all of the required information referenced above, the filing of this form is not required.

Instructions

- Grantor's name and mailing address - provide the name of the person or persons conveying interest to property and their current mailing address.
Grantee's name and mailing address - provide the name of the person or persons to whom interest to property is being conveyed.
Property address - the physical address of the property being conveyed, if available.
Date of Sale - the date on which interest to the property was conveyed.
Total purchase price - the total amount paid for the purchase of the property, both real and personal, being conveyed by the instrument offered for record.
Actual value - if the property is not being sold, the true value of the property, both real and personal, being conveyed by the instrument offered for record. This may be evidenced by an appraisal conducted by a licensed appraiser or the assessor's current market value.
If no proof is provided and the value must be determined, the current estimate of fair market value, excluding current use valuation, of the property as determined by the local official charged with the responsibility of valuing property for property tax purposes will be used and the taxpayer will be penalized pursuant to Code of Alabama 1975 § 40-22-1 (h).

I attest, to the best of my knowledge and belief that the information contained in this document is true and accurate. I further understand that any false statements claimed on this form may result in the imposition of the penalty indicated in Code of Alabama 1975 § 40-22-1 (h).

Date
Unattested (verified by)
Print Carolyn R Stokes
Sign Carolyn R Stokes (Grantor/Grantee/Owner/Agent) circle one

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DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that I, **BILL PAUL THOMPSON**, a legal resident of the State of Alabama. Presently being of sound mind and not being under any mental disability, or incompetency, incapacity, do hereby nominate, constitute and appoint, **CAROLYN R. STOKES**, a legal resident of the State of Alabama, as and for my true and lawful attorney-in-fact under the provisions of and in accordance with Section 26-1-2, 1975 Code of Alabama, so that this power of attorney shall not be affected by my subsequent disability, incompetency or incapacity. I hereby bestow and vest my said attorney-in-fact with the following powers for me and in my name and on my behalf:

To withdraw any and all monies deposited with any bank, trust company or other financial institutions now or hereafter having monies belonging to me or held in my name, and for that purpose to draw checks in my name;

To deposit in my name and for my account with any bank, trust company or other financial institution, all monies payable or belonging to me or that may come into possession of my said attorney-in-fact; ad all ills of exchange, drafts, checks, promissory notes and other instruments for money payable or belonging to me, and for that purpose to sign my name and endorse same for deposit or collection;

To have free access to deposit boxes and other places of safekeeping and storage, and to withdraw any or all of the property therefrom;

To invest and reinvest funs now or hereafter belonging to me in such securities or other properties as my said attorney-in-fact shall deem proper;

To collect, sue, comprise, or otherwise dispose of any claim or debt in which I now or hereafter may have an interest;

To pay, comprise or otherwise discharge and secure releases from obligations or claims against me as my said attorney-in-fact deem proper;

To exercise all present of future rights and powers with respect to any property, real, personal or mixed, whether presently owned or hereafter acquired in my name, and to execute and deliver good and sufficient deeds or other instruments for the conveyance of transfer of the same;

To lease, lease with option to sell, manage and delegate management of all real properties not and or hereafter owned by me, and to take a lease of or to rent real property as tenant; and,

To do, generally, and or all acts on my behalf on and matters or things pertaining to or belonging to me with the same validity as I might act or could do if personally present and not under any disability, incompetence or incapacity.

To exercise all powers and do all acts on my behalf deemed by my said attorney-in-fact to be incidental to, or necessary or proper to carry into full effect, the forgoing powers hereby ratifying and confirming all that my said attorney-in-fact can lawfully do or cause to be done by virtue hereof.

In the even that during my disability, incompetency or incapacity any proceedings are commenced in any Court to appoint a guardian, curator, or other fiduciary for and on my behalf, then and in those events, I do hereby nominate an request the Court to appoint **CAROLYN R. STOKES** as such guardian, curator or other fiduciary.

It is my intention the notwithstanding my subsequent disability, incompetent or incapacity, this Power of Attorney shall remain in full force and effect until expressly revoked or amended as proved by, provided that such revocation or amendment shall be of no effect with respect to parties acting or things done in reliance upon this **DURAL POWER OF ATTORNEY** prior to the actual receipt by them of written notice of such revocation or amendment.

IN WITNESS WHEREOF, I set my hand on this the 6 day of January,
2026.

Bill Paul Thompson
BILL PAUL THOMPSON
Carolyn R Stokes
CAROLYN R. STOKES



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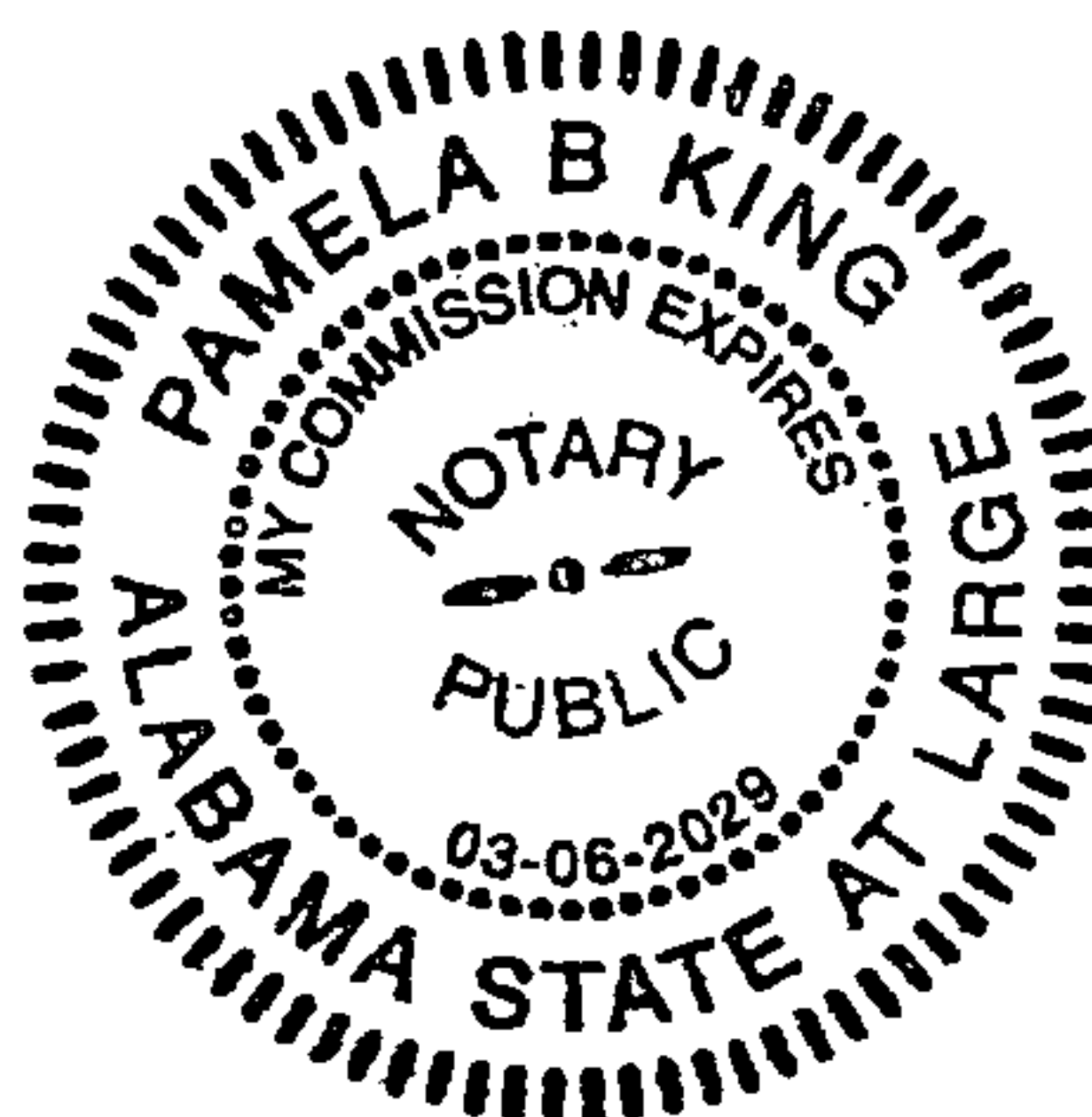
COUNTY OF SHELBY)

I Pamela B. King, Notary Public in and of State hereby certify that **BILL PAUL THOMPSON** and **CAROLYN R. STOKES**, whose name is signed to the forgoing conveyance, and who are known to me, acknowledged before me on this day that, being informed of the contents of this foregoing conveyance, that they executed the same voluntarily on the day.

GIVEN UNDER MY HAND AND OFFICIAL SEAL OF THE STATE OF ALABAMA this day 6 of January, 2026.

Pamela B. King
Notary Public

My Commission Expires: 3-6-2029



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DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that **I, SANDRA R. THOMPSON**, a legal resident of the State of Alabama. Presently being of sound mind and not being under any mental disability, or incompetency, incapacity, do hereby nominate, constitute and appoint, **CAROLYN R. STOKES**, a legal resident of the State of Alabama, as and for my true and lawful attorney-in-fact under the provisions of and in accordance with Section 26-1-2, 1975 Code of Alabama, so that this power of attorney shall not be affected by my subsequent disability, incompetency or incapacity. I hereby bestow and vest my said attorney-in-fact with the following powers for me and in my name and on my behalf:

To withdraw any and all monies deposited with any bank, trust company or other financial institutions now or hereafter having monies belonging to me or held in my name, and for that purpose to draw checks in my name;

To deposit in my name and for my account with any bank, trust company or other financial institution, all monies payable or belonging to me or that may come into possession of my said attorney-in-fact; ad all ills of exchange, drafts, checks, promissory notes and other instruments for money payable or belonging to me, and for that purpose to sign my name and endorse same for deposit or collection;

To have free access to deposit boxes and other places of safekeeping and storage, and to withdraw any or all of the property therefrom;

To invest and reinvest funs now or hereafter belonging to me in such securities or other properties as my said attorney-in-fact shall deem proper;

To collect, sue, comprise, or otherwise dispose of any claim or debt in which I now or hereafter may have an interest;

To pay, comprise or otherwise discharge and secure releases from obligations or claims against me as my said attorney-in-fact deem proper;

To exercise all present of future rights and powers with respect to any property, real, personal or mixed, whether presently owned or hereafter acquired in my name, and to execute and deliver good and sufficient deeds or other instruments for the conveyance of transfer of the same;



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To lease, lease with option to sell, manage and delegate management of all real properties not and or hereafter owned by me, and to take a lease of or to rent real property as tenant; and,

To do, generally, and or all acts on my behalf on and matters or things pertaining to or belonging to me with the same validity as I might act or could do if personally present and not under any disability, incompetence or incapacity.

To exercise all powers and do all acts on my behalf deemed by my said attorney-in-fact to be incidental to, or necessary or proper to carry into full effect, the forgoing powers hereby ratifying and confirming all that my said attorney-in-fact can lawfully do or cause to be done by virtue hereof.

In the even that during my disability, incompetency or incapacity any proceedings are commenced in any Court to appoint a guardian, curator, or other fiduciary for and on my behalf, then and in those events, I do hereby nominate an request the Court to appoint CAROLYN R. STOKES as such guardian, curator or other fiduciary.

It is my intention the notwithstanding my subsequent disability, incompetent or incapacity, this Power of Attorney shall remain in full force and effect until expressly revoked or amended as proved by, provided that such revocation or amendment shall be of no effect with respect to parties acting or things done in reliance upon this **DURAL POWER OF ATTORNEY** prior to the actual receipt by them of written notice of such revocation or amendment.

IN WITNESS WHEREOF, I set my hand on this the 6 day of January,
2020.

Sandra R. Thompson
SANDRA R. THOMPSON
Carolyn R. Stokes
CAROLYN R. STOKES



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Pamela B. King
Notary Public

My Commission Expires: 3-6-2029

