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Deed Book 15341 Pg 2270  
Filed and Recorded May-31-2016 04:29pm  
2016-0062170  
Real Estate Transfer Tax \$0.00  
Georgia Intangible Tax Paid \$0.00

Return to:  
J. Christopher Miller, Esq.  
11800 Amber Park Drive, Suite 130  
Alpharetta, Georgia 30009

*Rebecca Keaton*  
Rebecca Keaton  
Clerk of Superior Court Cobb Cty. Ga.  
Cross-reference:  
Warranty Deed at  
Deed Book 14960 Page 3614

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**AFFIDAVIT OF SURVIVING JOINT TENANT**

STATE OF GEORGIA  
COUNTY OF FULTON

COMES BEFORE ME, the undersigned authority personally appeared this day, **PATRICIA D. WIESE**, of legal age, being first duly sworn, who deposes and says:

**WILLIAM LAWRENCE WIESE**, the decedent mentioned in the certified copy of Certificate of Death attached hereto as Exhibit A, is the same person as:

**WILLIAM LAWRENCE WIESE**, named as one of the parties in that certain Warranty Deed dated June 29, 2012, executed by Robert R. Smithmier and Kelli R. Smithmier, as Grantor, to William Lawrence Wiese and Patricia D. Wiese, as Joint Tenants with Right of Survivorship, as Grantee, recorded on July 10, 2012, in Deed Book 14960, Page 3614, Cobb County, Georgia Land Records, describing the following real property:

**ALL THAT TRACT OR PARCEL OF LAND LYING AND BEING IN LAND LOT 117 OF THE 16TH DISTRICT, 2ND SECTION, COBB COUNTY, GEORGIA BEING LOT 45, BLOCK A OF HAMPTON RIDGE SUBDIVISION, PHASE II, AS PER PLAT RECORDED IN PLAT BOOK 107, PAGE 20, COBB COUNTY GEORGIA RECORDS, WHICH PLAT IS INCORPORATED HEREIN BY REFERENCE AND MADE A PART HEREOF.**

Therefore be it resolved that **PATRICIA D. WIESE** is the sole and true owner of the above described property.

*[Signature]*  
Unofficial Witness

*Patricia D. Wiese* (SEAL)  
PATRICIA D. WIESE

Sworn and subscribed before me, this 19<sup>th</sup> day of May, 2016.

*Marianna Chast*  
Notary Public, State of Georgia  
My commission expires: 4/22/19  
[Notarial Seal]



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GEORGIA DEATH CERTIFICATE

State File Number 2018GA000020741

1 DECEDENT'S LEGAL FULL NAME (First, Middle, Last) WILLIAM LAWRENCE WIESE			1a IF FEMALE, ENTER LAST NAME AT BIRTH			2 SEX MALE		2a DATE OF DEATH (Mo., Day, Year) ACTUAL DATE OF DEATH 04/08/2016	
3 SOCIAL SECURITY NUMBER		4a AGE (Years) 72		4b UNDER 1 YEAR Mo: Days: Hours: Mins:		5 DATE OF BIRTH (Mo., Day, Year) 01/08/1944			
6 BIRTHPLACE OHIO		7a RESIDENCE - STATE GEORGIA		7b COUNTY COBB		7c CITY, TOWN MARIETTA			
7d STREET AND NUMBER 4440 ORMOND TRACE		7e ZIP CODE 30088		7f INSIDE CITY LIMITS? NO		8 ARMED FORCES? NO			
8a USUAL OCCUPATION INSURANCE AGENT			8b KIND OF INDUSTRY OR BUSINESS INSURANCE						
9 MARITAL STATUS MARRIED		10 SPOUSE NAME PATRICIA DULIN			11 FATHER'S FULL NAME (First, Middle, Last) WILLIAM LESTER WIESE				
12 MOTHER'S MAIDEN NAME (First, Middle, Last) MARJORIE CONGALTON		13a INFORMANT'S NAME (First, Middle, Last) PATRICIA WIESE			13b RELATIONSHIP TO DECEDENT SPOUSE				
13c MAILING ADDRESS 4440 ORMOND TRACE MARIETTA GEORGIA 30088				14 DECEDENT'S EDUCATION SOME COLLEGE CREDIT LEADING TO AN ASSOCIATE DEGREE					
15 ORIGIN OF DECEDENT (Italian, Mex., French, English, etc.) NO, NOT SPANISH/SPANIC/LATINO				16 DECEDENT'S RACE (White, Black, American Indian, etc.) (Specify) WHITE					
17a IF DEATH OCCURRED IN HOSPITAL				17b IF DEATH OCCURRED OTHER THAN HOSPITAL (Specify) DECEDENT'S HOME					
18 HOSPITAL OR OTHER INSTITUTION NAME (if not in other give street and no.) 4440 ORMOND TRACE			19 CITY, TOWN or LOCATION OF DEATH MARIETTA			20 COUNTY OF DEATH COBB			
21 METHOD OF DISPOSITION (specify) CREMATION		22 PLACE OF DISPOSITION LAKEVIEW FUNERAL HOME AND CREMATORY 121 CLAREMORE DRIVE WOODSTOCK GEORGIA 30188				23 DISPOSITION DATE (Mo., Day, Year) 04/11/2016			
24a EMBALMER'S NAME		24b EMBALMER LICENSE NO		25 FUNERAL HOME NAME GEORGIA FUNERAL CARE AND CREMATION SERVICES					
25a FUNERAL HOME ADDRESS 4871 S MAIN STREET ACWORTH GEORGIA 30101									
26a SIGNATURE OF FUNERAL DIRECTOR KEVIN MARCY				26b FUN DIR LICENSE NO 4364		AMENDMENTS			
27 DATE PRONOUNCED DEAD (Mo., Day, Year) 04/08/2016			28 HOUR PRONOUNCED DEAD 08:20 PM			29c DATE SIGNED 04/08/2016			
29a PRONOUNCER'S NAME VALERIE ANN BAZARIAN JONES				29b LICENSE NUMBER RN066417		29c DATE SIGNED 04/08/2016			
30 TIME OF DEATH 08:20 PM			31 WAS CASE REFERRED TO MEDICAL EXAMINER NO						
32 Part I Enter the chain of events, diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or vascular fibrillation without showing the etiology. DO NOT abbreviate.								Approximate interval between onset and death UNKNOWN	
IMMEDIATE CAUSE (Final disease or condition resulting in death) A MALIGNANT NEOPLASM OF THE BLADDER Due to, or as a consequence of B Due to, or as a consequence of C Due to, or as a consequence of D									
Part II Enter significant conditions contributing to death but not related to cause given in Part I A. If female, indicate if pregnant or birth occurred within 90 days of death			33 WAS AUTOPSY PERFORMED? NO			34 WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
35 TOBACCO USE CONTRIBUTED TO DEATH NO		36 IF FEMALE (range 10-54) PREGNANT NOT APPLICABLE			37 ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify) NATURAL			41 INJURY AT WORK? (Yes or No)	
38 DATE OF INJURY (Mo., Day, Year)		39 TIME OF INJURY		40 PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify)			41 INJURY AT WORK? (Yes or No)		
42 LOCATION OF INJURY (Street, Apartment Number, City or Town, State, Zip, County)									
43 DESCRIBE HOW INJURY OCCURRED						44 IF TRANSPORTATION INJURY			
45 To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated. Medical Certifier (Name, Title, License No.) SAMANTHA STOREY, MD, 068322						46 On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. Medical Examiner/Coroner (Name, Title, License No.)			
45a DATE SIGNED (Mo., Day, Year) 04/18/2016		45b HOUR OF DEATH 08:20 PM		46a DATE SIGNED (Mo., Day, Year)		46b HOUR OF DEATH			
47 NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH SAMANTHA STOREY 1244 PARK VISTA DRIVE NE ATLANTA GEORGIA 30318									
48 REGISTRAR (Signature) /s/ DONNA L. MOORE			49 DATE FILED - REGISTRAR (Mo., Day, Year) 04/18/2016						