

City of Smyrna - Annexation Application Form Check List

Using this checklist as a guide, please review application materials with applicant or representative before accepting application.

1. APPLICATION FORM

- Correct Application Form Used (for 60% method or 100% method as applicable)
- Original form with original signature(s), address(es) and telephone number(s) obtained
- Check to make certain all signatures can be read. If signature(s) is/are illegible, make certain the applicant names are typed or legibly printed near the corresponding signature. (the notation "L.S." on the form stands for *legal signature*)
- All legal owners of the property have signed the application form

2. LEGAL DESCRIPTION

- Legal description of the subject property accompanies application
- Ask the applicant or representative if an electronic copy of the legal description is available; if so, make arrangements for the electronic information to be furnished to either the Community Development Department or City Clerk's Office

3. SECTION 5 VOTING RIGHTS ACT QUESTIONNAIRE

- Completed *Section 5 Voting Rights Act Questionnaire* accompanies application

4. MAP OF PROPERTY TO BE ANNEXED

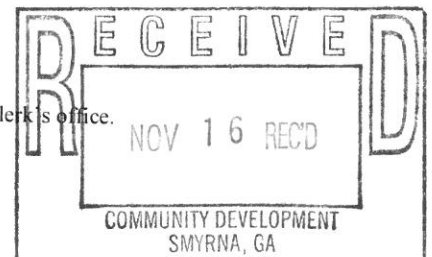
- A tax plat, map or other graphic representation of the subject parcel(s) accompanies the application

I have reviewed the annexation application with the applicant(s) and/or representative(s) and have found the submitted paperwork to be complete and in good order.

Deey Stankov
City staff member signature

11/16/2020
Date

This completed form should accompany annexation application materials submitted to the City Clerk's office.



City of Smyrna
Application for Annexation

We, the undersigned, who constitute one hundred percent (100%) of the owners of the land by acreage, as described below, which is unincorporated and contiguous to the City of Smyrna, hereby apply to have said area annexed into the City of Smyrna under the provisions of laws of the State of Georgia, said property being annexed being described as follows:

All that tract or parcel of land lying and being in Land Lot 685, 17th District, 2nd Section, Cobb County, Georgia, and being more particularly described on Exhibit "A" attached hereto and incorporated herein by reference.

WHEREFORE, THE UNDERSIGNED HEREBY APPLY FOR SUCH ANNEXATION.

T. R. Chastain
Owner's Printed Name
1285 Turner Church Road
McDonough, GA 30252 770-855-0247
Address Telephone#

Estate of Betty J. Chastain
Owner's Printed Name
1285 Turner Church Rd
McDonough, GA 30252 770-855-0247
Address Telephone#

T. R. Chastain *T. R. Chastain*
Witness the hands and seals of 100% of the record title holders of the land described above:

T. R. Chastain
Owner's Legal Signature/Date
T. R. Chastain
November 3rd, 2020

T. R. Chastain
Owner's Legal Signature/Date
T. R. Chastain
(Printed Name)

Executor of the Estate of Betty J. Chastain
November 3rd, 2020

LEGAL DESCRIPTION

1960 WATKINS ROAD

All that tract or parcel of land lying and being in Land Lot 685, 17th District, 2nd Section, Cobb County, Georgia and being more particularly described as follows:

To find the Point of Beginning, commence at a one inch crimp top pipe found at the intersection of the Southerly Right-of-Way Line of Watkins Road (having an apparent variable width right-of-way), and the Land Lot Line common to Land Lots 684 and 685; thence, leaving said point and the said right-of-way line and running with the said land lot line North 00° 08' 27" West, 36.05 feet to an iron pin set on the Northerly Right-of-Way Line of Watkins Road; thence, leaving the said land lot line and running with the said line North 56° 18' 53" East, 60.40 feet; thence, 85.02 feet along the arc of a curve deflecting to the right, having a radius of 234.20 feet and a chord bearing and distance of North 66° 42' 53" East, 169.46 feet to a ½ inch rebar found being the True Point of Beginning; thence, leaving said point and the said right-of-way of Watkins Road and running

1. North 77° 06' 53" East, 230.37 feet to an iron pin set; thence,
2. North 45° 48' 50" East, 69.35 feet to an iron pin set; thence,
3. South 41° 50' 11" East, 70.37 feet to a concrete right-of-way monument found on the Westerly Right-of-Way Line of Interstate 285 (Federal Aid Project I-285-I(22) 69); thence, running along the said line of Interstate 285; thence, running with the said line of Interstate 285
4. South 27° 08' 49" West, 241.74 feet to a bolt found; thence, leaving the aforesaid right-of-way line and running
5. North 51° 29' 35" West, 269.56 feet to the Point of Beginning, containing 37,324 square feet or 0.8568 of an acre of land, more or less.

Property is subject to all easements and rights of way recorded and unrecorded.

2020 SUBMISSION UNDER SECTION 5
OF THE VOTING RIGHTS ACT
FOR THE CITY OF SMYRNA, GEORGIA

Map Designation# _____ LL/Parcel# 17068500020
City Ward# 7 Census Tract# 313.13

Copies of annexation ordinance (council meeting minutes) are attached, marked:
Exhibit _____

Responsible body: Mayor and Council of the City of Smyrna
P.O. Box 1226
Smyrna, GA 30081
Telephone (770) 434-6600

*THIS SECTION TO BE COMPLETED BY APPLICANT. PLEASE BE SURE THIS
INFORMATION IS ACCURATE – IT WILL BE USED TO ESTABLISH EMERGENCY
SERVICE THROUGH OUR 911 SYSTEM.*

1. Is the property to be annexed vacant? Yes No
2. If NO, name of resident(s): Not Applicable
3. Complete street address: 1960 Watkins Road
4. Telephone Number Not Applicable
5. Number of registered voters before annexation: 0
Number and type of minorities or minority language groups: Not Applicable
6. Number of registered voters after annexation: 0
Number and type of minorities or minority language groups: Not Applicable
7. Use of property before annexation (i.e., vacant, business, residential): Vacant
8. Zoning classification before annexation: Heavy Industrial (Cobb County)
9. Use of property after annexation (i.e., vacant, business, residential). If residential, please state proposed number of dwelling units: Industrial
10. Zoning classification being requested (if any): Not Applicable LI
11. Effect of change on members of racial or minority groups: None
12. Total number of acres being annexed: 0.83

TerraMark
 PROFESSIONAL LAND SURVEYING
 C.A.S. 12599-0115
 Phone No. (770) 421-1212
 Fax No. (770) 421-1213
 Atlanta, Georgia 30328
 THE BOUNDARY SURVEYING, INC.

Station	Angle	Distance	Bearing
1+00	100° 00' 00"	100.00	N 00° 00' 00" E
1+01	90° 00' 00"	100.00	N 90° 00' 00" E
1+02	00° 00' 00"	100.00	N 00° 00' 00" E
1+03	270° 00' 00"	100.00	N 270° 00' 00" E
1+04	180° 00' 00"	100.00	N 180° 00' 00" E
1+05	90° 00' 00"	100.00	N 90° 00' 00" E
1+06	00° 00' 00"	100.00	N 00° 00' 00" E
1+07	90° 00' 00"	100.00	N 90° 00' 00" E
1+08	180° 00' 00"	100.00	N 180° 00' 00" E
1+09	270° 00' 00"	100.00	N 270° 00' 00" E
1+10	180° 00' 00"	100.00	N 180° 00' 00" E

BOUNDARY SURVEY
 FOUNDRY COMMERCIAL
 (1960 WATKINS ROAD)
 LOCATED IN
 17TH DISTRICT, 2ND SECTION
 COBB COUNTY, GEORGIA

SHEET NO.
 22
 DRAWING NO. 19-142

ABBREVIATIONS

AC	ASBESTOS CEMENT
AD	ADJUSTED
AL	ALUMINUM
AN	ANODIZED ALUMINUM
AP	APPROXIMATE
AR	ARCHITECTURAL
AS	ASBESTOS
AT	ASTM
AV	AVIATION
AW	AWNING
AX	AXIS
BA	BALANCE
BB	BALANCE
BC	BALANCE
BD	BALANCE
BE	BALANCE
BF	BALANCE
BG	BALANCE
BH	BALANCE
BI	BALANCE
BJ	BALANCE
BK	BALANCE
BL	BALANCE
BM	BALANCE
BN	BALANCE
BO	BALANCE
BP	BALANCE
BQ	BALANCE
BR	BALANCE
BS	BALANCE
BT	BALANCE
BU	BALANCE
BV	BALANCE
BW	BALANCE
BX	BALANCE
BY	BALANCE
BZ	BALANCE
CA	CALCULATED
CB	CALCULATED
CC	CALCULATED
CD	CALCULATED
CE	CALCULATED
CF	CALCULATED
CG	CALCULATED
CH	CALCULATED
CI	CALCULATED
CJ	CALCULATED
CK	CALCULATED
CL	CALCULATED
CM	CALCULATED
CN	CALCULATED
CO	CALCULATED
CP	CALCULATED
CQ	CALCULATED
CR	CALCULATED
CS	CALCULATED
CT	CALCULATED
CU	CALCULATED
CV	CALCULATED
CW	CALCULATED
CX	CALCULATED
CY	CALCULATED
CZ	CALCULATED
DA	DRAWN
DB	DRAWN
DC	DRAWN
DD	DRAWN
DE	DRAWN
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DV	DRAWN
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DX	DRAWN
DY	DRAWN
DZ	DRAWN
EA	ESTIMATED
EB	ESTIMATED
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EH	ESTIMATED
EI	ESTIMATED
EJ	ESTIMATED
EK	ESTIMATED
EL	ESTIMATED
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EN	ESTIMATED
EO	ESTIMATED
EP	ESTIMATED
EQ	ESTIMATED
ER	ESTIMATED
ES	ESTIMATED
ET	ESTIMATED
EU	ESTIMATED
EV	ESTIMATED
EW	ESTIMATED
EX	ESTIMATED
EY	ESTIMATED
EZ	ESTIMATED
FA	FIELD
FB	FIELD
FC	FIELD
FD	FIELD
FE	FIELD
FF	FIELD
FG	FIELD
FH	FIELD
FI	FIELD
FJ	FIELD
FK	FIELD
FL	FIELD
FM	FIELD
FN	FIELD
FO	FIELD
FP	FIELD
FQ	FIELD
FR	FIELD
FS	FIELD
FT	FIELD
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HW	HAND
HX	HAND
HY	HAND
HZ	HAND
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IJ	INDICATED
IK	INDICATED
IL	INDICATED
IM	INDICATED
IN	INDICATED
IO	INDICATED
IP	INDICATED
IQ	INDICATED
IR	INDICATED
IS	INDICATED
IT	INDICATED
IU	INDICATED
IV	INDICATED
IW	INDICATED
IX	INDICATED
IY	INDICATED
IZ	INDICATED
JA	JUNCTION
JB	JUNCTION
JC	JUNCTION
JD	JUNCTION
JE	JUNCTION
JF	JUNCTION
JG	JUNCTION
JH	JUNCTION
JI	JUNCTION
JJ	JUNCTION
JK	JUNCTION
JL	JUNCTION
JM	JUNCTION
JN	JUNCTION
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JX	JUNCTION
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LZ	LAND
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MB	MATERIAL
MC	MATERIAL
MD	MATERIAL
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MF	MATERIAL
MG	MATERIAL
MH	MATERIAL
MI	MATERIAL
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MK	MATERIAL
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MM	MATERIAL
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MR	MATERIAL
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MY	MATERIAL
MZ	MATERIAL
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NJ	NATURAL
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NL	NATURAL
NM	NATURAL
NO	NATURAL
NP	NATURAL
NQ	NATURAL
NR	NATURAL
NS	NATURAL
NT	NATURAL
NU	NATURAL
NV	NATURAL
NW	NATURAL
NX	NATURAL
NY	NATURAL
NZ	NATURAL
OA	OTHER
OB	OTHER
OC	OTHER
OD	OTHER
OE	OTHER
OF	OTHER
OG	OTHER
OH	OTHER
OI	OTHER
OJ	OTHER
OK	OTHER
OL	OTHER
OM	OTHER
ON	OTHER
OO	OTHER
OP	OTHER
OQ	OTHER
OR	OTHER
OS	OTHER
OT	OTHER
OU	OTHER
OV	OTHER
OW	OTHER
OX	OTHER
OY	OTHER
OZ	OTHER
PA	PAVEMENT
PB	PAVEMENT
PC	PAVEMENT
PD	PAVEMENT
PE	PAVEMENT
PF	PAVEMENT
PG	PAVEMENT
PH	PAVEMENT
PI	PAVEMENT
PJ	PAVEMENT
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PS	PAVEMENT
PT	PAVEMENT
PU	PAVEMENT
PV	PAVEMENT
PW	PAVEMENT
PX	PAVEMENT
PY	PAVEMENT
PZ	PAVEMENT
QA	QUALITY
QB	QUALITY
QC	QUALITY
QD	QUALITY
QE	QUALITY
QF	QUALITY
QG	QUALITY
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QN	QUALITY
QO	QUALITY
QP	QUALITY
QQ	QUALITY
QR	QUALITY
QS	QUALITY
QT	QUALITY
QU	QUALITY
QV	QUALITY
QW	QUALITY
QX	QUALITY
QY	QUALITY
QZ	QUALITY
RA	RANGE
RB	RANGE
RC	RANGE
RD	RANGE
RE	RANGE
RF	RANGE
RG	RANGE
RH	RANGE
RI	RANGE
RJ	RANGE
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RO	RANGE
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RR	RANGE
RS	RANGE
RT	RANGE
RU	RANGE
RV	RANGE
RW	RANGE
RX	RANGE
RY	RANGE
RZ	RANGE
SA	SECTION
SB	SECTION
SC	SECTION
SD	SECTION
SE	SECTION
SF	SECTION
SG	SECTION
SH	SECTION
SI	SECTION
SJ	SECTION
SK	SECTION
SL	SECTION
SM	SECTION
SN	SECTION
SO	SECTION
SP	SECTION
SQ	SECTION
SR	SECTION
SS	SECTION
ST	SECTION
SU	SECTION
SV	SECTION
SW	SECTION
SX	SECTION
SY	SECTION
SZ	SECTION
TA	TAX
TB	TAX
TC	TAX
TD	TAX
TE	TAX
TF	TAX
TG	TAX
TH	TAX
TI	TAX
TJ	TAX
TK	TAX
TL	TAX
TM	TAX
TO	TAX
TP	TAX
TQ	TAX
TR	TAX
TS	TAX
TT	TAX
TU	TAX
TV	TAX
TW	TAX
TX	TAX
TY	TAX
TZ	TAX
UA	UTILITY
UB	UTILITY
UC	UTILITY
UD	UTILITY
UE	UTILITY
UF	UTILITY
UG	UTILITY
UH	UTILITY
UI	UTILITY
UJ	UTILITY
UK	UTILITY
UL	UTILITY
UM	UTILITY
UN	UTILITY
UO	UTILITY

GEORGIA DEATH CERTIFICATE

A. BIRTH CERTIFICATE NUMBER

B. STATE FILE NUMBER

1. DECEDENT'S LEGAL FULL NAME (FIRST, MIDDLE, LAST) Betty Jean Chastain		1a. LAST NAME AT BIRTH (IF FEMALE) Hall		2a. SEX Female		2b. DATE OF DEATH (MO/DAY/YR) 11/16/2012			
3. SOCIAL SECURITY NUMBER 254-56-3497		4a. AGE (YEARS) 74		4b. UNDER 1 YEAR MONTHS _____ DAYS _____		4c. UNDER 1 DAY HOURS _____ MINUTES _____			
6. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Austell, Ga		7a. STREET AND NUMBER OF RESIDENCE 3011 Millerbottom Rd.		7b. ZIP CODE 30052		7c. CITY OR TOWN OF RESIDENCE Loganville			
7d. COUNTY OF RESIDENCE Rockdale		7e. STATE OF RESIDENCE GA		7f. COUNTRY USA		7g. INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
8a. OCCUPATION Supervisor		8b. NATURE OF BUSINESS Tool Manufacturing		8c. EMPLOYER Kentec Die Company		8. ARMED FORCES <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
9. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed		10. SPOUSE'S NAME (IF WIFE, GIVE NAME PRIOR TO FIRST MARRIAGE) Talmadge Roosevelt Chastain		11. FATHER'S NAME (FIRST, MIDDLE, LAST) William Ernest Hall		14a. INFORMANT'S NAME (FIRST, MIDDLE, LAST) Talmadge Roosevelt Chastain			
12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST) Lillie Irene Hardin		13. DECEDENT'S EDUCATION (HIGHEST LEVEL) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade; no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, Med, MSW) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or professional degree (e.g., MD, DDS, DVM, LLB, JD) <input type="checkbox"/> Unknown		14b. RELATIONSHIP TO DECEDENT Spouse		14c. MAILING ADDRESS (STREET AND NUMBER, CITY, COUNTY, STATE, ZIP CODE) 3011 Millerbottom Rd., Loganville, Rockdale, GA 30052		16. DECEDENT'S RACE <input checked="" type="checkbox"/> White <input type="checkbox"/> Japanese <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Black/African American <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian/Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other Asian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown	
15. HISPANIC ORIGIN <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (specify) _____ <input type="checkbox"/> Unknown		17a. IF DEATH OCCURRED IN HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival		17b. IF DEATH OCCURRED OTHER THAN HOSPITAL <input checked="" type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other <input type="checkbox"/> Unknown		18. FACILITY NAME At Home Healthcare & Hospice			
19. FACILITY ADDRESS (STREET AND NUMBER, CITY, STATE, ZIP CODE) 1374 Manchester Drive, Conyers, GA 30012		20. COUNTY OF DEATH Rockdale		21. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Removal from State <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Other		22. PLACE OF DISPOSITION (NAME AND COMPLETE ADDRESS) The Crematorium @ Professional Cremation Services 5754-A Harrison Ave. Austell, GA 30106			
23. DATE OF DISPOSITION (MO/DAY/YR) 11/19/2012		24a. EMBALMER'S NAME & CERTIFIED INITIALS Not Embalmed		24b. LICENSE NUMBER		25. FUNERAL HOME NAME Airport Mortuary Shipping Services			
25a. FUNERAL HOME ADDRESS (STREET AND NUMBER, CITY, COUNTY, STATE, ZIP CODE) 744 S. Central Ave., Atlanta, Fulton, GA 30354		26. FUNERAL DIRECTOR'S NAME (PRINT) Dennis Dollar		26a. SIGNATURE OF FUNERAL DIRECTOR		26b. LICENSE NUMBER 3597			
27. DATE PRONOUNCED DEAD (MO/DAY/YR) 11/16/2012		28. TIME PRONOUNCED DEAD 12:00 am		29a. PRONOUNCER'S NAME AND TITLE (PRINT) Shannon Parham, RN		29b. PRONOUNCER'S LICENSE NUMBER RN 212028			
30. ACTUAL OR PRESUMED TIME OF DEATH 12:00 am		31. 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 ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) Cardio Pulmonary Failure Due to, or as a consequence of Stroke Due to, or as a consequence of Hypertension		Approximate interval between onset and death unknown unknown unknown		Part II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I.			
32. WAS AUTOPSY PERFORMED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		33. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		33a. WAS AN INJURY OF ANY KIND INDICATED IN THE CAUSE OF DEATH FOR PART I OR PART II WITH THE DECEDENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		34. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
35. TOBACCO USE CONTRIBUTE TO DEATH <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably		36. IF FEMALE <input type="checkbox"/> Not Applicable <input type="checkbox"/> Not pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at the time of death		37. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Could not be determined <input type="checkbox"/> Pending investigation <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide		38. DATE OF INJURY (MO/DAY/YR)			
39. TIME OF INJURY		40. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, wooded area)		41. INJURY AT WORK <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		42. LOCATION OF INJURY STREET AND NUMBER CITY STATE COUNTY ZIP CODE			
43. DESCRIBE HOW INJURY OCCURRED		44. IF TRANSPORTATION INJURY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other		45. To the best of my knowledge death occurred at the time, date, place, and cause(s) stated. Medical Certifier (Name, Title, License No.) C. Bato Amu, MD 026967		46. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place, and due to the cause(s) stated. Medical Examiner/Coroner (Name, Title, License No.)			
45a. DATE SIGNED (MO/DAY/YR) 11-28-12		45b. HOUR OF DEATH 12:00 am		46a. DATE SIGNED (MO/DAY/YR)		46b. HOUR OF DEATH			
47. PERSON COMPLETING CAUSE OF DEATH (NAME, ADDRESS, COUNTY, ZIP CODE) C. Bato Amu, MD		48. REGISTRAR SIGNATURE (PRINT AND SIGN) Debra K. Bryant		49. DATE FILED (REGISTRAR) (MO/DAY/YR) November 30, 2012		49. DATE FILED (REGISTRAR) (MO/DAY/YR)			

This certificate does not constitute a certified copy without the appropriate certification on the back.

**This is a copy of the Death Certificate received for filing in
Rockdale County.**

County Custodian _____

James B. Best

Issued by: _____

Delma K. Bryant

Date Issued: _____

November 30, 2012

**LAST WILL AND TESTAMENT
OF
BETTY JEAN CHASTAIN**

Dated: February 15, 2007

Prepared by:

Cindy S. Stacey, Esq.
915 Center Street
Conyers, GA 30012
(770) 922-0081

LAST WILL AND TESTAMENT

OF

BETTY JEAN CHASTAIN

I, Betty Jean Chastain, a resident of and domiciled in Rockdale County, Georgia, make, publish and declare this to be my Last Will and Testament, revoking all wills and codicils at any time heretofore made by me.

FIRST: I direct that the expenses of my last illness and funeral, the expenses of the administration of my estate, and all estate, inheritance and similar taxes payable with respect to property included in my estate, whether or not passing under this will, and any interest or penalties thereon, shall be paid out of my residuary estate, without apportionment and with no right of reimbursement from any recipient of any such property.

SECOND: (a) I give all tangible personal property owned by me at the time of my death, including without limitation personal effects, clothing, jewelry, furniture, furnishings, household goods, automobiles and other vehicles, together with all insurance policies relating thereto, to my husband Talmadge Roosevelt Chastain, if he survives me. If he does not survive me, all such property shall be sold and the proceeds of the sale shall be divided equally among my then living children, with an equal share, per stirpes, for the then living lineal descendants of a deceased child of mine. (b) I give all interest I may have in any real property at the time of my death to my husband Talmadge Roosevelt Chastain, if he survives me. If he does not survive me, all such property shall be sold and the proceeds of the sale shall be divided equally among my then living children, with an equal share, per stirpes, for the then living lineal descendants of a deceased child of mine.

THIRD: I hereby confirm my intention that the beneficial interest in all property, real, personal or mixed, tangible or intangible (including joint checking or savings accounts) which is registered or held, at the time of my death, jointly in the names of myself and any other person or persons (excluding any tenancy in common), shall pass by right of survivorship or operation of law and outside of the terms of this will to such person or persons, if he, she or they shall survive me. To the extent that my intention may be defeated by any law or rule of court, I hereby give, devise and bequeath all such beneficial interest in all such jointly held property to such other person or persons who shall survive me.

FOURTH: I give all the rest, residue and remainder of my property and estate, both real and personal, of whatever kind and wherever located, that I own or to which I shall be in any manner entitled at the time of my death (collectively referred to as my "residuary estate"), as follows:

(a) If my husband Talmadge Roosevelt Chastain survives me, to my husband outright.

→ (b) If my husband does not survive me, then to those of my children who survive me and to the issue who survive me of those of my children who predecease me, in equal shares per stirpes.

→ (c) If my husband does not survive me and there shall be no issue of mine then living, I give my residuary estate to those who would take from me as if I were then

EXPLAIN ?

to die without a will, unmarried and the absolute owner of my residuary estate, and a resident of the State of Georgia.

FIFTH: I appoint my husband Talmadge Roosevelt Chastain to be my Executor. If he shall decline to serve, or for any reason cannot serve, or after having qualified dies, resigns or becomes incapacitated, I appoint Donna Lynn Sherwood and Tony Randall Chastain as co-executors. I direct that no Executor shall be required to file or furnish any bond, surety or other security in any jurisdiction. No Executor shall be required to file or furnish any inventory or to file or furnish any account of their proceedings or of the property which may come into their possession. Nothing herein, however, shall be construed as limiting the right of my Executor to seek a judicial settlement of any account. My Executor shall maintain proper books and records reflecting all income, disbursements and other transactions of my estate, and shall make such books and records accessible to the beneficiaries hereunder and other parties having an interest in my estate, at reasonable times after notice.

SIXTH: Whenever my Executor is directed to distribute any property in fee simple to a person who has not attained twenty-one (21) years of age, the Executor shall continue to hold the share of such person in trust as trustee for such person until he or she becomes twenty-one (21) years of age, and in the meantime shall use such part of the income or corpus of the share of such person as said Executor shall deem necessary to provide for the proper support and education of such person to include college, postgraduate and professional education and technical and vocational training. In the event such person dies prior to attaining age twenty-one (21), the property remaining in his or her share shall be distributed to such person's personal representative as a part of his or her estate.

SEVENTH: I grant to my Executor all powers conferred on executors under Official Code of Georgia Annotated Section 53-12-232, as amended, or any successor thereto, and all powers conferred upon executors wherever my Executor may act. I also grant to my Executor power to retain, sell at public or private sale, exchange, grant options on, invest and reinvest, and otherwise deal with any kind of property, real or personal, for cash or on credit; to borrow money and encumber or pledge any property to secure loans; to exercise all powers of an absolute owner of property; to compromise and release claims with or without consideration; and to employ attorneys, accountants and other persons for services or advice. The term "Executor" wherever used herein shall mean the executors, executor, executrix or administrator in office from time to time.

IN WITNESS WHEREOF, I, Betty Jean Chastain, sign, seal, publish and declare this instrument as my last will and testament this _____ day of February, 2007.

Betty Jean Chastain
Betty Jean Chastain

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The foregoing instrument was signed, sealed, published and declared by Betty Jean Chastain, the above-named Testatrix, to be her last will and testament in our presence, all being present at the same time, and we, at her request and in her presence and in the presence of each other, have subscribed our names as witnesses on the date above written.

Elysebeth R. Anderson

residing at

670 James Court
Conyers, IA 3036

Candy S. Stacy

residing at

915 Center St.
Conyers, GA 30012

AFFIDAVIT

STATE OF GEORGIA, COUNTY OF ROCKDALE, ss.

Before me, the undersigned authority, on this day personally appeared Betty Jean Chastain and Elizabeth R. Anderson, Cindy S. Stacey and

, known to me to be the Testatrix and the witnesses, respectively, whose names are subscribed to the annexed or foregoing instrument in their respective capacities, and, all of said persons being by me duly sworn, the said Betty Jean Chastain, Testatrix, declared to me and to the said witnesses in my presence that said instrument is her last will and testament, and that she had willingly made and executed it as her free and voluntary act and deed for the purposes therein expressed; and the said witnesses, each on their own oath stated to me, in the presence and hearing of the said Testatrix, that the said Testatrix had declared to them that said instrument is her last will and testament, and that she executed same as such in their presence, and she wanted each of them to sign it as a witness; and upon their oaths each witness stated further that they did sign the same as witnesses in the presence of the said Testatrix and at her request; that the said Testatrix was at the time at least 14 years of age, and was of sound mind and under no constraint, duress, fraud or undue influence; and that each of said witnesses was then at least 14 years of age.

Betty Jean Chastain
Betty Jean Chastain
Testatrix

Cindy S. Stacey
Witness

Elizabeth R. Anderson
Witness

Subscribed, sworn to and acknowledged before me by the said Betty Jean Chastain, Testatrix, and subscribed and sworn to before me by the said

as witnesses, this 15th day of February, 2007.

Sandra J. Bonner
Notary Public

My commission expires on

Notary Public, Newton County, Georgia
My Commission Expires Feb 6, 2009

FIRST CODICIL
TO
THE LAST WILL AND TESTAMENT
OF
BETTY JEAN CHASTAIN

STATE OF GEORGIA

COUNTY OF NEWTON

I, **BETTY JEAN CHASTAIN**, of Rockdale County, State of Georgia, did on the 15th day of February, 2007, sign, seal, declare, and publish my Last Will and Testament in the presence of Elizabeth R. Anderson and Cindy S. Stacey, who signed the said Last Will and Testament as witnesses.

I make and publish this First Codicil to my Last Will and Testament and also republish all the terms of my Last Will and Testament which are not in conflict with this First Codicil.

I hereby amend my Last Will and Testament by deleting the text of the Second paragraph in its entirety dealing with the distribution of my personal and real property that I may own at the time of my death and substituting in lieu thereof a new text to the Second paragraph that will read as follows:

SECOND

(a) I give, bequeath and devise all of my property, real, personal and mixed, of every nature and character, and wherever located, (but not including any property over which I may have the power of disposition or appointment), to my husband, **TALMADGE ROOSEVELT CHASTAIN**, if he survives me.

(b) If my husband, **TALMADGE ROOSEVELT CHASTAIN**, fails to survive me, then such property shall be distributed as hereinafter provided:

(1) One-third (1/3) of such property shall be distributed to my son, **TONY RANDALL CHASTAIN**, if he survives me. If my son, **TONY RANDALL CHASTAIN**, fails to survive me, then such property shall be distributed to his descendants who survive me, per stirpes, if any, and if none, then such property shall be equally added

Initials BJC

to the other shares as originally set out in this Second paragraph and distributed in accordance with such provisions.

(2) One-third (1/3) of such property shall be distributed to my son, **DANNY LEE CHASTAIN**, if he survives me. If my son, **DANNY LEE CHASTAIN**, fails to survive me, then such property shall be distributed to his descendants who survive me, per stirpes, if any, and if none, then such property shall be equally added to the other shares as originally set out in this Second paragraph and distributed in accordance with such provisions.

(3) One-third (1/3) of such property shall be distributed to my granddaughter, **AMBER NICOLE HAGER**, if she survives me. If my granddaughter, **AMBER NICOLE HAGER**, fails to survive me, then such property shall be distributed to her descendants who survive me, per stirpes, if any, and if none, then such property shall be equally added to the other shares as originally set out in this Second paragraph and distributed in accordance with such provisions.

I hereby amend my Last Will and Testament by deleting the text of the Fourth paragraph in its entirety dealing with the distribution of my personal and real property that I may own at the time of my death and substituting in lieu thereof a new text to the Fourth paragraph that will read as follows:

FOURTH

If at the time of my death, all of the beneficiaries herein named or described should die and there should be no beneficiary to take the property therefrom, then the property remaining shall be distributed to the persons who would have been entitled thereto under the laws of descent and distribution of the State of Georgia as if I had died intestate at such time owning such property in fee simple.

I hereby amend my Last Will and Testament by deleting the text of the Fifth paragraph in its entirety dealing with the appointment of my Executor and Successor Co-Executors and substituting in lieu thereof a new text to the Fifth paragraph that will read as follows:

FIFTH

(a) I hereby name, constitute and appoint my husband, **TALMADGE ROOSEVELT CHASTAIN**, as Executor of this my Last Will and Testament.

Initials BJC

(b) If my husband, **TALMADGE ROOSEVELT CHASTAIN**, should die, or for any other reason fail or cease to serve as Executor hereunder, then I hereby name, constitute and appoint my granddaughter, **AMBER NICOLE HAGER**, and my son, **TONY RANDALL CHASTAIN**, to serve as Co-Successor Executors hereunder.

(c) No successor fiduciary shall be required to inquire into or audit the acts or doings of any other fiduciary serving hereunder or to make any claim against them or their estates.

(d) My successor fiduciaries shall have and may exercise any and all of the powers, privileges, immunities and exemptions herein conferred on my Executor as fully and to the same extent as if any such successor fiduciary had originally been named Executor herein.

(e) No Executor shall be required to file any inventory or appraisal or give any bond or make any return to the Probate Court or any other court.

I hereby further amend my Last Will and Testament by adding a new paragraph. Said new paragraph will read as follows:

EIGHTH

I have intentionally made no provisions in my Will for my daughter, **DONNA LYNN SHERWOOD**, for reasons best known to her.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal to this First Codicil to my Last Will and Testament, this 10 day of June, 2010.

Betty Jean Chastain (SEAL)
BETTY JEAN CHASTAIN

The foregoing instrument was signed, sealed, declared, and published by **BETTY JEAN CHASTAIN** as a First Codicil to her Last Will and Testament, in the presence of us and each of us, and we at the same time, at her request, in her presence, and in the presence of each other, have hereunto subscribed our names as attesting witnesses the day and year above set forth.

W. J. Pope
Angie [unclear]

STATE OF GEORGIA

COUNTY OF NEWTON

Before me, the undersigned authority, on this day personally appeared **BETTY JEAN CHASTAIN** known to me to be the testator, and the witnesses, respectively, whose names are subscribed to the annexed or foregoing instrument in their respective capacities, and, all of said persons being by me duly sworn, **BETTY JEAN CHASTAIN**, testator, declared to me and to the said witnesses in my presence that said instrument is her First Codicil to her last will and testament and that she had willingly made and executed it as her free act and deed for the purposes therein expressed. The witnesses, each on their oath, stated to me in the presence and hearing of the testator that the testator had declared to them that the instrument is her First Codicil to her last will and testament and that she executed same as such and wanted each of them to sign it as a witness; and upon their oath each witness stated further that they did sign the same as witness in the presence of the testator and at her request; and she was at that time fourteen (14) years of age or over and was of sound mind; and that each of said witnesses was then at least fourteen (14) years of age.

Betty Jean Chastain
Testator

Liz J. Pope
Witness

Angie Morin
Witness

Sworn to and subscribed before me by **BETTY JEAN CHASTAIN**, testator, and sworn to and subscribed before me by Liz J. Pope, and Angie Morin, witnesses, this 10th day of June, 2010.



Elizabeth Brown
Notary Public