

This instrument prepared by:



20160803000275250 1/5 \$27.00
Shelby Cnty Judge of Probate, AL
08/03/2016 12:58:13 PM FILED/CERT

STATE OF ALABAMA
COUNTY OF Shelby

HEIRSHIP AFFIDAVIT

BEFORE ME, the undersigned Notary Public, on this day personally appeared Joyce Velo, (affiant) who is known to me (or who did confirm their identity by presenting a driver's license as identification), appearing to be fully competent and of sufficient age, after having been first duly sworn, deposes and says as follows:

That my name is Joyce Velo (name), and I live at 244 Fairview Circle Montevallo AL 35115 (address of Affiant), that I am over the age of Twenty One (21) years, am of sound mind and have personal knowledge of the following facts:

I knew Decedent, John A. Spruile, from 2003 until his/her death on 10/2/14. I was personally well acquainted with the Decedent during his lifetime; Friend (short statement as to how affiant knew decedent).

The Decedent died in Shelby County, Alabama on or about 10/2/14 and at the time of Decedent's death, Decedent's residence was 108 mrs Hill Lane Ctn, AL, County of Shelby.

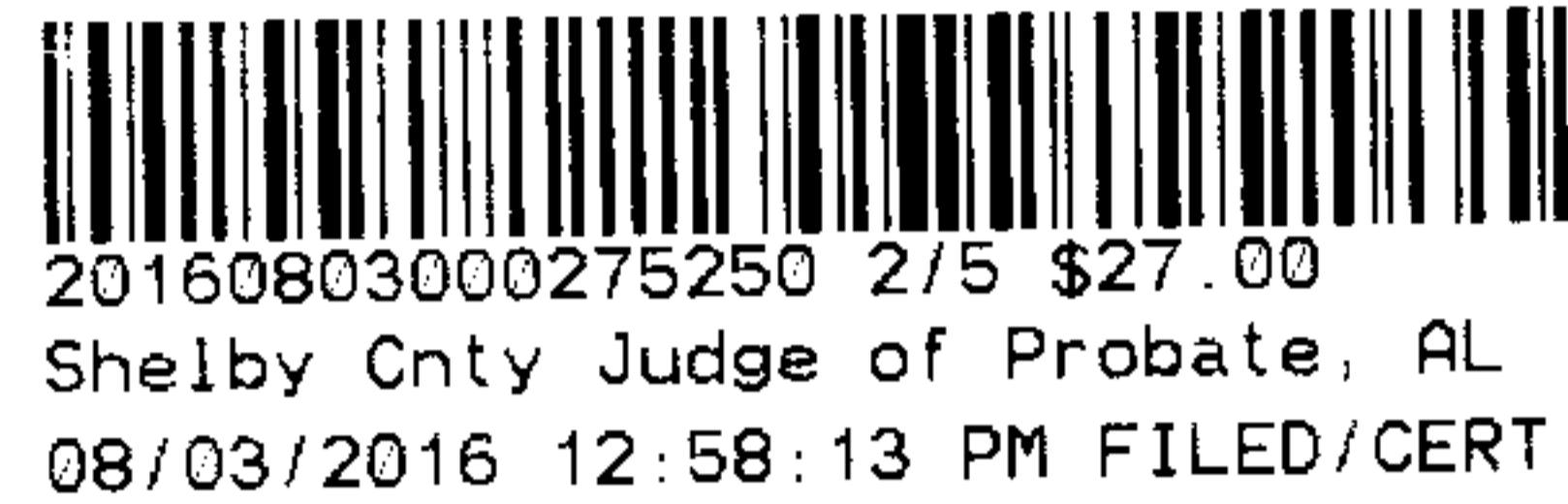
I was also well acquainted with the family and near relatives of the Decedent. To the best of my knowledge and belief, the decedent did have a surviving spouse. Decedent's surviving spouse is/was Virginia L. Spruile and she lives/lived at 108 mrs Hill Lane.

Decedent had the following children:

1. Lynne Spruile 55 - daughter 7840 Howard Springs Place Indianapolis, IN 46260
(Name, age, relationship to decedent, address)
2. _____
(Name, age, relationship to decedent, address)
3. _____
(Name, age, relationship to decedent, address)
4. _____
(Name, age, relationship to decedent, address)
5. _____
(Name, age, relationship to decedent, address)

And Affiant further states that Decedent left no other children (living or deceased) or adopted children (living or deceased), nor descendants of deceased children or deceased adopted children. Furthermore Decedent's surviving spouse, Virginia L. Sprule, had no children whether adopted, or biological other than those listed on this Affidavit and that all of the descendants listed were the children of John A. Sprule/Virginia L. Sprule as well. And that all of the above named parties are over the age of 21 years.

Affiant states that his/her relationship to the Decedent was that of
Friend (state relationship to decedent).



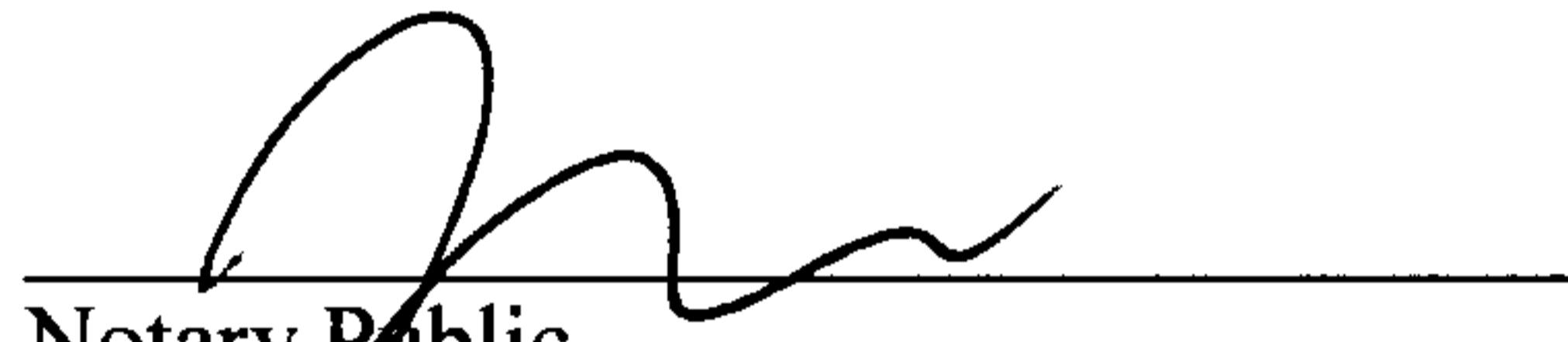
Further Affiant saith not.

Joyce Velo
Joyce Velo (printed name)
Affiant

STATE OF Alabama
COUNTY OF Shelby

I, the undersigned authority, a Notary Public in and for said County and State, do hereby certify that Joyce Velo 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 this document, he/she executed the same voluntarily on the day the same bears date.

Given under my hand and official seal on this 15th day of August, 20 16.


Notary Public
My commission expires: 1/16/17

JUSTIN SMITHERMAN Notary Public, Alabama State At Large My Commission Expires Jan. 16, 2017

This instrument prepared by:

20160803000275250 3/5 \$27.00
Shelby Cnty Judge of Probate, AL
08/03/2016 12:58:13 PM FILED/CERT

STATE OF ALABAMA
COUNTY OF Shelby

HEIRSHIP AFFIDAVIT

BEFORE ME, the undersigned Notary Public, on this day personally appeared Ronald L. Payton, (affiant) who is known to me (or who did confirm their identity by presenting a driver's license as identification), appearing to be fully competent and of sufficient age, after having been first duly sworn, deposes and says as follows:

That my name is Ronald L. Payton (name), and I live at 330 Ivy Hills Circle - Calera, AL (address of Affiant), that I am over the age of Twenty One (21) years, am of sound mind and have personal knowledge of the following facts:

I knew Decedent, John A. Spruile, from JUL 2005 until his/her death on 10/2/14. I was personally well acquainted with the Decedent during his lifetime; Friend (short statement as to how affiant knew decedent).

The Decedent died in Shelby County, Alabama on or about 10/2/14 and at the time of Decedent's death, Decedent's residence was 108 Moss Hill Lane, Calera, AL, County of Shelby.

I was also well acquainted with the family and near relatives of the Decedent. To the best of my knowledge and belief, the decedent did have a surviving spouse. Decedent's surviving spouse is/was Virginia L. Spruile and she lives/lived at 108 Moss Hill Lane, Calera, AL.
Decedent had the following children:

1. Lynne Spruile - Daughter 7840 Harcourt Springs place Indianapolis IN 46260
(Name, age, relationship to decedent, address)
2. _____
(Name, age, relationship to decedent, address)
3. _____
(Name, age, relationship to decedent, address)
4. _____
(Name, age, relationship to decedent, address)
5. _____
(Name, age, relationship to decedent, address)



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And Affiant further states that Decedent left no other children (living or deceased) or adopted children (living or deceased), nor descendants of deceased children or deceased adopted children. Furthermore Decedent's surviving spouse, Virginia L. Scroule, had no children whether adopted, or biological other than those listed on this Affidavit and that all of the descendants listed were the children of John A. Scroule Virginia L. Scroule as well. And that all of the above named parties are over the age of 21 years.

Affiant states that his/her relationship to the Decedent was that of
Friend (state relationship to decedent).

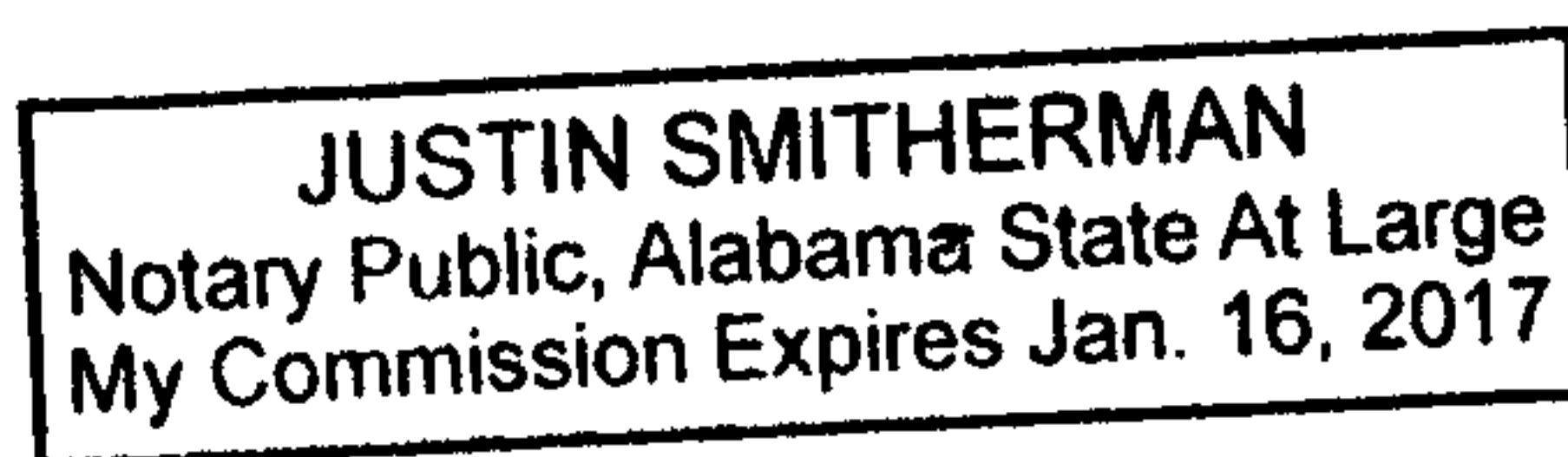
Further Affiant saith not.

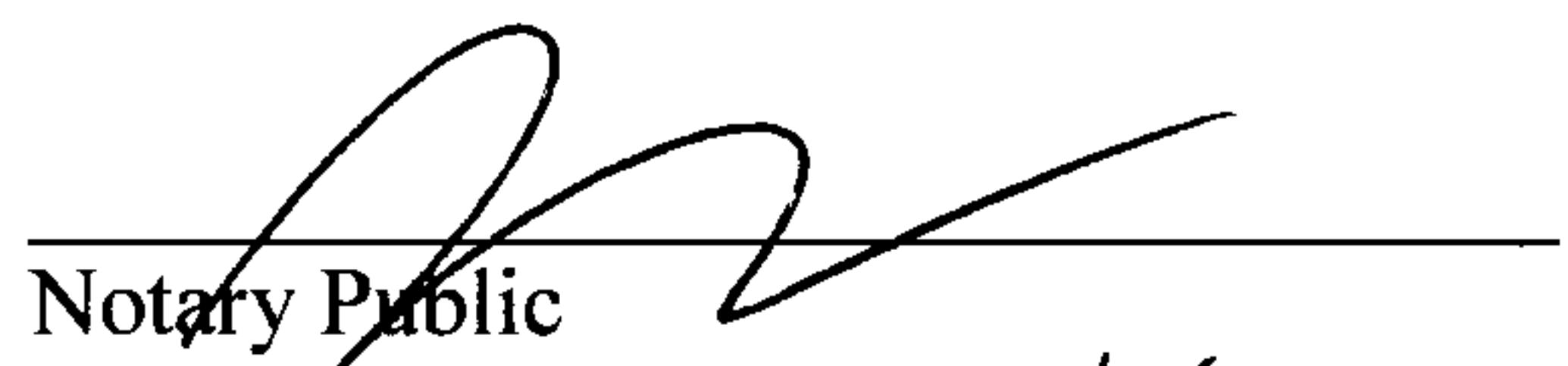

Ronald L. Payne (printed name)
Affiant

STATE OF Ala
COUNTY OF Shelby

I, the undersigned authority, a Notary Public in and for said County and State, do hereby certify that Ronald L. Payne 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 this document, he/she executed the same voluntarily on the day the same bears date.

Given under my hand and official seal on this 15th day of August, 20 16.




Notary Public
My commission expires: 1/16/17

ALABAMA

Center for Health Statistics

ALABAMA

CERTIFICATE OF DEATH



20160803000275250 5/5 \$27.00
Shelby Cnty Judge of Probate, AL
08/03/2016 12:58:13 PM FILED/CERT

2014-037077

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

County
File
Number

3. 059016
6. 000
19. 316
20. 059016
26.
27.
34. 59402

1. DECEASED - NAME First Middle Last (Type last name in all capitals)				2. DATE OF DEATH (Month, Day, Year)	3. COUNTY OF DEATH
John Arnold SPROULE				October 02, 2014	Shelby
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 either, give street and number)
Calera 35040				Yes	108 Moss Hill Lane
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, White, Black, etc.)
				No	White
11. AGE	12. UNDER 1 YEAR	13. DATE OF BIRTH (Month, Day, Year)	14. DECEASED'S SOCIAL SECURITY NUMBER		
87 YRS	MOS. DAYS	Hours Mins			
15. EDUCATION (Specify ONLY Highest grade completed below)	16. MARITAL STATUS (Specify - Married, Never Married, Widowed, Divorced)	17. SURVIVING SPOUSE (If wife, give maiden name)	18. Was Deceased ever in Armed Forces (Specify Yes or No)		
Elementary or High School (0-12)	College (1-4 or 5+)	5+ Married	Yes		
19. STATE OF BIRTH (If not USA, name country)	20. RESIDENCE - STATE	21. COUNTY	22. CITY, TOWN, OR LOCATION AND ZIP CODE		
Ohio	Alabama	Shelby	Calera 35040		
23. INSIDE CITY LIMITS (Specify Yes or No)	24. STREET AND NUMBER	25. INFORMANT - Name and Address			
Yes	108 Moss Hill Lane	108 Moss Hill Lane	Calera, AL 35040		
26. USUAL OCCUPATION - (Give kind of work done during most of working life even if retired)	27. KIND OF BUSINESS OR INDUSTRY				
Theologian/Minister	Christian Ministry				
28. FATHER - NAME First Middle Last	29. MAIDEN NAME OF MOTHER - First Middle Last				
Harvey L. Sproule	Clara Blase				
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other)	31. DATE OF DISPOSITION (Month, Day, Year)	32. CEMETERY OR CREMATORIAL - Name	33. LOCATION - (City or Town-State)		
Burial	10/07/2014	Emlyn Cemetery	Emlyn, Kentucky		
34. FUNERAL HOME - Name and Address	35. FUNERAL DIRECTOR - Signature	36. DATE SIGNED BY FUNERAL DIRECTOR			
Southern Heritage 475 Cahaba Valley Rd. Pelham, AL 35124	Anna Whisman McDonay	10/18/2014			
37. 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." — 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." Signature: <i>C. Vernon Slooing M.D.</i>	38. DATE SIGNED (Month, Day, Year)				
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)			
0900 10/2/14		C. Vernon Slooing M.D.			
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)	43. CERTIFIER LICENSE NUMBER				
1700 4th Ave. N. Birmingham, Al 35030	4242				
44. REGISTRAR - Signature	For State or County use only	45. DATE FILED (Month, Day, Year)			
<i>Shela Keller</i>		Oct 21, 2014			

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. <i>End stage Congestive Heart Failure</i> DUE TO (OR AS A CONSEQUENCE OF):		
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, Unknown)	
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)
<i>Natural Cause</i>	Yes	
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.R. No., City or Town, State)

This is a legal record and must be filed within five (5) days after death.

OCT 22 2014

ADPH-HS-2 Rev.11-93

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2016-342-764-1

Catherine Molchan Donald
Catherine Molchan Donald
State Registrar of Vital Statistics