

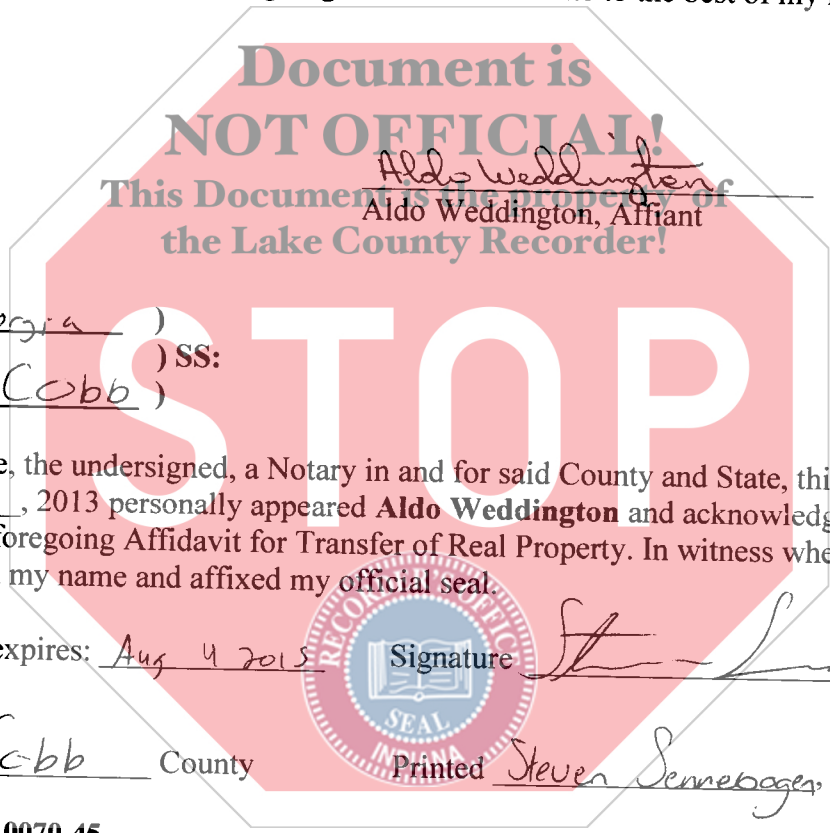
are as follows:

Aldo Weddington, 1173 Van Buren Street, Gary, Indiana, son of decedent

9. That by reason of the above-stated matters, the affiant requests that the above-list real estate of Corrie Raverte Williams be transferred to him pursuant to the laws of intestate distribution, in accordance with the provisions of IC §29-1-8-1, §29-1-8-2, and §29-1-8-3.

Aldo Weddington
Aldo Weddington, Affiant

I swear or affirm that the foregoing is true and accurate to the best of my knowledge and belief.



STATE OF Georgia)
) SS:
COUNTY OF Cobb)

Before me, the undersigned, a Notary in and for said County and State, this 5 day of February, 2013 personally appeared **Aldo Weddington** and acknowledged the execution of the foregoing Affidavit for Transfer of Real Property. In witness whereof, I have hereto subscribed my name and affixed my official seal.

My commission expires: Aug 4 2015

Signature

Steven Sennebogen

Resident of Cobb County

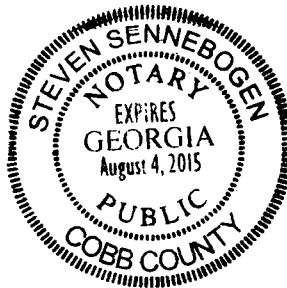
Printed

Steven Sennebogen, Notary Public

Robert L. Lewis, 10070-45
ROBERT L. LEWIS & ASSOCIATES
2148 West 11th Avenue
Gary, Indiana 46404
219) 944-2755-phone

I affirm under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

Kimberly Weaver
Affiant



CERTIFICATE OF DEATH/STATE OF GEORGIA

Local File Number 002443 State File Number 041743

TYPE OR PRINT IN PERMANENT BLACK OR BLUE-BLACK INK

DECEASED

Usual Residence Where Deceased Lived, If Death Occurred in Institution, See Handbook Regarding Completion of Residence Items.

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

SEP 13 2007

CERTIFIER

REGISTRAR

1a. DECEDENT'S NAME (First, Middle, Last) CORRIE RAVERTE WILLIAMS		1b. IF DECEDENT IS FEMALE, ENTER MAIDEN LAST NAME WEDDINGTON		SEX FEMALE		DATE OF DEATH (Mo., Day, Year) AUGUST 26, 2007	
4. RACE (White, Black, Amer. Indian, etc.) BLACK		5. ORIGIN OF DECEDENT (Italian, Mex., French, English, etc.) AMERICAN		6. DATE OF BIRTH (Mo., Day, Year) JUNE 21, 1938		7a. AGE - Last Birthday (Years) 69	
8. CITY, TOWN OR LOCATION OF DEATH POWDER SPRINGS		9a. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and No.) 4594 WORTHINGS DR.		7b. UNDER 1 YEAR Mos. Days		7c. UNDER 1 DAY Hours Mins.	
10a. STATE AND COUNTY OF BIRTH (If not in USA, name Country) GA/PAULDING		10b. CITIZEN OF WHAT COUNTRY? USA		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED		12. SPOUSE (If married or widowed, give spouse's name - if wife, give maiden name)	
14. SOCIAL SECURITY NUMBER 254-54-2117		15a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SURGICAL TECH		15b. KIND OF INDUSTRY OR BUSINESS INGALLS HOSPITAL		13. WAS DECEDENT EVER IN U.S. ARMED FORCES (Yes or No) NO	
16a. RESIDENCE - STATE IN		16b. COUNTY LAKE		16c. CITY, TOWN OR LOCATION GARY		16d. STREET AND NUMBER AND ZIP CODE 1173 VAN BUREN ST. 46407	
17. FATHER'S NAME First Middle Last GEORGE J. WEDDINGTON		18. MOTHER'S MAIDEN NAME First Middle Last NARCISSIA RAY		19a. INFORMANT'S NAME First Middle Last ALDO A. WEDDINGTON		19b. MAILING ADDRESS (Street, R.F.D. No., City or Town, State, Zip) 4594 WORTHINGS DR. POWDER SPRINGS, GA 30127	
20a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		20b. DISPOSITION DATE (Mo., Day, Year) AUG. 30, 2007		20c. CEMETERY OR CREMATORY NAME PAULDING MEMORIAL GARDENS		20d. LOCATION (City or Town, State, Zip, County) HIRAM, GA 30141 PAULDING	
21a. FUNERAL DIRECTOR (Signature) <i>H.C. Shelton</i>		21b. FUN. DIR. LICENSE NO. 2342		21c. NAME AND ADDRESS OF FACILITY (Street, R.F.D. No., City or Town, State, Zip) HANLEY-SHELTON FUNERAL DIRECTORS 473 LAWRENCE ST. P.O. BOX 2174 MARIETTA, GA 30061-2174		21d. EST. LICENSE NO. 1170	
21e. EMBALLER (Signature) <i>Edwina Shelton</i>		21f. EMBALLER LICENSE NO. 3520		21g. NAME AND ADDRESS OF FACILITY (Street, R.F.D. No., City or Town, State, Zip) MARIETTA, GA 30061-2174		21h. EST. LICENSE NO.	
23. IMMEDIATE CAUSE (Enter only one cause per line for A, B, and C)							
A. <i>Stomach Cancer</i>				Approximate interval between onset and death			
B. Due to, or as a consequence of:				Approximate interval between onset and death			
C. Due to, or as a consequence of:				Approximate interval between onset and death			
24. OTHER SIGNIFICANT CONDITIONS - conditions contributing to death but no related to cause given in Part 1A. (If female, indicate if pregnant or birth occurred within 90 days of death.)							
25a. WAS OPERATION PERFORMED (Yes or No) No		25b. DATE OF OPERATION (Mo., Day, Year)		25c. CONDITIONS FOR WHICH OPERATION WAS PERFORMED (Specify)		25d. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (Yes or No) No	
26a. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify)		26b. DATE OF INJURY (Mo., Day, Year)		26c. DESCRIBE HOW INJURY OCCURRED		26d. HOUR OF INJURY	
27. INJURY AT WORK? (Yes or No)		28a. PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify)		28b. LOCATION (Street, R.F.D. No., City or Town, State, Zip, County)		28c. LOCATION (Street, R.F.D. No., City or Town, State, Zip, County)	
29a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i>		29b. DATE SIGNED (Mo., Day, Year) 8-30-07		29c. HOUR OF DEATH 4:00 P M		29d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER	
29e. DATE SIGNED (Mo., Day, Year)		29f. HOUR OF DEATH		30a. DATE PRONOUNCED DEAD (Mo., Day, Year)		30b. HOUR PRONOUNCED DEAD	
30c. DATE PRONOUNCED DEAD (Mo., Day, Year)		30d. HOUR PRONOUNCED DEAD		30e. ADDRESS OF CERTIFIER (Street, R.F.D. No., City or Town, State, Zip) 8040 Hospital West Drive		30f. DATE RECEIVED BY REGISTRAR (Mo., Day, Year) SEP 11 2007	
31a. NAME, TITLE, AND LICENSE NO. OF CERTIFIER (Physician, Medical Examiner, or Coroner) <i>[Signature]</i> PHYS. LIC. NO. 33391		31b. ADDRESS OF CERTIFIER (Street, R.F.D. No., City or Town, State, Zip)		31c. DATE RECEIVED BY REGISTRAR (Mo., Day, Year)		31d. DATE RECEIVED BY REGISTRAR (Mo., Day, Year)	
22a. REGISTRAR (Signature) <i>[Signature]</i>		22b. DATE RECEIVED BY REGISTRAR (Mo., Day, Year) SEP 11 2007		22c. DATE RECEIVED BY REGISTRAR (Mo., Day, Year)		22d. DATE RECEIVED BY REGISTRAR (Mo., Day, Year)	

NOTICE TO FUNERAL DIRECTOR AND CERTIFYING PHYSICIAN

(1) WAS THIS DEATH THE RESULT OF VIOLENCE, SUICIDE, OR CASUALTY; (2) WAS THE DECEASED IN APPARENT GOOD HEALTH; (3) WAS THE DECEASED UNATTENDED BY A PHYSICIAN; OR (4) WAS ANY SUSPICIOUS OR UNUSUAL MANNER ASSOCIATED WITH THIS DEATH? YES NO

IF YES TO EITHER 1, 2, 3, OR 4, PLEASE NOTIFY THE CORONER IN THE COUNTY WHERE THE BODY WAS FOUND OR THE DEATH OCCURRED.

SEP 13 2007



THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE CERTIFICATE FILED WITH THE STATE OFFICE OF VITAL RECORDS, GEORGIA DEPARTMENT OF HUMAN RESOURCES. THIS CERTIFIED COPY IS ISSUED UNDER THE AUTHORITY OF CHAPTER 31-10, CODE OF GEORGIA AND 290-1-3 DHR RULES AND REGULATIONS.

DATE **SEP 18 2007** STATE REGISTRAR AND CUSTODIAN *[Signature]* GEORGIA STATE OFFICE OF VITAL RECORDS

(VOID WITHOUT IMPRESSED SEAL OR IF ALTERED OR COPIED)