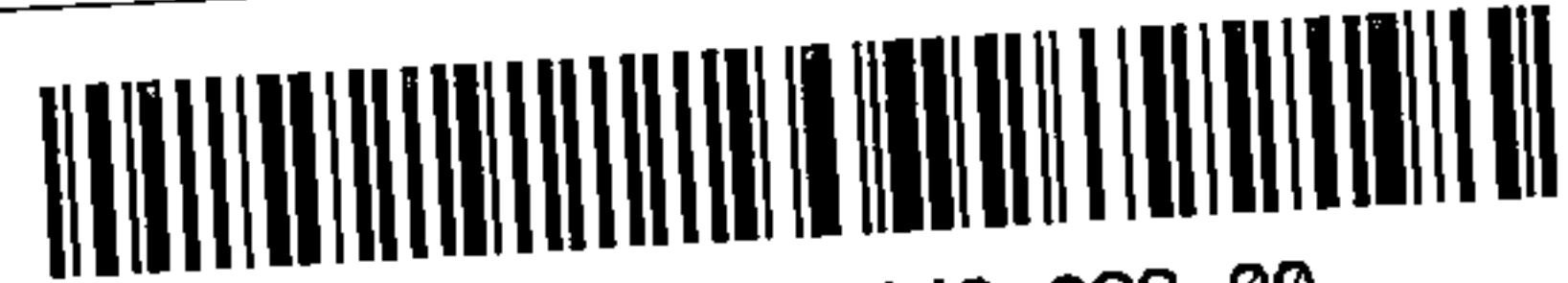


STATE OF ALABAMA )

COUNTY OF SHELBY )



20260224000051960 1/3 \$28.00  
Shelby Cnty Judge of Probate, AL  
02/24/2026 10:45:23 AM FILED/CERT

**SCRIVENERS AFFIDAVIT**

Before me, the undersigned authority, personally appeared **Ada Carter**, who, being duly sworn, deposes and states as follows:

Ada Carter and Jimmy Carter acquired property by Warranty Deed with Right of Survivorship as recorded at Instrument No.: 20040907000498110 in the Shelby County Probate Office. The property is described as:

Lot 1, according to the Survey of Rolling Meadow Estates, as recorded in Map Book 26, Page 83, in the Office of the Judge of Probate of Shelby County, Alabama. Situated in Shelby County, Alabama.

Ada Carter sold the property to Brandon W. Kohl by Warranty Deed as recorded at Instrument No.: 20200529000216240 in the Shelby County Probate Office.

At the time the Deed was prepared and recorded, **Jimmy Carter was deceased**, having passed away on or about March 8, 2013. Due to the survivorship provisions of the Joint Tenancy, title to the subject property vested solely in **Ada Carter** immediately upon the death of **Jimmy Carter**, by operation of law. His death certificate is attached.

This Affidavit is made for the purpose of clarifying the chain of title and correcting the record, and not to convey, enlarge, or divest any interest in the subject property.

DONE this the 11 day of February, 2026

A handwritten signature in cursive script that reads "Ada Carter".

Ada Carter

Prepared by:  
Ben Robbins  
Attorney at Law  
P.O. Box 888  
Sylacauga, AL 35150



20260224000051960 2/3 \$28.00  
Shelby Cnty Judge of Probate, AL  
02/24/2026 10:45:23 AM FILED/CERT

STATE OF ALABAMA )

GENERAL ACKNOWLEDGEMENT

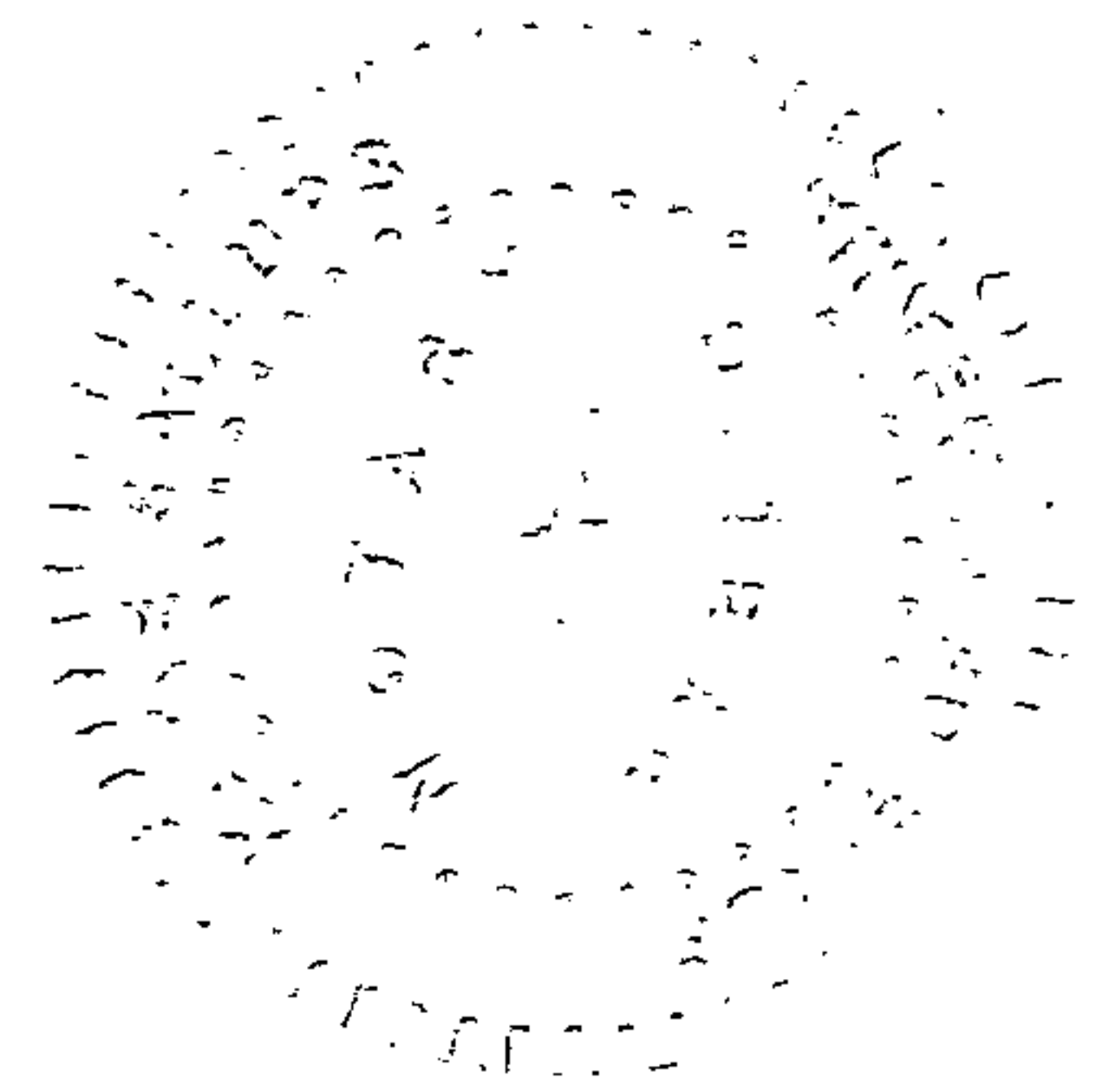
COUNTY TALLADEGA )

I, the undersigned authority, a Notary Public in and for said County, in said State, hereby certify that Ada Carter, who is known to me, acknowledged before me on this date, that, being informed of the contents of the affidavit, she executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this the 11<sup>th</sup> day of February, 2026.

Katie Gallups  
NOTARY PUBLIC  
Expires on: 10/28/28

KATIE GALLUPS  
NOTARY PUBLIC  
STATE OF ALABAMA



# ALABAMA

## Center for Health Statistics

20260224000051960 3/3 \$28.00  
 Shelby Cnty Judge of Probate, AL  
 02/24/2026 10:45:23 AM FILED/CERT

# ALABAMA

## CERTIFICATE OF DEATH

13-11202

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) <b>Jimmy Rogers CARTER</b>			2. DATE OF DEATH (Month, Day, Year) <b>March 8, 2013</b>		3. COUNTY OF DEATH <b>Shelby</b>		
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE <b>Vincent 35178</b>			5. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number) <b>114 Rolling Meadows Lane</b>		
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. <b>NO</b>		9. RACE—(Specify American Indian, Black, White, etc.) <b>Black</b>		
10. SEX <b>Male</b>			11. AGE <b>72</b> YRS.		12. UNDER 1 YEAR MOS. DAYS HOURS MINS.		
13. DATE OF BIRTH (Month, Day, Year) <b>March 25, 1940</b>			14. DECEASED'S SOCIAL SECURITY NUMBER <b>[REDACTED]</b>			15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) College (1-4 or 5+) <b>12th 3</b>	
16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) <b>Married</b>			17. SURVIVING SPOUSE (If wife, give maiden name) <b>Ada Lawson</b>		18. Was Decedent ever in Armed Forces (Specify Yes or No) <b>NO</b>		
19. STATE OF BIRTH (If not in USA, name country) <b>Alabama</b>		20. RESIDENCE—STATE <b>Alabama</b>		21. COUNTY <b>Shelby</b>		22. CITY, TOWN, OR LOCATION AND ZIP CODE <b>Vincent 35178</b>	
23. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		24. STREET AND NUMBER <b>114 Rolling Meadows Ln</b>		25. INFORMANT—Name and Address <b>Ada Lawson Carter 114 Rolling Meadows, Vincent, AL, 35178</b>			
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>Supervisor</b>			27. KIND OF BUSINESS OR INDUSTRY <b>Security</b>			28. FATHER—NAME—First Middle Last <b>Weldon Carter</b>	
29. MOTHER—NAME—First Middle Last <b>Mary Elizabeth Lippcomb</b>			30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) <b>Burial</b>		31. DATE OF DISPOSITION (Month, Day, Year) <b>Mar. 16, 2013</b>		
32. CEMETERY OR CREMATORY—Name <b>Coosa Valley</b>		33. LOCATION—(City or Town—State) <b>Vincent, Alabama</b>		34. FUNERAL HOME—Name and Address <b>Community F. Home 15 N. Hightower Ave, Sylacauga, AL</b>		35. FUNERAL DIRECTOR—Signature <b>[Signature]</b>	
36. DATE SIGNED BY FUNERAL DIRECTOR <b>Mar. 21, 2013</b>		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: <b>[Signature]</b>			38. DATE SIGNED (Month, Day, Year) <b>3/11/13</b>		
39. TIME AND DATE OF DEATH <b>06:54 PM 03/08/2013</b>		40. DATE AND TIME PROCLAIMED DEAD (For Coroner/ME, use only)		41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) <b>Dr. Cynthia Baker</b>			
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) <b>2400 John Hawkins Parkway, Birmingham, AL 35244</b>			43. CERTIFIER LICENSE NUMBER <b>21095</b>		44. REGISTRAR—Signature <b>[Signature]</b>		
45. DATE FILED (Month, Day, Year) <b>April 1, 2013</b>			46. NAME OF DECEASED <b>Jimmy Carter</b>				

### MEDICAL CERTIFICATION

47. 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) → <b>Liver Cancer</b>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
a. DUE TO (OR AS A CONSEQUENCE OF):			
b. DUE TO (OR AS A CONSEQUENCE OF):			
c. 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, or Unk.)	
49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) <b>Natural</b>		50. AUTOPSY (Specify Yes or No) <b>NO</b>	
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)			

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

APR 02 2013

ADPH-HS 2/Rev. 11-03

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2013-207-932-1

*Catherine M. Donald*

Catherine Molchan Donald  
 State Registrar of Vital Statistics

April 4, 2013

423-52-1558

SSN:

NAME OF DECEASED  
 Jimmy Carter

48. MO

49.

55.

ANY ALTERATIONS VOID THIS DOCUMENT