

RECORDING REQUESTED BY:

Pati Olson Covius Settlement Services, LLC
510-417053 1044 Main Street, Suite 600
Kansas City, MO 64105

20210519000246810

05/19/2021 11:54:38 AM

AFFID 1/4

WHEN RECORDED MAIL TO:

NAME: Deborah Shytte
ADDRESS: 2904 Clydebark Circle
CITY: Birmingham
STATE/ZIP: AL 35242

Title Order No.: _____ Space Above This Line For Recorder's Use Escrow No.: _____

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF Alabama }
COUNTY OF Shelby } S.S. 246-96-4052

Deborah A. Shytte
of legal age, being first duly sworn, deposes and says:

That John Shytte, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as named as one of the parties in that certain John Shytte Warranty Deed dated 10/4/96 executed by Charles S. Burton Sherri D. 9/27/96 to Deborah Shytte & Hopson as joint tenants, recorded on 5/12/21 10/4/96, as Instrument No. xx John M Shytte, t in Book Em 1996, Page 32984, of Official Records of _____ County, Shelby State, AL covering the following described property situated in the County of _____, State of _____ : Deborah A. Shytte

Assessor's Parcel No.: 10 1 11 0 003 004.000

Property Address: 2904 Clydebark Circle Birmingham AL 35242

Executed on this May day of 12, 2021.

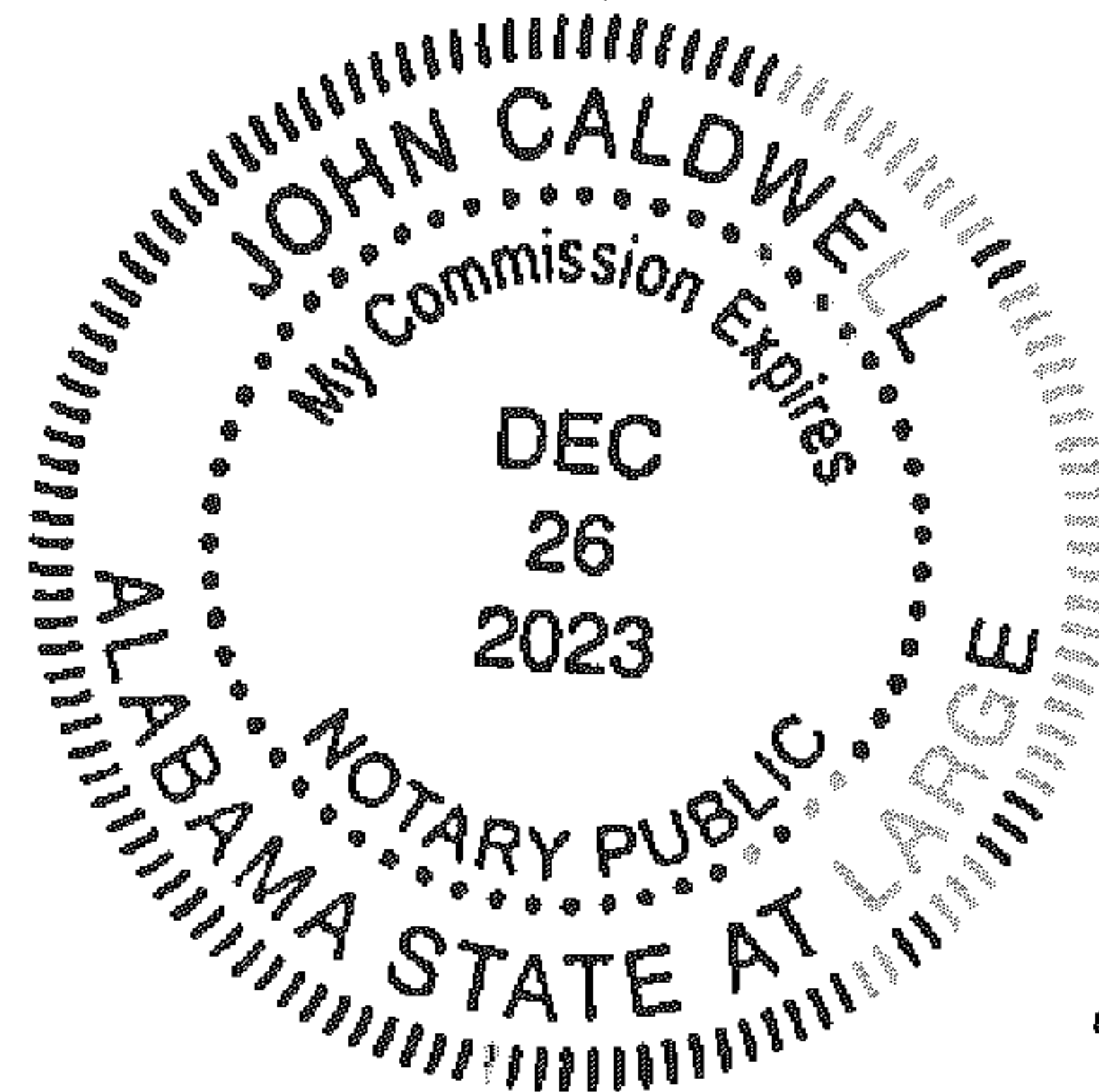
Deborah A. Shytte
DEBORAH A SHYTTE

State of Alabama,
County of Shelby)

May

Subscribed and sworn to (or affirmed) before me on this 12 day of May, 2021, by
Deborah A Shytle proved to me on the basis of satisfactory evidence to be the person(s)
who appeared before me.

Signature John Caldwell (Seal)



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

ALABAMA

Center for Health Statistics

ALABAMA

CERTIFICATE OF DEATH

06-34147

TYPE IN PERMANENT
BLACK INK. DO NOT
USE GREEN, RED, OR
BLUE INK.County
File
Number --

State File Number 101

3. 037074	1. DECEASED—NAME First Middle Last (Type last name all capitals) John Marsden SHYTLE			2. DATE OF DEATH (Month, Day, Year) October 4, 2006		3. COUNTY OF DEATH Jefferson	
6. 114	4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Birmingham, 35209			5. INSIDE CITY LIMITS (Specify Yes or No) Yes		6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number) Brookwood Medical Center	
19. 34	7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA) Inpatient			8. OF HISPANIC ORIGIN (Specify Yes or No) If Yes, Specify Cuban, Mexican, Puerto Rican, etc. No		9. RACE—(Specify American Indian, Black, White, etc.) White	
20. 059888	11. AGE 51 yrs			12. UNDER 1 YEAR MONTHS DAYS HOURS MINUTES		13. DATE OF BIRTH (Month, Day, Year) November 16, 1954	
26. 59406	14. DECEASED'S SOCIAL SECURITY NUMBER [REDACTED]			15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (1-12) 12		16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married	
	17. SURVIVING SPOUSE (If wife, give maiden name) Deborah Brown			18. Was Decedent ever in Armed Forces (Specify Yes or No) Yes		19. STATE OF BIRTH (If not in USA, name country) North Carolina	
	20. RESIDENCE—STATE Alabama			21. COUNTY Shelby		22. CITY, TOWN, OR LOCATION AND ZIP CODE Birmingham, 35242	
	23. INSIDE CITY LIMITS (Specify Yes or No) No			24. STREET AND NUMBER 2904 Clydebanks Circle			25. INFORMANT—Name and Address Deborah Shytile, 2904 Clydebanks Circle, Birmingham, AL 35242
	26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Tug Boat Captain			27. KIND OF BUSINESS OR INDUSTRY Marine Transportation			
	28. FATHER—NAME First Middle Last Jack Shytile			29. MAIDEN NAME OF MOTHER—First Middle Last Margaret Didier			
	30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Cremation			31. DATE OF DISPOSITION (Month, Day, Year) Oct. 6, 2006		32. CEMETERY OR CREMATORY—Name Charter Crematory	
	33. LOCATION—(City or Town—State) Calera, Alabama			34. FUNERAL HOME—Name and Address Charter Funeral Home 2521 US Hwy 31, Calera, AL 35040			
	35. FUNERAL DIRECTOR—Signature [Signature]			36. DATE SIGNED BY FUNERAL DIRECTOR Oct. 11, 2006			
	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." 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: Charles S. Bluhm, M.D.			38. DATE SIGNED (Month, Day, Year) 10-05-2006			
	39. TIME AND DATE OF DEATH 7:00 PM 10-4-06			40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only) [Blank]			
	41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Form 46) Charles S. Bluhm, M.D.			42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Form 46) One Independence Plaza Suite 900 Birmingham AL 35209			
	43. REGISTRAR—Signature Sherry L. Meyer			44. DATE FILED (Month, Day, Year) October 16, 2006			

MEDICAL CERTIFICATION

45. PART I. Enter the disease, 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) → hepatoma		
DUE TO (OR AS A CONSEQUENCE OF)		
cirrhosis		
DUE TO (OR AS A CONSEQUENCE OF)		
hepatitis C		
DUE TO (OR AS A CONSEQUENCE OF)		
46. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. history of skeletal abuse		48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unk.) No
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 in item 46, Part I or item 47, Part II) N/A		53. DATE OF INJURY (Month, Day, Year) N/A
54. HOUR OF INJURY N/A		
55. INJURY AT WORK (Specify Yes or No) N/A		56. PLACE OF INJURY (Specify at home, farm, street, factory, office building, etc.) N/A
57. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State) N/A		

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

ADPH-HS 2/Rev 11-93

OCT 18 2006

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2021-260-022-6

May 12, 2021

Nicole Henderson Rushing
Nicole Henderson Rushing
State Registrar of Vital Statistics

EXHIBIT "A"

**The following described real estate, situated in Shelby County, State of Alabama, to wit:
Lot 7, Block 2, according to the Survey of Selkirk, a subdivision of Inverness, Phase IV, as
recorded in Map Book 6, Page 163 in the Probate Office of Shelby County, Alabama.
Being the same property conveyed to John M. Shytle and Deborah A. Shytle, Husband and
Wife, as Joint Tenants by deed from Sherry Dee Hopson, A Married Woman, dated
9/27/1996 and Recorded 10/4/1996, as Instrument No. 1996-32984, in the Office of the
Judge of Probate of Shelby County, State of Alabama.
John M. Shytle died on or about 10/4/2006 thus vesting Deborah A. Shytle as the sole owner
in fee simple of the subject property.**

Tax Parcel Number: 10 1 11 0 003 004.000



Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County
Clerk
Shelby County, AL
05/19/2021 11:54:38 AM
\$31.00 CHERRY
20210519000246810

Allen S. Bayl