

RECORDING REQUESTED BY  
ServiceLink  
4000 Industrial Blvd.  
Aliquippa, PA 15001

~~WHEN RECORDED MAIL TO:~~  
LINDA J RUTLEDGE  
198 PIN OAK DR  
CHELSEA, AL 35043-5213  
Order No: 2691244

*return to:*  
**Chicago Title  
ServiceLink Division  
4000 Industrial Blvd  
Aliquippa PA 15001**

## Affidavit of Death of Joint Tenant

State of AL  
County of SHELBY

LINDA J RUTLEDGE, of legal age, being first duly sworn, deposes and says: That DONALD K RUTLEDGE the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as DONALD K RUTLEDGE named as one of the parties in the certain DEED dated \_\_\_\_\_ executed by DONALD K. RUTLEDGE AND LINDA J. RUTLEDGE, HUSBAND AND WIFE to \_\_\_\_\_, as joint tenants, recorded as Instrument No. \_\_\_\_\_, on \_\_\_\_\_, records of SHELBY, AL, covering the following described real property situated in the City of CHELSEA, County of SHELBY, State of AL.

See Exhibit "A" attached hereto and made a part hereof


Tax ID: 09-8-33-0-001-001.022

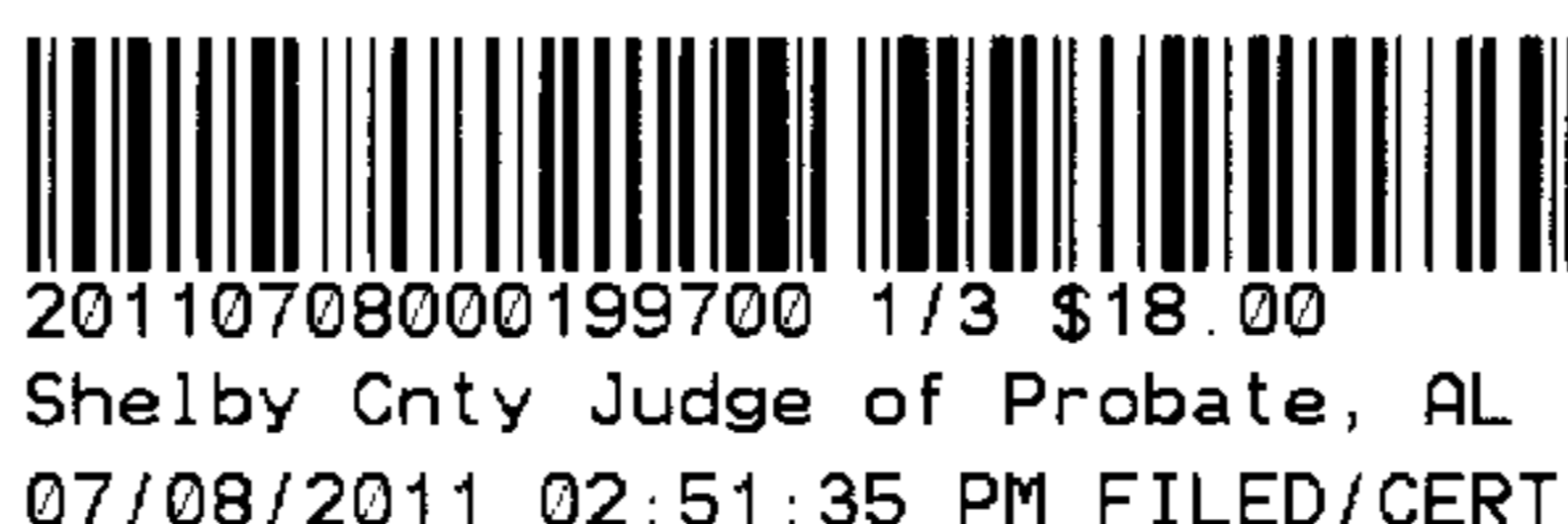
That the value of all real and personal property owned by said decedent at the date of death, including the full value of the property above described, did not exceed the sum of \$ \_\_\_\_\_.

Dated June 13, 2011

  
LINDA J RUTLEDGE

SWORN AND SUBSCRIBED TO before me this 13 day of June, 2011.

  
Notary Public  
My Commission expires: April 29, 2015



# ALABAMA CERTIFICATE OF DEATH

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

County  
File  
Number —

State File Number **101**

3. \_\_\_\_\_  
6. \_\_\_\_\_  
19. \_\_\_\_\_  
20. \_\_\_\_\_  
26. \_\_\_\_\_  
27. \_\_\_\_\_  
34. \_\_\_\_\_

1. DECEASED—NAME First: <b>Donald</b> Middle: <b>Keith</b> Last: <b>RUTLEDGE</b>			2. DATE OF DEATH (Month, Day, Year) <b>October 6, 2009</b>		3. COUNTY OF DEATH <b>Shelby</b>	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE <b>Chelsea, 35043</b>				5. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>	6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number) <b>198 Pin Oak Drive</b>	
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. <b>No</b>		9. RACE—(Specify American Indian, Black, White, etc.) <b>White</b>	10. SEX <b>Male</b>	
11. AGE <b>61</b> YRS.	12. UNDER 1 YEAR MOS. _____ DAYS _____ HOURS _____ MINS. _____	13. DATE OF BIRTH (Month, Day, Year) <b>December 28, 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>4</b>		16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) <b>Married</b>		17. SURVIVING SPOUSE (If wife, give maiden name) <b>Linda Bailey</b>	18. Was Decedent ever in Armed Forces (Specify Yes or No) <b>Yes</b>	
19. STATE OF BIRTH (If not in USA, name country) <b>Alabama</b>		20. RESIDENCE—STATE <b>Alabama</b>	21. COUNTY <b>Shelby</b>	22. CITY, TOWN, OR LOCATION AND ZIP CODE <b>Chelsea, 35043</b>		
23. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>	24. STREET AND NUMBER <b>198 Pin Oak Drive</b>		25. INFORMANT—Name and Address <b>Linda Rutledge 198 Pin Oak Drive, Chelsea, AL 35043</b>			
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>Management</b>			27. KIND OF BUSINESS OR INDUSTRY <b>Telecommunication</b>			
28. FATHER—NAME First: <b>Gerry</b> Middle: _____ Last: <b>Rutledge</b>			29. MAIDEN NAME OF MOTHER— First: <b>Emogene</b> Middle: _____ Last: <b>Tittle</b>			
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) <b>Cremation</b>		31. DATE OF DISPOSITION (Month, Day, Year) <b>Oct 7, 2009</b>	32. CEMETERY OR CREMATORY—Name <b>Abanks Crematory</b>		33. LOCATION—(City or Town—State) <b>Birmingham, Alabama</b>	
34. FUNERAL HOME—Name and Address <b>Jefferson Memorial 1591 Gadsden H'way Birmingham, AL 35235</b>			35. FUNERAL DIRECTOR—Signature <i>[Signature]</i>		36. DATE SIGNED BY FUNERAL DIRECTOR <b>Oct 16, 2009</b>	
37. <input checked="" type="checkbox"/> <b>Medical Examiner</b> — <b>Coroner</b> (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." (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>[Signature]</i>					38. DATE SIGNED (Month, Day, Year) <b>10/13/09</b>	
39. TIME AND DATE OF DEATH <b>1:08pm 10/6/09</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>Lori Lynn D.O.</b>		
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) <b>1500 1st Ave North Suite M-136 Birmingham, Al. 35203</b>					43. CERTIFIER LICENSE NUMBER <b>00-795</b>	
44. REGISTRAR—Signature <i>[Signature]</i>			45. DATE FILED (Month, Day, Year) <b>Oct 21, 2009</b>			

NAME OF DECEASED **Donald Rutledge**

### 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 or respiratory arrest, shock, or heart failure. LIST ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>Squamous cell lung cancer</b> DUE TO (OR AS A CONSEQUENCE OF):			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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 DAYS? (Specify Yes, No, or Unk.)
49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) <b>Natural</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 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.

ADPH-HS 2/Rev. 11-93

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

*[Signature]*

Signature of Local Registrar

**Oct 22, 2009**

Date of Issue



20110708000199700 2/3 \$18.00  
Shelby Cnty Judge of Probate, AL  
07/08/2011 02:51:35 PM FILED/CERT

Exhibit "A"  
Legal Description

ALL THAT PARCEL OF LAND IN CITY OF CHELSEA, SHELBY COUNTY, STATE OF ALABAMA,  
BEING KNOWN AND DESIGNATED AS FOLLOWS:

LOT 228, ACCORDING TO THE MAP OF YELLOWLEAF RIDGE ESTATES, SECOND SECTOR, AS  
RECORDED IN MAP BOOK 21, PAGE 93 A, B & C, IN THE PROBATE OFFICE OF SHELBY COUNTY,  
ALABAMA.

THIS BEING THE SAME PROPERTY CONVEYED TO DONALD K RUTLEDGE AND LINDA J  
RUTLEDGE HUSBAND AND WIFE AS JOINT TENANTS WITH RIGHTS OF SURVIVORSHIP, BY FEE  
SIMPLE DEED FROM DEBORAH A. WILKINSON, HUSBAND AND WIFE AND TIMOTHY C.  
WILKINSON AS SET FORTH IN INST # 20030402000 PAGE 196460 DATED 03/31/2003 AND  
RECORDED 04/02/2003, SHELBY COUNTY RECORDS, STATE OF ALABAMA.

Tax/Parcel ID: 09-8-33-0-001-001.022

