



6. That more than 45 days have passed and no formal estate has been open nor is it anticipated that an estate will be opened.

7. That there are no known creditors of the decedent.

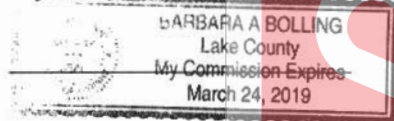
WHEREFORE, the decedent, HENRIETTA BAILEY'S, interest in the above stated real and personal property should be transferred to her children: EDWARD E. BAILEY, GLENDA C. BAILEY, JEROME A. BAILEY and grandson, DONALD LEWIS KENDRICKS, as tenants in common. They each have an undivided 1/4 interest in the real property.

  
GLENDA C. JACKSON, affiant

Subscribed to and sworn before me Notary Public for the above State and County, personally appeared, Glenda C. Jackson this 19<sup>th</sup> day of March, 2014.

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

My Commission Expires:



  
Barbara A. Bolling, Notary Public



**CERTIFICATE OF DEATH/STATE OF GEORGIA**      Birth Number      State File Number  
 011256

1. **Decedent's Name** (First, Middle, Last)      **Henrietta Bailey**  
 2. **Sex**      **Female**  
 3. **Date of Death** (Mo., Day, Year)      **December 18, 1998**  
 4. **Place of Birth** (City, State, Country)      **Atlanta, Georgia, U.S.A.**  
 5. **Age at Death** (Years, Months, Days)      **74, 70**  
 6. **County of Death**      **Fulton**  
 7. **Marital Status**      **Widowed**  
 8. **Spouse's Name** (Last, First, Middle, Maiden Name)      **Edward Bailey**  
 9. **Place of Death** (City, State, Country)      **Atlanta, Georgia**  
 10. **Place of Birth** (City, State, Country)      **Atlanta, Georgia**  
 11. **Usual Occupation** (Give kind of work done during most of working life, even if retired)      **Clerk**  
 12. **Industry or Business**      **City Government**  
 13. **Was Decedent Ever in U.S. Armed Forces?** (Yes or No)      **No**  
 14. **Father's Name** (First, Middle, Last)      **Unknown**  
 15. **Mother's Maiden Name** (First, Middle, Last)      **Commonwood PL.**  
 16. **Informant's Name** (First, Middle, Last)      **Glover Amy Mattison**  
 17. **Mailing Address** (Street, R.F.D. No., City or Town, State, Zip)      **1480 F Terrell Mill Rd., Ste. 704 Marietta, GA 30067**  
 18. **Relationship**      **SON**  
 19. **Funeral Home** (Name, Address, City, State, Zip)      **Evergreen Memorial Park, Hobart, IN 46342, Lake County**  
 20. **Funeral Director** (Name, Address, City, State, Zip)      **Lowndes and McLane Funeral Home, 310 14th Street, N.W., Atlanta GA 30318**  
 21. **Embalmer** (Name, Address, City, State, Zip)      **H. Bernard Holston, Sr., 211 3676, Atlanta GA 30318**  
 22. **Immediate Cause** (Enter only one cause per line for A, B, and C)  
 A. **CERVICAL CANCER, METASTATIC**  
 B. **34 MONTHS**  
 C. **REMOVAL OF CERVICAR CA**  
 23. **Other Significant Conditions** (Contributing to death but not related to cause given in Part I.A.)      **NO**  
 24. **Autopsy** (Yes or No)      **NO**  
 25. **Removal of Cervix**  
 26. **Accident, Suicide, Homicide, Undetermined** (Specify)      **REMOVAL OF CERVICAR CA**  
 27. **Place of Injury** (Home, Farm, Street, Factory, Office, Etc.) (Specify)      **City Government**  
 28. **Hour of Death**      **0510 AM**  
 29. **Date and Place of Death**      **December 18, 1998, Atlanta, Georgia**  
 30. **Physician** (Name, Address, City, State, Zip)      **John W. Eley, M.D., 478 Peachtree St. Atlanta, GA 30308**  
 31. **Physician License No.**      **27050**  
 32. **Signature of Physician**      *John W. Eley*  
 33. **Signature of Informant**      *Glover Amy Mattison*  
 34. **Signature of Registrar**      *John W. Eley*  
 35. **Date Received**      **JAN 14 1999**

"CERTIFICATE OF RECORD"

THIS IS AN EXACT COPY OF THE DEATH CERTIFICATE RECEIVED FOR FILING IN FULTON COUNTY, GEORGIA.

*John W. Eley*  
 LOCAL CUSTODIAN  
 COUNTY OF FULTON, ATLANTA, GEORGIA

SIGNED BY: *Autman*  
 DATE: 1-14-99

CERTIFICATE OF DEATH/STATE OF GEORGIA

Birth Number: 042737 Local File Number: 3881 State File Number: 042737

TYPE OR PRINT IN PERMANENT BLACK OR BLUE-BLACK INK	1a. DECEASED		1b. DECEASED		1c. DECEASED		1d. DECEASED		1e. DECEASED		1f. DECEASED		1g. DECEASED		1h. DECEASED		1i. DECEASED		1j. DECEASED		1k. DECEASED		1l. DECEASED		1m. DECEASED		1n. DECEASED		1o. DECEASED		1p. DECEASED		1q. DECEASED		1r. DECEASED		1s. DECEASED		1t. DECEASED		1u. DECEASED		1v. DECEASED		1w. DECEASED		1x. DECEASED		1y. DECEASED		1z. DECEASED																																																																																																																																																		
	1a. DECEASED		1b. DECEASED		1c. DECEASED		1d. DECEASED		1e. DECEASED		1f. DECEASED		1g. DECEASED		1h. DECEASED		1i. DECEASED		1j. DECEASED		1k. DECEASED		1l. DECEASED		1m. DECEASED		1n. DECEASED		1o. DECEASED		1p. DECEASED		1q. DECEASED		1r. DECEASED		1s. DECEASED		1t. DECEASED		1u. DECEASED		1v. DECEASED		1w. DECEASED		1x. DECEASED		1y. DECEASED		1z. DECEASED																																																																																																																																																		
2. Beverly KENDRICK		3. Bailey		4. Female		5. February 10, 2005		6. Black		7. American		8. July 12, 1956		9. 48		10. DeKalb		11. Atlanta		12. Emory University Hospital		13. Emergency Room		14. IN/Lake		15. USA		16. Divorced		17. No		18. Legal Secretary		19. Law Firm		20. Georgia		21. DeKalb		22. Stone Mountain 30083		23. 1045 Strap Hinge Trail		24. No		25. Edward William Bailey		26. Henrietta Alexander		27. Jerome Bailey		28. 3324 Fieldwood Dr., Smyrna, GA 30080		29. Brother		30. Burial		31. Feb. 15, 2005		32. Kennedy Memorial Gardens		33. Ellenwood, GA 30294		34. DeKalb		35. H. Bernard Holston, Sr.		36. 3676		37. Donald Trimble Mortuary, Inc.		38. 1091		39. H. Bernard Holston, Sr.		40. 3242		41. Atlanta, GA 30316		42. Ruptured Intracerebral Aneurysm		43. NO		44. NO		45. NO		46. NO		47. NO		48. NO		49. NO		50. NO		51. NO		52. NO		53. NO		54. NO		55. NO		56. NO		57. NO		58. NO		59. NO		60. NO		61. NO		62. NO		63. NO		64. NO		65. NO		66. NO		67. NO		68. NO		69. NO		70. NO		71. NO		72. NO		73. NO		74. NO		75. NO		76. NO		77. NO		78. NO		79. NO		80. NO		81. NO		82. NO		83. NO		84. NO		85. NO		86. NO		87. NO		88. NO		89. NO		90. NO		91. NO		92. NO		93. NO		94. NO		95. NO		96. NO		97. NO		98. NO		99. NO		100. NO	

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; (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.

DECEASED

PARENTS

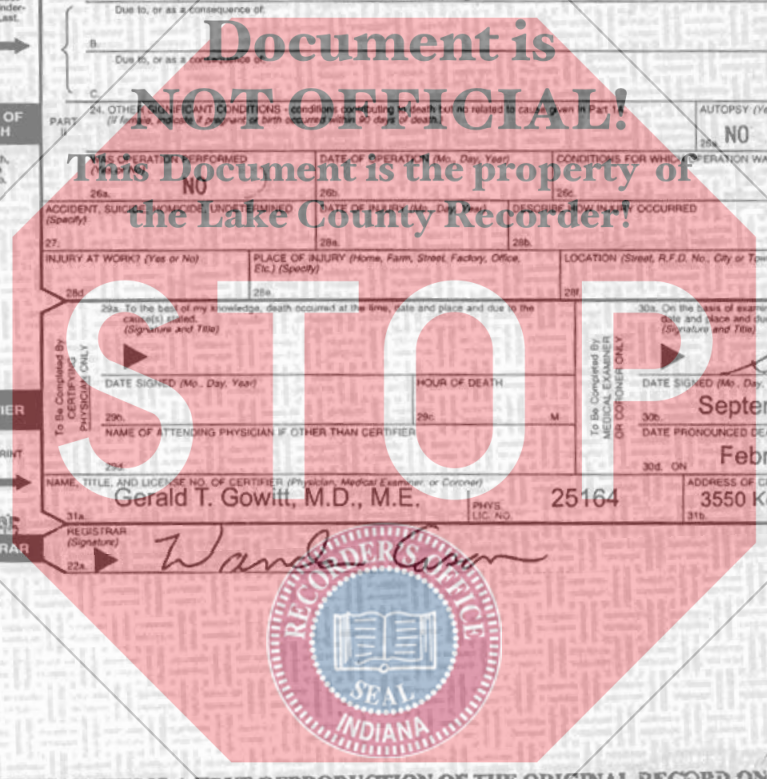
INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

REGISTRAR



THIS IS TO CERTIFY THAT THIS IS A TRUE REPRODUCTION OF THE ORIGINAL RECORD ON FILE WITH THE STATE OFFICE OF VITAL RECORDS, GEORGIA DEPARTMENT OF COMMUNITY HEALTH. THIS CERTIFIED COPY IS ISSUED UNDER THE AUTHORITY OF CHAPTER 31-10, CODE OF GEORGIA, AND 290-1-3 DPH RULES AND REGULATIONS.

*Gerald T. Gowitt*  
 STATE REGISTRAR AND CUSTODIAN  
 GEORGIA STATE OFFICE OF VITAL RECORDS

County Custodian: *Wanda Cason*  
 Issued by: *[Signature]*  
 Date Issued: **MAR 13 2014**

Any reproduction of this document is prohibited by statute. Do not accept unless embossed with a raised seal.

VOID IF ALTERED OR COPIED