0499948

IDENTIFICATION REFERENCE

BOOK 11156 PAGE 508

MAIL ENV.

98 OCT 15 AM 8:54

REGISTER
JEFFERSON COUNTY, TN.

STATE OF ALABAMA )
COUNTY OF JEFFERSON )

This is a testamentary devise pursuant to the will of Rebecca A. Crawford.

George W Crawford
Affiant

Subscribed and sworn to before me on this 14 day of Oct 1998

Notary Public

My commission expires:
My Commission Expires Sept. 25, 1999

The instrument was prepared by:
William L. Phillips III
Engel, Hairston and Johanson
109 N. 20th Street, 4th Floor
P.O. Box 370027
Birmingham, AL 35237-0027

| Address New Owner as Follows: | Send Tax Bills to: | Map-Parcel Numbers |
|---|---|---|
| George W. Crawford<br>106 Lucern Boulevard<br>Homewood, AL. 35209 | George W. Crawford<br>106 Lucern Boulevard<br>Homewood, AL. 35209 | Map # 72-14<br>Parcel # 186 |

**QUITCLAIM DEED**

WHEREAS George H. Allen & Rebecca A. Crawford obtained a survivorship estate via deed dated April 3, 1961 in the land described in Exhibit "B" attached hereto.

WHEREAS George H. Allen died on Jan. 30, 1974 vesting title in Rebecca A. Crawford. A copy of the death certificate is attached hereto as Exhibit "C".

WHEREAS Rebecca A. Crawford died on Oct. 31, 1997. A copy of the death certificate is attached hereto as Exhibit "D". Her will was Probated in Jefferson County Alabama by the executor George W. Crawford (Case No. #162632)

WHEREAS under the terms of said will the executor was instructed to convey the property to George W. Crawford

WHEREAS, no claims were filed in said Probate case.

NOW THEREFORE,

KNOW ALL MEN BY THESE PRESENTS that George W. Crawford, Executor of the Estate of Rebecca A. Crawford, deceased, for and in consideration of the sum of Ten and no/100 Dollars ($10.00), cash in hand paid, the receipt and sufficiency of which is hereby acknowledged, and in connection with the distribution and closing of the Estate of Rebecca A. Crawford, the decedent's will having been duly admitted to probate in Jefferson County, Alabama, and recorded in Will Book volume 1591, Page 842-855, Probate Court Clerk's Office for said county, has bargained for and sold and hereby conveys, remises, releases and forever quitclaims unto George W. Crawford, his heirs and assigns, all her right, title and interest in and to a certain tract or parcel of land in Davidson County, Tennessee described on Exhibit A attached hereto and incorporated herein by this reference.

Said property is conveyed subject to such limitations, restrictions and encumbrances as may affect the premises.

This deed is subject to the life estate held by Gertrude Williams.

WITNESS my hand this 14 day of Sept 1998.

George W Crawford
George W. Crawford, Executor

STATE OF ALABAMA
COUNTY OF JEFFERSON

Personally appeared before me, the undersigned, a Notary Public in and for said county and state, George W. Crawford, with whom I am personally acquainted, and who acknowledged that he executed the within instrument for the purposes therein contained, and who further acknowledged that he is the executor of the maker, the Estate of Rebecca A. Crawford, and is authorized by the maker, under the terms of the will to execute this instrument on behalf of the maker.

Witness my hand, at office in Jefferson County, Alabama, this 14th day of Sept, 1998.

Notary Public

My Commission Expires: My Commission Expires Sept. 25, 1999.

NOTARY PUBLIC ALABAMA STATE AT L

**EXHIBIT A:**

THE TRACT OR PARCEL OF LAND LOCATED IN DAVIDSON COUNTY, THE STATE OF TENNESSEE, IS DESCRIBED AS FOLLOWS:

Being the northerly 100 feet of the easterly half of lot No. 39 on the plan of H. M. Doak's Subdivision, as of record in book 332, page 22, Register's Office for said County.

Said part of Lot No. 39 fronts 50 feet on the southerly side of Straightway Avenue and extends back between parallel lines 100 feet to a dead line.

Being the same real property conveyed to Oliver Rye Cantrell and wife, Lattie Maynard Cantrell, by deed from Dyer Cantrell et ux, as of record in Book 2032 page 231, said Register's Office.

RECORDERS MEMO
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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

ANY ALTERATIONS VOID THIS DOCUMENT

# ALABAMA

## Center for Health Statistics

The front of this document is pink and the back contains a water mark

Exhibit "C"

BOOK 11156 PAGE 511

411

STATE OF ALABAMA
CERTIFICATE OF DEATH

3258

TYPE, OR PRINT IN PERMANENT INK

STATE FILE NUMBER

DECEASED—NAME: 1. George Harwell Allen Jr.

2. DATE OF DEATH (MONTH, DAY, YEAR): Jan. 30, 1974

3. RACE or COLOR: Cau.

4. SEX: M.

5a. AGE—LAST BIRTHDAY (YEARS): 70

5b. UNDER 1 YEAR: MOS. / DAYS

5c. UNDER 1 DAY: HOURS / MIN.

5d. DATE OF BIRTH (MONTH, DAY, YEAR): Oct. 24, 1903

5e. COUNTY OF DEATH: Jefferson

6a. CITY, TOWN, OR LOCATION OF DEATH: Birmingham

6b. 37020

6c. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes

6d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): St. Vincent Hospital

7a. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Alabama

8. CITIZEN OF WHAT COUNTRY: USA

9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): married

10. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Maurine Allen

11. SOCIAL SECURITY NUMBER: [redacted]7353 A

12a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Ret. Ad Credit Mgr.

12b. KIND OF BUSINESS OR INDUSTRY: Ad Credit Mgr. Burger Phillips

13a. RESIDENCE—STATE: Alabama

13b. COUNTY: Jefferson

13c. CITY, TOWN, or LOCATION: Homewood 37074

13d. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes

13e. STREET AND NUMBER: 1524 Belleview Circle

USUAL RESIDENCE (WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.)

PARENTS

14. FATHER—NAME: George H. Allen Sr.

15. MOTHER—MAIDEN NAME: Isabelle Meadows

16a. PHYSICIAN'S NAME (IF ANY): Dr. Thomas V. Magruder

16b. ADDRESS: Med. Arts Bldg. 35205

17a. INFORMANT—NAME: Mrs. Maurine Allen

17b. ADDRESS: same as 14e

MEDICAL CERTIFICATION

CAUSE

IF NO PHYSICIAN WAS IN ATTENDANCE MEDICAL CERTIFICATION SHOULD BE COMPLETED BY THE LEGAL HEALTH OFFICER, OR CORONER

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE (a): Cerebro Vascular Thrombosis

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

(b) DUE TO, OR AS A CONSEQUENCE OF: Arteriosclerotic Disease — years

(c) DUE TO, OR AS A CONSEQUENCE OF: 4339

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a).

19a. AUTOPSY (YES OR NO): NO

19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

19c. WAS THERE A PREGNANCY IN LAST SIX MONTHS (YES, NO, UNK.): 2

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY): NO

20b. DATE OF INJURY (MONTH, DAY, YEAR)

20c. HOUR

20d. M.

20e. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)

20f. INJURY AT WORK (SPECIFY YES OR NO)

20g. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)

20h. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)

CERTIFICATION

21a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM MONTH 1954 DAY TO YEAR Jan 30 74

21b. AND LAST SAW HIM/HER ALIVE ON MONTH Jan DAY 30 YEAR 74

21c. DID/DID NOT VIEW THE BODY AFTER DEATH. NO

21d. DEATH OCCURRED at the time, on the date, and to the best of my knowledge, due to the cause(s) stated. 10:15 A

21e. CERTIFICATION—CORONER OR HEALTH OFFICER: On the basis of the examination of the body and/or the investigation, in my opinion death occurred on the date and due to the cause(s) stated. HOUR OF DEATH

21f. TIME DECEDENT WAS PRONOUNCED DEAD: MONTH DAY YEAR HOUR

21g. CERTIFIER—PHY., CORONER OR HEALTH OFFICER (TYPE OR PRINT): Physician

21h. SIGNATURE: Thomas Magruder M.D.

21i. DEGREE OR TITLE

21j. DATE SIGNED (MONTH, DAY, YEAR): 1 Feb 74

21k. MAILING ADDRESS—CERTIFIER (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 405 Med Arts Bldg Homewood Ala 35205

BURIAL

22a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

22b. CEMETERY OR CREMATORY—NAME: Elmwood

22c. LOCATION—CITY OR TOWN: Birmingham

22d. STATE: Alabama

22e. DATE (MONTH, DAY, YEAR): Feb. 1, 1974

22f. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Ridout's Valley Chapel 1800 Oxmoor Rd. B'ham, Ala. 35209

22g. FUNERAL DIRECTOR—SIGNATURE: [signature]

22h. REGISTRAR—SIGNATURE: Hilda Hartley

22i. DATE RECEIVED BY LOCAL REGISTRAR: FEB - 4 1974

4339 J

I, Dorothy S. Harshbarger, State Registrar of Health Statistics, certify this is a true and exact copy of the original certificate filed in the Center for Health Statistics, State of Alabama, Department of Public Health, Montgomery, Alabama, and have caused the official seal of the Center for Health Statistics to be affixed. 1997-381-719-9

November 19, 1997

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Dorothy S. Harshbarger, State Registrar

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ANY ALTERATIONS VOID THIS DOCUMENT

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

Felix E Hartley,
Signature of Local or Deputy Registrar

November 19, 1997
Date of Issue

Exhibit "D"

BOOK 11156 PAGE 512

54 - 007472

# ALABAMA

## CERTIFICATE OF DEATH

County File Number —

State File Number 101

| 1. DECEASED—NAME First Middle Last (Type last name all capitals) | 2. DATE OF DEATH (Month, Day, Year) | 3. COUNTY OF DEATH |
|---|---|---|
| Rebecca Anne Allen CRAWFORD | October 31, 1997 | Jefferson |

| 4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE | 5. INSIDE CITY LIMITS (Specify Yes or No) | 6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number) |
|---|---|---|
| Birmingham 35211 | Yes | Baptist Medical Center Montclair |

| 7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA) | 8. OF HISPANIC ORIGIN (Specify Yes or No) If Yes, Specify Cuban, Mexican, Puerto Rican, etc | 9. RACE—(Specify American Indian, Black, White, etc) | 10. SEX |
|---|---|---|---|
| Inpatient | No | White | Female |

| 11. AGE | 12. UNDER 1 YEAR: MOS. / DAYS | UNDER 1 DAY: HOURS / MINS | 13. DATE OF BIRTH (Month, Day, Year) | 14. DECEASED'S SOCIAL SECURITY NUMBER |
|---|---|---|---|---|
| 91 YRS | | | August 2, 1906 | [redacted]7896 |

| 15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) / College (1-4 or 5+) | 16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) | 17. SURVIVING SPOUSE (If wife, give maiden name) | 18. Was Decedent ever in Armed Forces (Specify Yes or No) |
|---|---|---|---|
| 12 | Married | George W. Crawford | No |

| 19. STATE OF BIRTH (If not in USA, name country) | 20. RESIDENCE—STATE | 21. COUNTY | 22. CITY, TOWN, OR LOCATION AND ZIP CODE |
|---|---|---|---|
| Mississippi | Alabama | Jefferson | Homewood 35209 |

| 23. INSIDE CITY LIMITS (Specify Yes or No) | 24. STREET AND NUMBER | 25. INFORMANT—Name and Address |
|---|---|---|
| Yes | 106 Lucerne Boulevard | George Crawford 35209<br>106 Lucerne Boulevard, Homewood, Al. |

| 26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) | 27. KIND OF BUSINESS OR INDUSTRY |
|---|---|
| Homemaker | Own Home |

| 28. FATHER—NAME First Middle Last | 29. MAIDEN NAME OF MOTHER— First Middle Last |
|---|---|
| George Harwell Allen, Sr. | Isabelle Meadows |

DECEASED

| 30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) | 31. DATE OF DISPOSITION (Month, Day, Year) | 32. CEMETERY OR CREMATORY—Name | 33. LOCATION—(City or Town—State) |
|---|---|---|---|
| Burial | Nov. 1,1997 | Elmwood Cemetery | Birmingham, Al. |

| 34. FUNERAL HOME—Name and Address | 35. FUNERAL DIRECTOR—Signature | 36. DATE SIGNED BY FUNERAL DIRECTOR |
|---|---|---|
| Ridout's Elmwood Chapel<br>800 Dennison Ave. SW, B'ham, Al. 35211 | Martha Cowan | Nov. 4,1997 |

BURIAL

| 37. X 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."<br>_ 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."<br>Signature: Harold E Simon MD | 38. DATE SIGNED (Month, Day, Year) |
|---|---|
| | October 31, 1997 |

CERTIFIER

| 39. TIME AND DATE OF DEATH | 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) |
|---|---|---|
| 03:38 - October 31, 1997 | | Harold E. Simon, M. D. |

| 42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) | 43. CERTIFIER LICENSE NUMBER |
|---|---|
| 860 Montclair Rd. - #860 - Birmingham, AL 35213 | 8352 |

| 44. REGISTRAR—Signature | For State or County use only | 45. DATE FILED (Month, Day, Year) |
|---|---|---|
| Peggy Lucas | | November 5,1997 |

## MEDICAL CERTIFICATION

| 48. 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. Pneumonia | |
| DUE TO (OR AS A CONSEQUENCE OF): | |
| 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. | |
| 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.) |

CAUSE

| 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) |
|---|---|---|
| Natural Cause | 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

RECORDER'S MEMO
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Exhibit "B" BOOK 11156 PAGE 513

WARRANTY DEED

THIS FORM FURNISHED BY ATTORNEYS TITLE CO.

For and in consideration of the sum of $10.00

Ten- - - - - - - - - - - - - - - - - - DOLLARS

cash in hand paid and other good and valuable consideration, the receipt of which is hereby acknowledged,

RECORDER'S MEMO LEGIBILITY OF WRITING, TYPING OR PRINTING IN THIS DOCUMENT UNSATISFACTORY WHEN RECEIVED

we have bargained and sold, and by these presents do transfer and convey unto the said Rebecca A. Crawford and George H. Allen, and to the survivor of them. It being the expressed intention of the grantors to convey to the grantees herein a survivorship estate, their heirs and assigns, a certain tract or parcel of land in Davidson County, State of Tennessee, described as follows to wit:

Being the northerly 100 feet of the easterly half of Lot No. 39 on the plan of H. M. Doak's Subdivision, as of record in book 332, page 22, Register's Office for said County.

Said part of Lot No. 39 fronts 50 feet on the southerly side of Straightway Avenue and extends back between parallel lines 100 feet to a dead line.

Being the same real property conveyed to Oliver Rye Cantrell and wife, Lattie Maynard Cantrell, by deed from Dyer Cantrell et ux, as of record in Book 2032, page 231, said Register's Office.

To have and to hold the said tract or parcel of land, with the appurtenances, estate, title and interest thereto belonging to the said Rebecca A. Crawford and George H. Allen, their heirs and assigns, forever.

And we do covenant with the said Rebecca A. Crawford and George H. Allen that we are lawfully seized and possessed of said land in fee simple; have a good right to convey it, and the same is unencumbered.

And Oliver R. Cantrell and wife, Lattie M. Cantrell do further covenant and bind themselves, their heirs and representatives, to warrant and forever defend the title to the said land to the said Rebecca A. Crawford and George H. Allen their heirs and assigns against the lawful claims of all persons, whomsoever.

Witness our hands this 3rd day of ~~March~~ April, 1961

Oliver Rye Cantrell

Lattie M. Cantrell

STATE OF TENNESSEE
Davidson County

BOOK 11156 PAGE 514

Personally appeared before me, M Perry Nesbitt, a Notary Public in and for said County and State, the within named Oliver R. Cantrell & wife, Lottie M. Cantrell

the bargainor, with whom I am personally acquainted, and who acknowledged that they executed the within instrument for the purposes therein contained. Witness my hand and official seal at Nashville, Tennessee, this 3 day of April 19 61

Commission expires 4/28/62

M Perry Nesbitt
Notary Public

STATE OF TENNESSEE
Davidson County

Before me, _____, a Notary Public within and for the State and County aforesaid, personally appeared _____ and _____ with whom I am personally acquainted and who upon (their several oaths) (his oath) acknowledged (themselves) (himself) to be the _____ and _____ respectively of the _____ the within named bargainor, a corporation, and that (he) (they) as such _____ and _____, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing the name of the corporation by the said _____ as such _____, and attesting the same by the said _____ as such _____

Witness my hand and official seal at office at _____ on this the _____ day of _____, 19__

My commission expires _____

_____
Notary Public

**WARRANTY DEED**

FROM
Oliver R. Cantrell, et ux

TO
Rebecca A. Crawford and
George H. Allen

STATE OF TENNESSEE
COUNTY OF DAVIDSON
Received for record 4 day APR A.D. 1961
12:55 o'clock P.M. and recorded in Book 3217 Page 451
Recording Fee 1.00
JAMES P. WILSON, Register
By [signature]

INTERNAL REVENUE 25¢ TWO DOLLARS
INTERNAL REVENUE 50¢ ONE DOLLAR
INTERNAL REVENUE $1.00 ONE DOLLAR

STATE TAX $ 1.10
PROBATE $ 1.50
TOTAL $ 2.60
APR 4 1961
E. WORRALL
COUNTY COURT CLERK
DAVIDSON COUNTY

3618 10/15 0101 03CHECK 30.00