



Cynthia Hyde Spruell
CYNTHIA HYDE SPRUELL
Individually and as Personal Representative of the
Estate of **SAMUEL DAVIS SPRUELL**, deceased

STATE OF ALABAMA)
)
COUNTY OF CULLMAN)

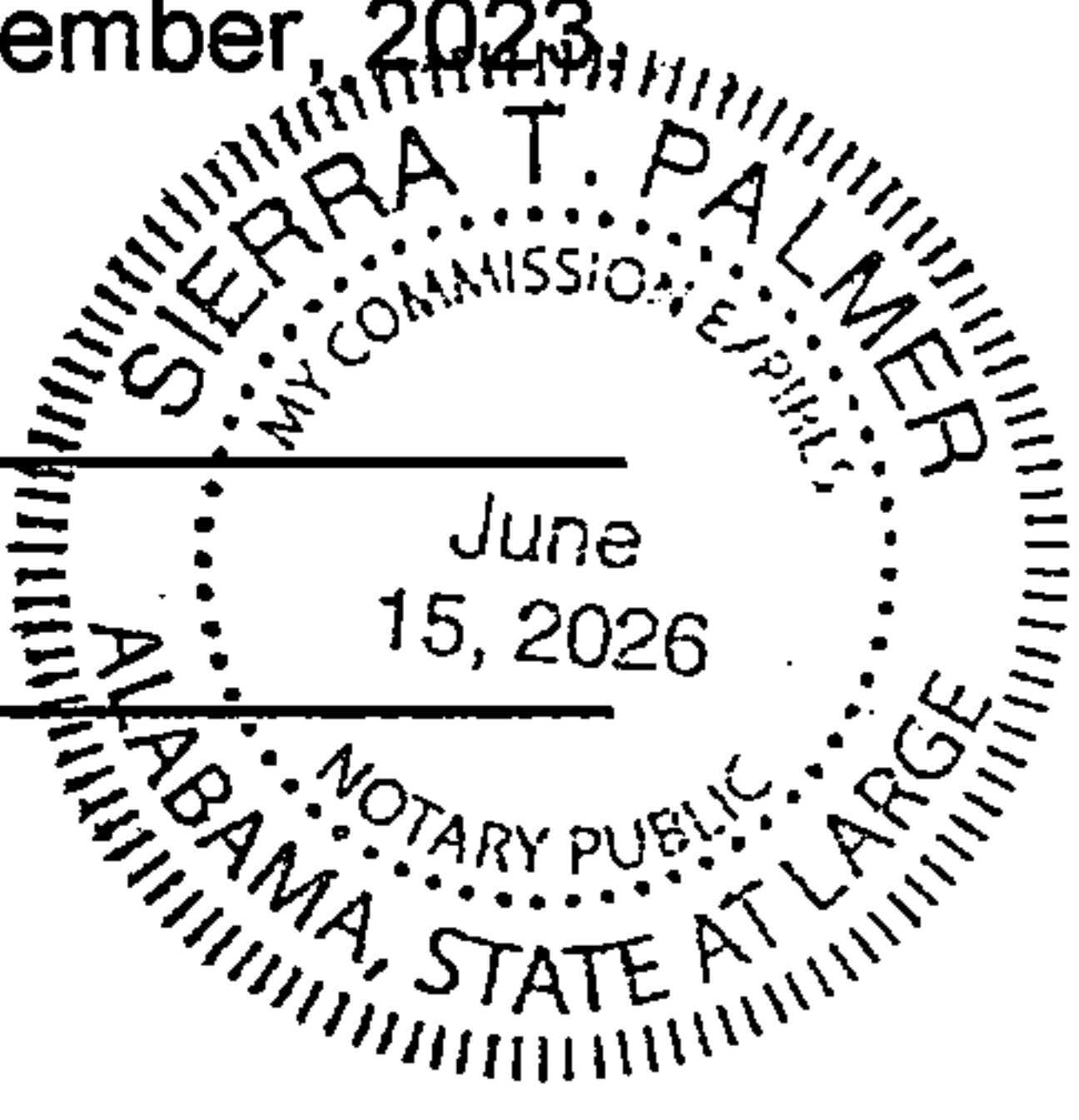

20260113000011610 2/9 \$48.00
Shelby Cnty Judge of Probate, AL
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I, the undersigned Notary Public in and for said County and State, hereby certify that **CYNTHIA HYDE SPRUELL** individually and as Personal Representative of the Estate of **SAMUEL DAVIS SPRUELL**, deceased, whose name is signed to the foregoing conveyance and who is known to me, acknowledged before me on this day that, being informed of the contents of said conveyance, she, individually and in her capacity as such Personal Representative of the Estate of **SAMUEL DAVIS SPRUELL**, deceased, and with full authority, executed the same voluntarily on the day the same bears date.

GIVEN under my hand and official seal on this the 18th day of December, 2023.



Notary Public
My Commission Expires: 6-15-26





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Exhibit A

All of the NW $\frac{1}{4}$ of the NW $\frac{1}{4}$ of the NW $\frac{1}{4}$ of Section 10, Township 19, Range 2 East, also 7 acres on East side of the NW $\frac{1}{4}$ of the NE $\frac{1}{4}$ described as follows: Commencing at the NE corner of the NE $\frac{1}{4}$ running west along section line to a point 134 yds thence south 19 chains to the Davis and Vincent Public Road, thence East along said 134 yds to Section line, thence North 19 chains to starting point, being in Section 9, Township 19, Range 2 East, containing in all 47 acres more or less.



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Real Estate Sales Validation Form

This Document must be filed in accordance with Code of Alabama 1975, Section 4

Grantor's Name Cynthia Hyde Spruell
 Mailing Address as PR of the Estate of Samuel Davis Spruell
324 Mill Creek Road
Warrior, Alabama 35180

Grantee's Name Cynthia Spruell
 Mailing Address 324 Mill Creek Road
Warrior, Alabama 35180

Property Address 09 Vincent City
Vincent, Alabama 35178

Date of Sale 12/18/2023
 Total Purchase Price \$ _____
 or
 Actual Value \$ 30320
 or
 Assessor's Market Value \$ _____

The purchase price or actual value claimed on this form can be verified in the following documentary evidence: (check one) (Recordation of documentary evidence is not required)

- Bill of Sale
- Sales Contract
- Closing Statement
- Appraisal
- Other Tax Appraisal

If the conveyance document presented for recordation contains all of the required information referenced above, the filing of this form is not required.

Instructions

Grantor's name and mailing address - provide the name of the person or persons conveying interest to property and their current mailing address.

Grantee's name and mailing address - provide the name of the person or persons to whom interest to property is being conveyed.

Property address - the physical address of the property being conveyed, if available.

Date of Sale - the date on which interest to the property was conveyed.

Total purchase price - the total amount paid for the purchase of the property, both real and personal, being conveyed by the instrument offered for record.

Actual value - if the property is not being sold, the true value of the property, both real and personal, being conveyed by the instrument offered for record. This may be evidenced by an appraisal conducted by a licensed appraiser or the assessor's current market value.

If no proof is provided and the value must be determined, the current estimate of fair market value, excluding current use valuation, of the property as determined by the local official charged with the responsibility of valuing property for property tax purposes will be used and the taxpayer will be penalized pursuant to Code of Alabama 1975 § 40-22-1 (h).

I attest, to the best of my knowledge and belief that the information contained in this document is true and accurate. I further understand that any false statements claimed on this form may result in the imposition of the penalty indicated in Code of Alabama 1975 § 40-22-1 (h).

Date 12/18/2023

Print Tonya G Palmer
 Sign _____
 (Grantor/Grantee/Owner/Agent) circle one

Unattested _____
 (verified by)



20260113000011610 5/9 \$48.00
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IN THE PROBATE COURT OF BLOUNT COUNTY, ALABAMA

**IN THE MATTER
OF THE ESTATE OF
SAMUEL DAVIS SPRUELL,
DECEASED.**

)
)
)
)

CASE NO.: 2023-079

NOTICE OF APPOINTMENT

Letters Testamentary of the Estate of **SAMUEL DAVIS SPRUELL**, deceased, having been granted to **CYNTHIA HYDE SPRUELL**, as Personal Representative on the 20 day of March, 2023, by the Honorable Chris Green, Judge of the Probate Court of Blount County, Alabama, notice is hereby given that all persons having claims against said estate are hereby required to present the same within the time allowed by law or the same will be barred.

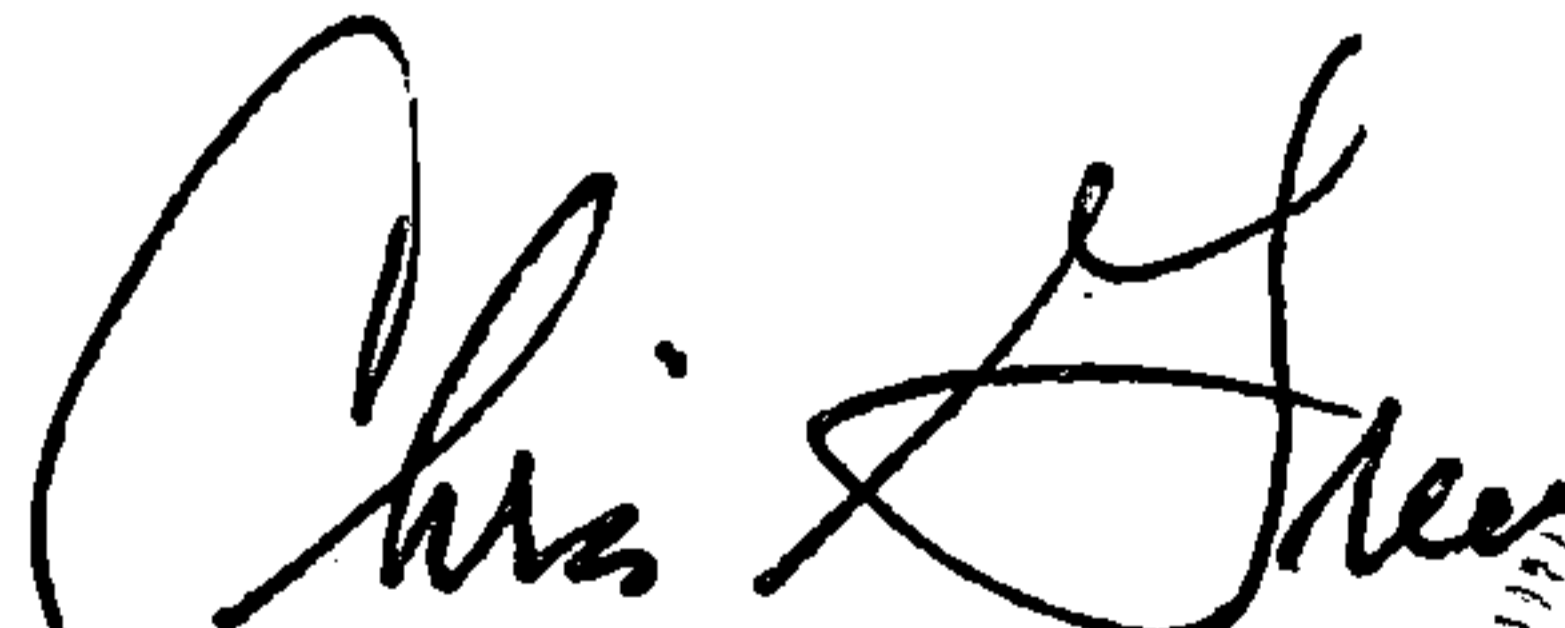
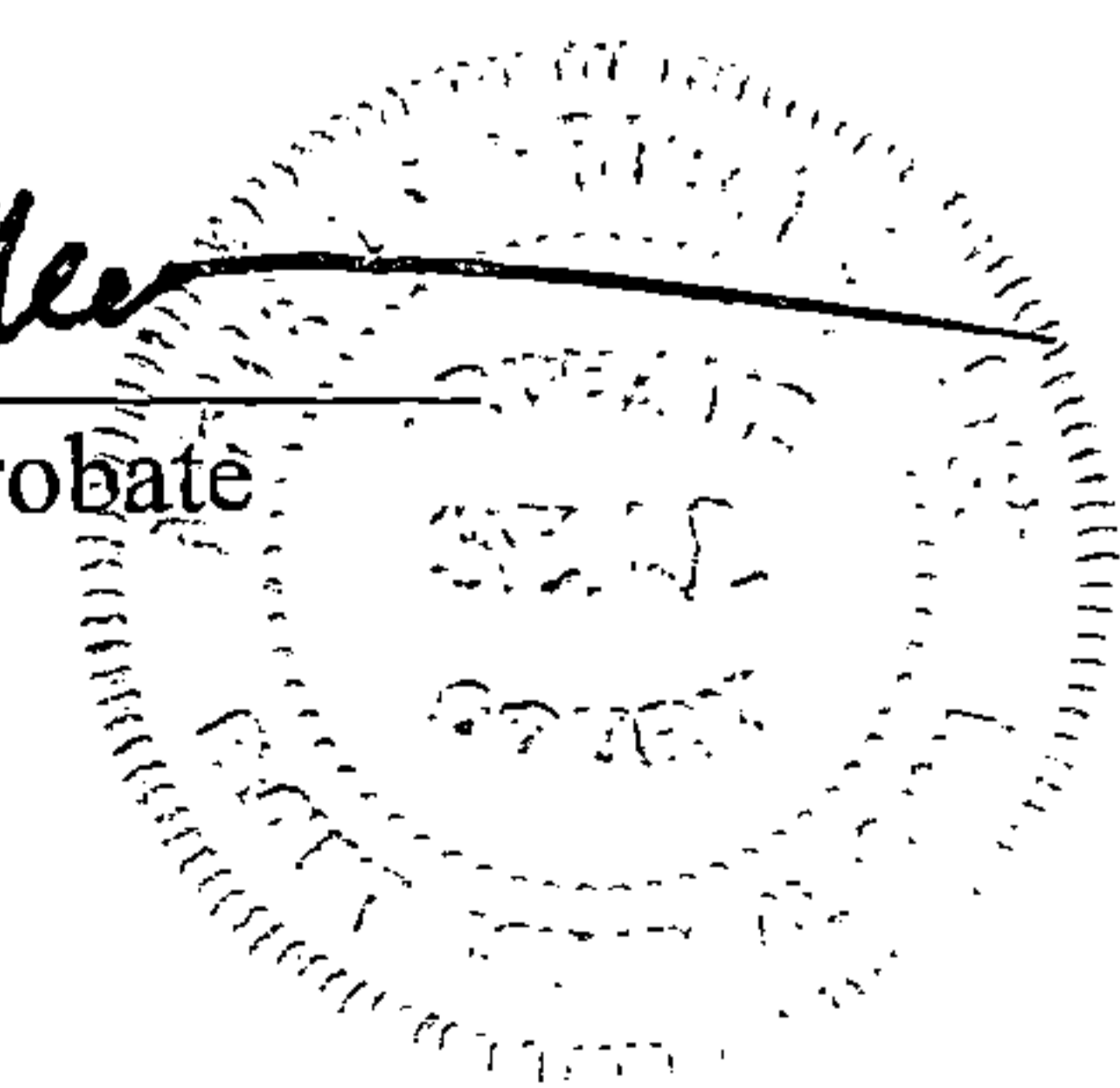
SAMUEL DAVIS SPRUELL,
as Personal Representative of the Estate of
CYNTHIA HYDE SPRUELL, Deceased.

Of Counsel:
Tonya C. Palmer
Palmer Law Firm, LLC
1939 Main Avenue SW
Cullman, Alabama 35055
256-246-9600

TO: Publisher
The Blount Countian

Please publish the above notice three successive weeks in said newspaper.

Mail Proof of Publication to:
Blount County Probate Office
220 2nd Ave East, Room 101
Oneonta, AL 35121


Chris Green, Judge of Probate


FILED
BLOUNT COUNTY, AL

03/20/2023

CHRIS GREEN
JUDGE OF PROBATE

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

Jayne Spruell
Signature of Local or Deputy Registrar

January 8, 2007
Date of Issue



20260113000011610 6/9 \$48.00
Shelby Cnty Judge of Probate, AL
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ALABAMA CERTIFICATE OF DEATH

County File Number —

State File Number 101

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

1. DECEASED—NAME First Middle Last (Type last name all capitals) Janye Spruell CRANFORD			2. DATE OF DEATH (Month, Day, Year) December 11, 2006		3. COUNTY OF DEATH Jefferson	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Gardendale 35078			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) 420 Dean Drive	
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. No		9. RACE—(Specify American Indian, Black, White, etc.) White	
10. SEX Female			11. AGE 93 yrs		12. UNDER 1 YEAR MOS. DAYS HOURS MINS.	
13. DATE OF BIRTH (Month, Day, Year) September 7, 1913			14. DECEASED'S SOCIAL SECURITY NUMBER			
15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) College (1-4 or 5+) 4			16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Widowed		17. SURVIVING SPOUSE (If wife, give maiden name)	
18. Was Decedent ever in Armed Forces (Specify Yes or No) No			19. STATE OF BIRTH (If not in USA, name country) Alabama		20. RESIDENCE—STATE Alabama	
21. COUNTY Shelby			22. CITY, TOWN, OR LOCATION AND ZIP CODE Vincent 35178			
23. INSIDE CITY LIMITS (Specify Yes or No) Yes		24. STREET AND NUMBER 425 Phillips Drive		25. INFORMANT—Name and Address Samuel Spruell 324 Millcreek Road Warrior, AL 35180		
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) School Teacher			27. KIND OF BUSINESS OR INDUSTRY Education			
28. FATHER—NAME First Middle Last Charlie Paul Davis			29. MAIDEN NAME OF MOTHER— First Middle Last Laura Elliott			
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial			31. DATE OF DISPOSITION (Month, Day, Year) 12-13-2006		32. CEMETERY OR CREMATORY—Name Vincent City Cemtery	
33. LOCATION—(City or Town, State) Vincent, Alabama			34. FUNERAL HOME—Name and Address Kilgroe Funeral Home 2219 2nd Ave N Pell City, AL 35125		35. FUNERAL DIRECTOR—Signature <i>Doug Kendrick</i>	
36. DATE SIGNED BY FUNERAL DIRECTOR Jan. 3, 2007			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." Medical Examiner Coroner Signature: <i>J.M. Lawrence</i>			
38. DATE SIGNED (Month, Day, Year) 12/28/06			39. TIME AND DATE OF DEATH 12/11/06 11:45 AM		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) JAYNE T. McLANE			42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) 420 Dean Drive, Gardendale, AL 35071			
43. CERTIFIER LICENSE NUMBER 8909			44. REGISTRAR—Signature <i>Sherry L Myers</i> For State or County use only.			
45. DATE FILED (Month, Day, Year) January 5, 2007						

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. <i>Cardiopulmonary Arrest</i>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <i>7 days</i>
b. <i>Pneumonia</i>		
c. <i>Hypertension, Congestive Heart Failure, vascular dementia</i>		
d. <i>Natural Cause</i>		
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) <i>Natural Cause</i>		50. AUTOPSY (Specify Yes or No) <i>No</i>
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		
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)		

NAME OF DECEASED
Spruell Jayne

DECEASED

CAUSE



20260113000011610 7/9 \$48.00
 Shelby Cnty Judge of Probate, AL
 01/13/2026 11:20:24 AM FILED/CERT

CERTIFIED

VALID ONLY IF STATE SEAL AND SIGNATURE
 OF STATE REGISTRAR ARE IMPRINTED HERON



VALID ONLY
 IF PRINTED IN
 MULTICOLOR

THE ABOVE IS AN
 EXACT COPY OF THE
 ORIGINAL RECORD
 FILED BY THE BUREAU
 OF VITAL STATISTICS
 ALABAMA
 DEPARTMENT OF HEALTH
 MONTGOMERY, ALA.

Forest E. Ludden
 STATE REGISTRAR

CERTIFICATE OF DEATH STATE OF ALABAMA

4619

1. COUNTY OF DEATH Shelby		BEAT NO. 59XX 8 76	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Alabama b. COUNTY Shelby	
3. CITY, TOWN, OR LOCATION Vincent		c. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>	d. STREET ADDRESS Route one	
4. DATE OF DEATH Month Day Year 2 18 67		5. COLOR OR RACE White		
6. OCCUPATION (Give kind of occupation during most of working life) Bright		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-3-1900	9. AGE (In years last birthday) 66
10. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Birmingham, Ala.		12. CITIZEN OF WHAT COUNTRY? USA
13. MOTHER'S MAIDEN NAME Sara Ramsey		14a. NAME OF SURVIVING SPOUSE Janye Davis Spruell		
15. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT'S NAME Mrs. Janye D. Spruell		
16. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of the Lung</i>		18. INTERVAL BETWEEN ONSET AND DEATH <i>4 1/2 months</i>		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>163X</i>		
20a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office)		20f. CITY, TOWN, OR LOCATION Vincent		
20g. CITY, TOWN, OR LOCATION Pell City, Ala.		20h. COUNTY Alabama		
21. DATE RECD. BY LOCAL REG. 2-22-67		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>		

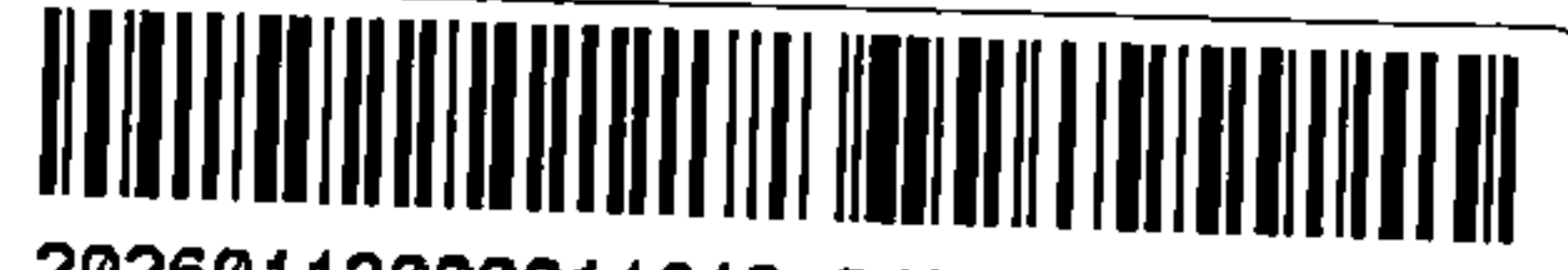
Last Will and Testament

OF

JANYE D. CRANFORD

STATE OF ALABAMA

SHELBY COUNTY



20260113000011610 8/9 \$48.00
Shelby Cnty Judge of Probate, AL
01/13/2026 11:20:24 AM FILED/CERT

I, Janye D. Cranford of Shelby County, Alabama, being of sound mind and disposing memory and being mindful of the certainty of death and of the uncertainty of life, do hereby make and publish this, my last will and testament, hereby revoking all former wills, if any, by me at any time made:

ITEM ONE: It is my will that all of my legal debts and funeral expenses be paid as soon after my death as is practicable.

ITEM TWO: I give, devise and bequeath all property which I may own at the time of my death, or in which I may have an interest, real, personal, or mixed and wheresoever situate, unto my sons, Samuel D. Spruell and Stephen R. Spruell, in equal parts, share and share alike. If either of my said children should predecease me leaving lineal descendants surviving, such lineal descendants shall take per stirpes the share to which my deceased child would have been entitled if living.

ITEM THREE: I hereby appoint as Executor of this My Last Will and Testament, my son, Stephen R. Spruell, and I do hereby relieve and exempt him from making bond as such Executor, and also from the filing of any accounts, appraisals or inventories in any Court pertaining to the administration of my estate.

IN WITNESS WHEREOF, I hereunto set my hand this 15th day of July, 1981.

Janye D. Cranford
Janye D. Cranford

WE, the undersigned witnesses, have hereunto set our names to the above Will as witnesses, in the presence of Janye D. Cranford, and in the presence of each other, at her request on the same day the same bears date.

H. L. Conner
Eva D. Moore



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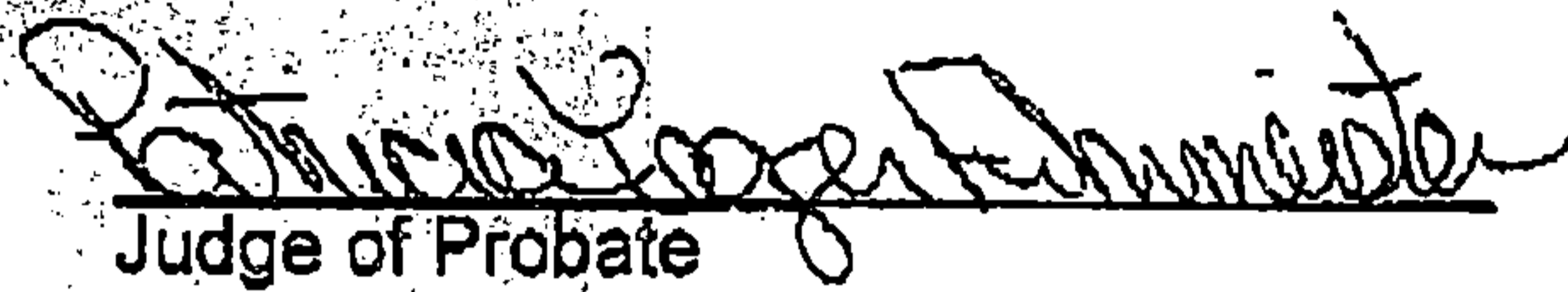
**LETTERS OF ADMINISTRATION
WITH THE WILL ANNEXED**

**THE STATE OF ALABAMA
COURT OF PROBATE**

**SHELBY COUNTY
CASE # PR-2007-000200**

Letters of Administration with the Will Annexed on the estate of Janye D. Cranford aka Jayne D. Cranford, Jayne Spruell Cranford, Jayne D. Spruell Cranford, Jayne Davis Spruell Cranford are hereby granted to Samuel D. Spruell who has duly qualified and given bond in the amount of \$100,000.00 as such personal representative, and is authorized to administer such estate. Subject to the priorities stated in *Ala. Code, §43-8-76 (1975, as amended)*, the said personal representative, acting prudently for the benefit of interested persons, have all the powers authorized in transactions under *Ala. Code, §43-2-843 (1975, as amended)*.

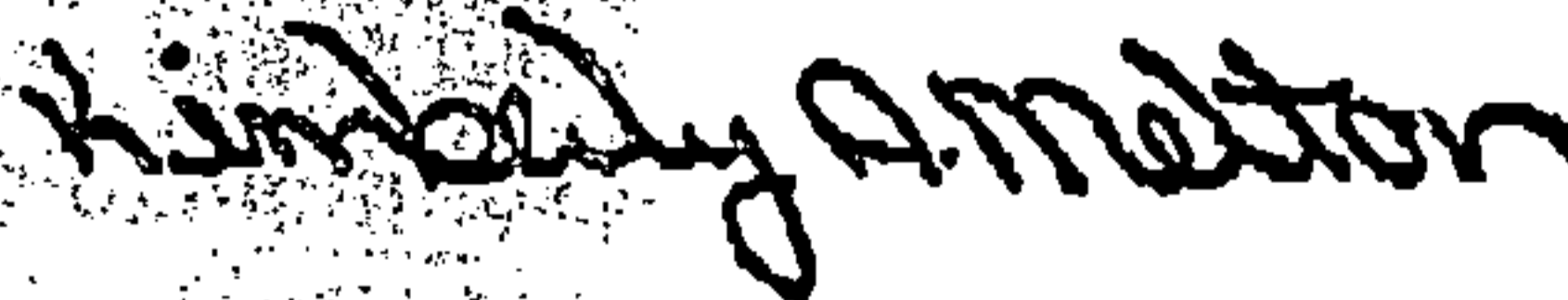
WITNESS my hand and dated this 1st day of May, 2007.



Judge of Probate

I, KIMBERLY A. MELTON, Chief Clerk of the Court of Probate of Shelby County, Alabama, hereby certify that the foregoing is a true, correct and full copy of the Letters of Administration with the Will Annexed issued in the above styled cause as appears of record in said court. I further certify that said Letters are still in full force and effect.

WITNESS my hand and dated this 1st day of May, 2007.



CHIEF CLERK