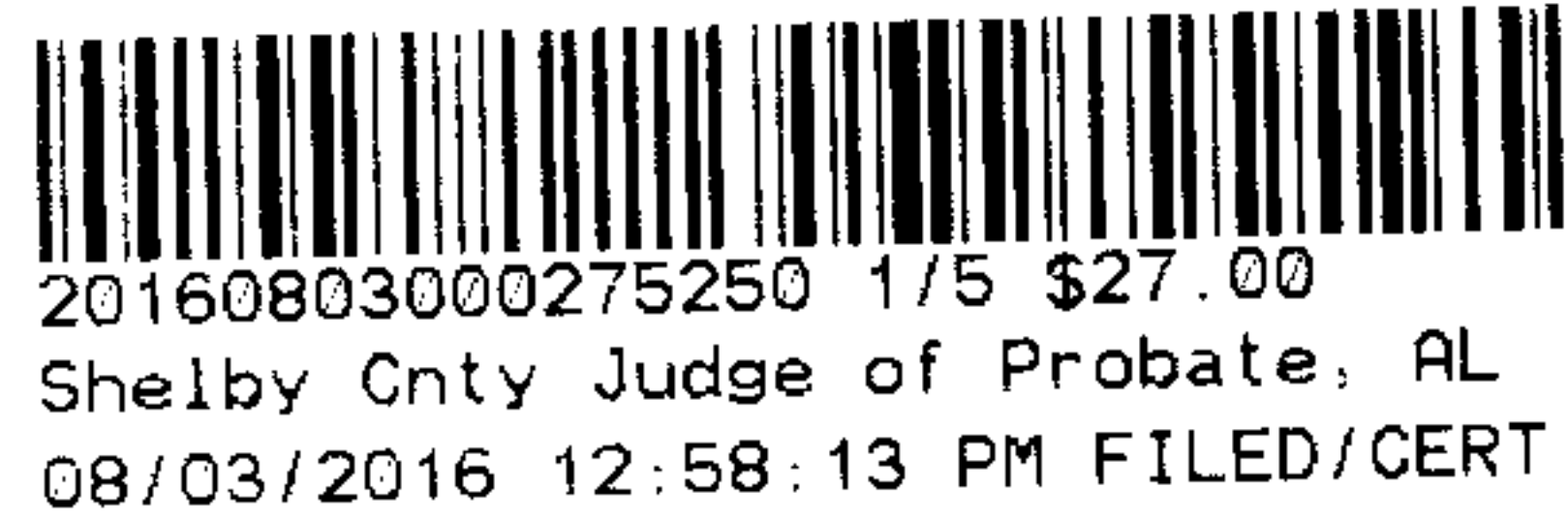


This instrument prepared by:



STATE OF ALABAMA

**HEIRSHIP AFFIDAVIT**

COUNTY OF Shelby

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. Sproule, 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 Moss Hill Lane Calhoun, 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. Sproule and she lives/lived at 108 Moss Hill Lane. Decedent had the following children:

1. Lynne Sproule 55-daughter 7840 Hancock 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.

  
20160803000275250 2/5 \$27.00  
Shelby Cnty Judge of Probate, AL  
08/03/2016 12:58:13 PM FILED/CERT

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, 2016.

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

[Signature]  
Notary Public  
My commission expires: 1/16/17

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<sup>SS</sup> - daughter 7840 Harcourt Springs place Indianapolis  
(Name, age, relationship to decedent, address) IN 46060
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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Shelby Cnty Judge of Probate, AL  
08/03/2016 12:58:13 PM FILED/CERT

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. Payton (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 Ronald Payton 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 1st day of August, 20 16.

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

  
Notary Public  
My commission expires: 1/16/17

# ALABAMA

## Center for Health Statistics



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

# ALABAMA

## CERTIFICATE OF DEATH

2014-037077

County  
File  
Number

State File Number 101

1. DECEASED - NAME First Middle Last (Type last name in all capitals) John Arnold SPROULE			2. DATE OF DEATH (Month, Day, Year) October 02, 2014		3. COUNTY OF DEATH Shelby	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Calera 35040			5. INSIDE CITY LIMITS (Specify Yes or No) Yes		6. PLACE OF DEATH - HOSPITAL OR OTHER INSTITUTION (If not either, give street and number) 108 Moss Hill Lane	
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA) No			8. OF HISPANIC ORIGIN (Specify Yes or No) If Yes, Specify Cuban, Mexican, Puerto Rican, etc. No		9. RACE - (Specify American Indian, White, Black, etc.) White	
10. SEX Male			11. AGE 87 YRS.		12. UNDER 1 YEAR MOS. DAYS HOURS MINS.	
13. DATE OF BIRTH (Month, Day, Year) April 11, 1927			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+) 5+			16. MARITAL STATUS (Specify - Married, Never Married, Widowed, Divorced) Married		17. SURVIVING SPOUSE (If wife, give maiden name) Virginia Lee Bocook	
18. Was Decedent ever in Armed Forces (Specify Yes or No) Yes			19. STATE OF BIRTH (If not USA, name country) Ohio			
20. RESIDENCE - STATE Alabama			21. COUNTY Shelby		22. CITY, TOWN, OR LOCATION AND ZIP CODE Calera 35040	
23. INSIDE CITY LIMITS (Specify Yes or No) Yes			24. STREET AND NUMBER 108 Moss Hill Lane		25. INFORMANT - Name and Address Lynne Sproule 108 Moss Hill Lane Calera, AL 35040	
26. USUAL OCCUPATION - (Give kind of work done during most of working life even if retired) Theologian/Minister			27. KIND OF BUSINESS OR INDUSTRY Christian Ministry			
28. FATHER - NAME First Middle Last Harvey L. Sproule			29. MAIDEN NAME OF MOTHER - First Middle Last Clara Blase			
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial			31. DATE OF DISPOSITION (Month, Day, Year) 10/07/2014		32. CEMETERY OR CREMATORY - Name Emlyn Cemetery	
33. LOCATION - (City or Town-State) Emlyn, Kentucky			34. FUNERAL HOME - Name and Address Southern Heritage 475 Cahaba Valley Rd. Pelham, AL 35124		35. FUNERAL DIRECTOR - Signature [Signature]	
36. DATE SIGNED BY FUNERAL DIRECTOR 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: [Signature]			
38. DATE SIGNED (Month, Day, Year) Oct 8, 2014			39. TIME AND DATE OF DEATH 0900 10/2/14			
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) C. Vernon Skoog M.D.			
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) 1700 4th Ave. No. Bessemer, AL 35020			43. CERTIFIER LICENSE NUMBER 4242			
44. REGISTRAR - Signature [Signature]			45. DATE FILED (Month, Day, Year) 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. End stage Congestive Heart Failure 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):			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
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) Natural Cause			50. AUTOPSY (Specify Yes or No) No		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.

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 M. Donald

Catherine Molchan Donald  
State Registrar of Vital Statistics

August 2, 2016