

## RECORDING REQUESTED BY:

**Patti Olson Covius Settlement Services, LLC**  
510-417-0533 1044 Main Street, Suite 600  
Kansas City, MO 64105

RECORDED MAIL TO:

NAME: Deborah Shytte  
ADDRESS: 2904 Clydelawn 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 Sumter ) S.S. 24U-96-4052

Deborah A. Smith

That John Shuttle, 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 Debtors & Creditors Warranty Deed dated 10/1/94 executed by Charles S. Shurtliff, Sherri D. Shurtliff to Deborah A. Shuttle Debtors & Creditors Warranty Deed dated 10/1/94 as joint tenants, recorded on 5-2-210491, as Instrument No. 164 John M. Shuttle, Jr. in Book 1m 1994, Page 32784, of Official Records of Shelby County, Shelby State, AL covering the following described property situated in the County of Shelby, State of Alabama:

Deborah A. Shuttle

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

Property Address: 2904 Clubhouse Court, Princeton, NC 27264  
33242

Executed on this May 12, day of 1901,

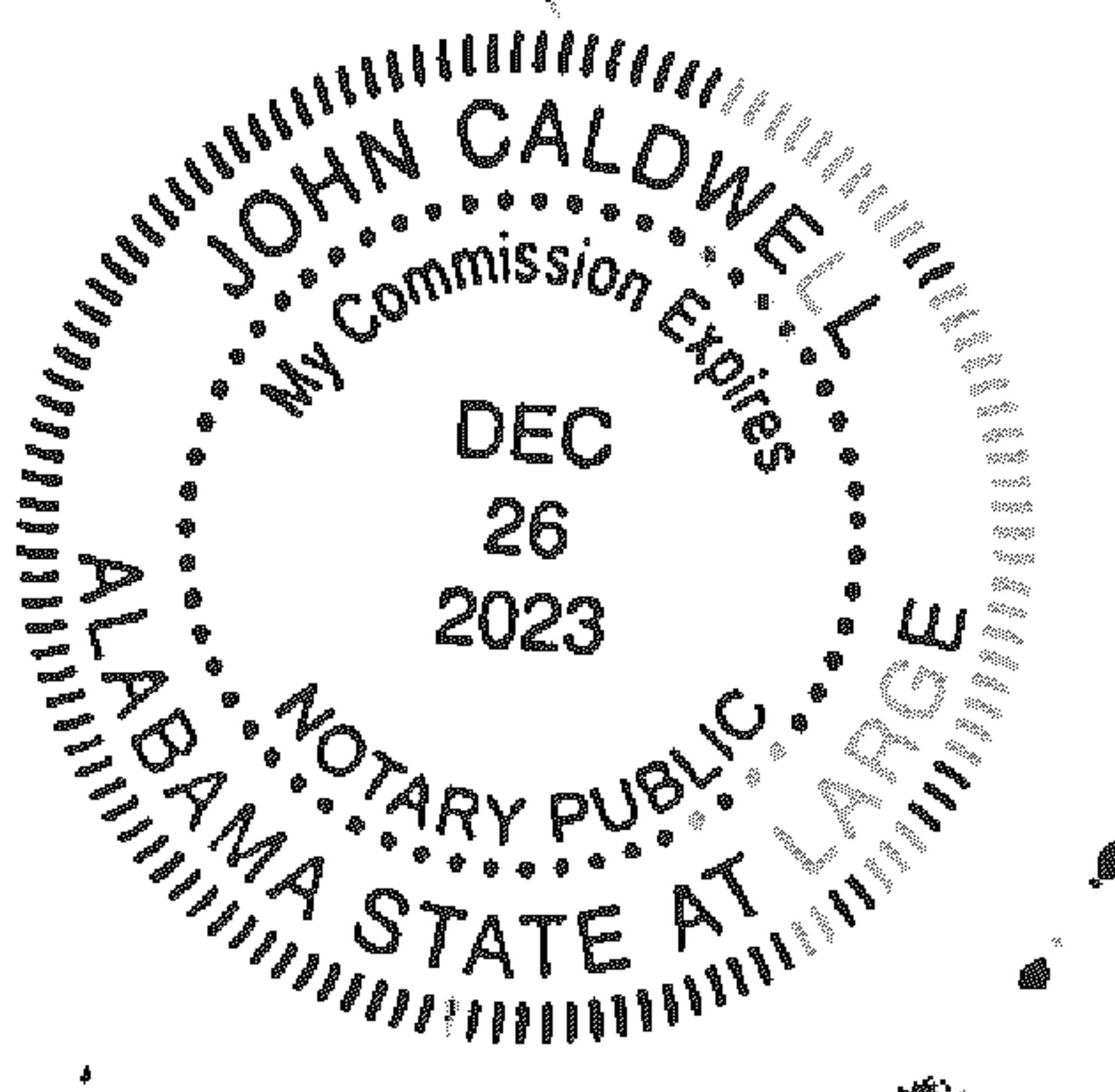
Dubocal O. S. M. 1970  
Dobratt + Shultz

State of Alabama,  
County of Shelby)

May

Subscribed and sworn to (or affirmed) before me on this 12 day of, 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)



# 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  
FIPS  
Number -

3. 037074  
6. 114  
19. 34  
20. 059888  
26.   
27.   
34. 59406

1. DECEASED - NAME First Middle Last (Type last name all capitals)				2. DATE OF DEATH (Month, Day, Year)	3. COUNTY OF DEATH
John Marsden SHYTHE				October 4, 2006	Jefferson
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE				5. INSIDE CITY LIMITS (Specify Yes or No)	
Birmingham, 35209				Yes	
6. PLACE OF DEATH - HOSPITAL OR OTHER INSTITUTION - If not in either, give street and number				7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA)	
Brookwood Medical Center				Inpatient	8. RACE - (Specify American Indian, Black, White, etc.)
9. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA)				9. RACE - (Specify American Indian, Black, White, etc.)	10. SEX
Inpatient				White	Male
11. AGE		12. UNDER 1 YEAR	13. DATE OF BIRTH (Month, Day, Year)	14. DECEASED'S SOCIAL SECURITY NUMBER	
51 yrs		12 mos. 1 days	13. DATE OF BIRTH (Month, Day, Year)	14. DECEASED'S SOCIAL SECURITY NUMBER	
15. EDUCATION (Check ONLY the level 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 American Forces (Specify Yes or No)	
Elementary or High School (3-12) 12		College (14 or 5+) 1	Married	Yes	
19. STATE OF BIRTH (If not in USA, name country)		20. RESIDENCE - STATE	21. COUNTY	22. CITY, TOWN, OR LOCATION AND ZIP CODE	
North Carolina		Alabama	Shelby	Birmingham, 35242	
23. INSIDE CITY LIMITS (Specify Yes or No)		24. STREET AND NUMBER	25. INFORMANT - Name and Address	26. DATE SIGNED BY FUNERAL DIRECTOR	
No		2904 Clydebank Circle	Deborah Shytle, 2904 Clydebank Circle, Birmingham, AL 35242	Oct. 11, 2006	
27. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)				28. FATHER - NAME	
Tug Boat Captain				Jack Shytle	Margaret Didier
29. MOTHER'S NAME		30. DATE OF DISPOSITION (Month, Day, Year)	31. CEMETERY OR Crematory - Name	32. LOCATION - (City or Town - State)	
Margaret		Oct. 6, 2006	Charter Crematory	Calera, Alabama	
33. FUNERAL HOME - Name and Address				34. FUNERAL DIRECTOR - Signature	35. DATE SIGNED BY FUNERAL DIRECTOR
Charter Funeral Home 2521 US Hwy 31, Calera, AL 35040				Charles S. Bluhm, M.D.	Oct. 11, 2006
36. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Box 46)				37. 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" <input checked="" type="checkbox"/> 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" <input type="checkbox"/> Signature: Charles S. Bluhm, M.D.	38. DATE SIGNED (Month, Day, Year)
One Independence Place Suite 900 Birmingham, AL 35209				Charles S. Bluhm, M.D.	Oct. 11, 2006
39. REGISTRAR - Signature				40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only)	41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Box 46)
Sherry L. Major				For State or County use only	Charles S. Bluhm, M.D.
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Box 46)				43. CERTIFICATION NUMBER	44. DATE FILED (Month, Day, Year)
One Independence Place Suite 900 Birmingham, AL 35209				15582	October 16, 2006

## MEDICAL CERTIFICATION

45. PART I. Give the disease, injuries, or complications that caused the death. Do not enter the cause of dying, such as cardiac or respiratory arrest, shock, or heart failure. <b>LIST ONLY ONE CAUSE ON EACH LINE</b>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death) → <b>hepatoma</b> DUE TO (OR AS A CONSEQUENCE OF)  <b>cirrhosis</b> DUE TO (OR AS A CONSEQUENCE OF) <b>hepatitis C</b> DUE TO (OR AS A CONSEQUENCE OF)		
Sequently list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		
46. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		47. WAS THERE A PREGNANCY IN LAST 12 MONTHS? (Specify Yes, No, or Unknown)
<b>history of alcohol abuse</b>		No
48. MANNER OF DEATH (Specify - Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause)		49. AUTOPSY (Specify Yes or No)
natural cause		Yes
50. DATE OF INJURY (Month, Day, Year)		51. If yes, were findings considered in determining cause of death? (Specify Yes or No)
N/A		No
52. MONTH INJURY OCCURRED (Enter month of injury as item 46, Part I or item 47, Part II)		53. HOUR OF DEATH
N/A		N/A
54. PLACE OF INJURY (Specify at home, farm, street, factory, office building, etc.)		55. LOCATION OF DEATH (Street or R.F.D. No., City or Town, State)
N/A		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

*Charles H. Rushing*  
Nicole Henderson Rushing  
State Director 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

*Allie S. Bayl*