

T507162

AFFIDAVIT OF HEIRSHIP

Return to:

Mozella Johnson
4747 Connorvale Rd
Houston TX 77039

STATE OF TEXAS)
COUNTY OF Harris)

01/25/99 100956036 T507162 \$13.00

BEFORE ME, the undersigned authority, on this day personally appeared Mozella Johnson, the Affiant herein, who after having been by me duly sworn upon his/her oath stated:

523-50-2906

THAT, Affiant was formerly married to Donald Johnson who is Deceased, and that this Affidavit is given in connection with the title to the following described Real Property: 4747 Connorvale Road, Houston TX 77039 Lot 355, Block 16 in Fairgreen Sub-division, section 3 Located in Harris County TX

THAT, Donald Johnson, deceased, was married only one time and that marriage was to Affiant on 01/20/1961 in Indiana. That the Decedent and the Affiant lived together continuously from that time until the death of the Decedent in Houston Texas.


THAT, three and only three child/children were born of that marriage namely and of ages as follows Tammy Richardson age 39, Terry Chivas age 38 and Tyrone Johnson age 29. That no other children were born of or adopted by the Decedent. TWO CHILDREN, TONY & TRENT DECEASED IMMEDIATELY FOLLOWING BIRTH, MO 8-18-63.

THAT, the Decedent Donald Johnson, departed this life May 7, 1998 without having left a Will. That there is no administration pending on her estate as none was necessary. That there are no debts due against the estate of the Decedent.

THAT, the estate of the Decedent was under the sum of \$75,000 as a result of which neither Federal Estate Taxes nor State Inheritance Taxes are due.

EXECUTED this 12th day of January, 1999

SUBSCRIBED AND SWORN TO BEFORE ME by the said Mozella Johnson on this the 12th day of January, 1999.


RICK MENA
NOTARY PUBLIC
STATE OF TEXAS
My Comm. Exp. 08-15-01

Notary Public for State of Texas
Printed Name: Rick Mena
My Commission expires: 08/15/01


FILED

STATE OF TEXAS)
COUNTY OF Harris)

OCT 15 1999

BEFORE ME, the undersigned authority, a Notary Public in and for said State, on this day personally appeared Mozella Johnson known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and considerations therein expressed.

PETER BENJAMIN
LAKE COUNTY AUDITOR


RICK MENA
NOTARY PUBLIC
STATE OF TEXAS
My Comm. Exp. 08-15-01

Notary Public for State of Texas
Printed Name: Rick Mena
My Commission expires: 08/15/01

001084

AFFIDAVIT

BE IT ACKNOWLEDGED, that MOZELLA JOHNSON of THE ESTATE OF DONALD JOHNSON, EXECUTOR AND HEIRESS the undersigned deponent, being of legal age, does hereby depose and say under oath as follows:

I AM THE SPOUSE, NEXT OF KIN, AND SOLE BENEFICIARY OF NOW DECEASED DONALD JOHNSON. THERE IS NO PROBATE PENDING NOW, NOR IN THE FUTURE.

And I affirm that the foregoing is true except as to statements made upon information and belief, and as to those I believe them to be true.

Witness my hand under the penalties of perjury this 28 day of Sept. PETER BENJAMIN LAKE COUNTY AUDITOR

Name of Witness

Name of Deponent Mozella Johnson

Address of Witness

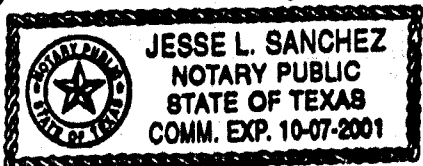
Address of Deponent 4747 Connorvale

STATE OF Texas } COUNTY OF Harris

On 09/28/98 before me, Mozella Johnson, personally appeared Mozella Johnson, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. WITNESS my hand and official seal.

Signature Jesse L. Sanchez

Affiant Known Unknown ID Produced



523-50-2909

**Document is
NOT OFFICIAL!**

**This Document is the property of
the Lake County Recorder!**

STOP

ANY PROVISION HEREIN WHICH RESTRICTS THE SALE, RENTAL, OR USE OF THE DESCRIBED REAL PROPERTY BECAUSE OF COLOR OR RACE IS UNLAWFUL AND UNENFORCEABLE UNDER FEDERAL LAW
THE STATE OF TEXAS
COUNTY OF HARRIS

I hereby certify that this instrument was FILED in File Number _____
sequence of the date and at the time stamped above by me, and was duly RECORDED, in the Official Public Records of Real Property of Harris County, Texas on

JAN 25 1999



Barbara L. Taylor

COUNTY CLERK
HARRIS COUNTY TEXAS

Barbara L. Taylor
COUNTY CLERK
HARRIS COUNTY TEXAS

99 JAN 25 AM 10:24

FILED

CERTIFICATION OF VITAL RECORD

City of Houston, Texas

STATE OF TEXAS CERTIFICATE OF DEATH STATE FILE NUMBER

1. NAME OF DECEASED (a) FIRST Donald		(b) MIDDLE Johnson		(c) LAST Johnson	(d) MAIDEN ---	2. SEX Male	3. DATE OF DEATH May 7, 1998
4. DATE OF BIRTH January 20, 1938		5. AGE (IN YEARS) 60	6. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY) Gary, Indiana		7. SOCIAL SECURITY NO. 315-38-7518		
8. RACE Black		9. WAS THE DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		10. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		11. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED, ELEM. OR SECONDARY (0-12) COLLEGE (13-16, 17+) 12	
12. MARITAL STATUS <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Mozella Rogers		14a. DECEDENT'S USUAL OCCUPATION Maintenance Engineer		14b. KIND OF BUSINESS OR INDUSTRY Hospital District	
15a. RESIDENCE STREET ADDRESS 4747 Connorvale Road					15b. CITY OR TOWN Houston		
16a. COUNTY Harris		16b. STATE Texas		16c. ZIP CODE 77039		16d. INSIDE CITY LIMITS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
17. FATHER'S NAME John R. Johnson				17. MOTHER'S MAIDEN NAME Lucy Johnson			
18. PLACE OF DEATH (CHECK ONLY ONE)							
HOSPITAL: <input checked="" type="checkbox"/> INPATIENT <input type="checkbox"/> ENDOUPATIENT <input type="checkbox"/> DCA OTHER: <input type="checkbox"/> NURSING HOME <input type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER (SPECIFY)							
19. COUNTY OF DEATH Harris		20. CITY OR TOWN IF OUTSIDE CITY LIMITS, ONE PRECINCT NO. Houston		21. NAME OF HOSPITAL OR INSTITUTION (if not in institution, show street address) A1H-Heights			
22. INFORMANT - SIGNATURE & RELATIONSHIP <i>Mozella Johnson</i> Wife				23. MAILING ADDRESS OF INFORMANT 4747 Connorvale, Houston, Texas 77039			
24. METHOD OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTHER (SPECIFY)		25a. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY OR OTHER PLACE) Brookside Memorial Park		25b. SECTION 26		25c. NAME & ADDRESS OF FUNERAL HOME Brookside Funeral Home P O Box 11098 Houston, Texas 77293-1098	
		26. LOCATION (CITY, STATE) Houston, Texas		27. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>Joan Landsman</i> 10692		28. DATE OF DISPOSITION May 15, 1998	
30. CERTIFIER <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. <input type="checkbox"/> MEDICAL EXAMINER 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 AS STATED. <input type="checkbox"/> JUSTICE OF THE PEACE							
31. SIGNATURE & TITLE OF CERTIFIER <i>H. S. Kochar</i> MD.				32. DATE SIGNED MO 05 DAY 19 YEAR 98		33. TIME OF DEATH 2:20 P. M.	
34. PRINTED NAME & ADDRESS OF CERTIFIER Harmohinder S. Kochar, MD, 1631 North Loop West #510, Houston, Texas 77008							
35. PART 1 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) → Respiratory Failure DUE TO (OR AS A LIKELY CONSEQUENCE OF): Severely list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST Severe chronic obstructive pulmonary disease DUE TO (OR AS A LIKELY CONSEQUENCE OF): PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (e.g., substance abuse, diabetes, smoking, etc.) Bilateral Bullectomy							Approximate Interval Between Onset and Death
37. DID TOBACCO USE CONTRIBUTE TO DEATH <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN		38. DID ALCOHOL USE CONTRIBUTE TO DEATH <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN		39. WAS DECEDENT PREGNANT AT TIME OF DEATH <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK WITHIN LAST 12 MO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
40. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> NOT BE DETERMINED		41a. DATE OF INJURY		41b. TIME OF INJURY M. <input type="checkbox"/> YES <input type="checkbox"/> NO		41c. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO	
		41d. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (SPECIFY)					
41e. LOCATION (STREET AND NUMBER, CITY OR TOWN, STATE)							
41f. DESCRIBE HOW INJURY OCCURRED							
42a. DATE RECEIVED BY LOCAL REGISTRAR May 22, 1998				42b. SIGNATURE OF LOCAL REGISTRAR <i>R W Hanka</i>			

FILED

05/15/1998

VS-16 REV. 9/95

PETER BENJAMIN
LAKE COUNTY AUDITOR
3107733

CERTIFIED COPY OF VITAL RECORDS
STATE OF TEXAS)
COUNTY OF HARRIS)
DATE ISSUED **MAY 22 1998**

001085

This is a true and exact reproduction of the document officially registered and placed on file in the BUREAU OF VITAL STATISTICS, HOUSTON HEALTH AND HUMAN SERVICES DEPARTMENT.

R. W. Hanka
R. W. Hanka, Registrar
BUREAU OF VITAL STATISTICS

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.
LAMINATION MAY VOID CERTIFICATE.

