

RALPH DAVID JOHNSON and DEWAYNE D. JOHNSON

TO: QUITCLAIM DEED

BETTY M. JOHNSON

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00) cash in hand paid, and other good and valuable considerations, the receipt of all of which is hereby acknowledged, We, RALPH DAVID JOHNSON and DEWAYNE D. JOHNSON, do hereby convey and quitclaim unto our mother, BETTY M. JOHNSON, all of our right, title, claim and interest in and to the land lying and being situated in DeSoto County, Mississippi described as follows, to-wit:

Lot 1, John M. Cole, Jr., Subdivision situated in Section 28, Township 2 South, Range 6 West, DeSoto County, Mississippi as per plat recorded in Plat Book 1, Page 27, Chancery Clerk's Office, DeSoto County, Mississippi, less and except: portion of property conveyed to George T. Johnson, et ux as recorded in Warranty Deed Book 125, Page 589, Chancery Clerk's Office, DeSoto County, Mississippi.

Grantor herein recites that their father, Ralph R. Johnson, died intestate on October 21, 1992 in DeSoto County, Mississippi, as evidenced by death certificate attached hereto as Exhibit "A" and that at the time of his death his sole and only heirs at law were his wife, Betty M. Johnson (Grantee) and his sons, Ralph David Johnson and Dewayne D. Johnson (Grantors) as evidenced by Affidavit of Heirship attached hereto and incorporated herein by reference.

WITNESS our signatures, this the 13<sup>th</sup> day of March, 2003.

Ralph David Johnson  
RALPH DAVID JOHNSON

Dewayne D. Johnson  
DEWAYNE D. JOHNSON

STATE MS.-DESOTO CO.  
FILED  
MAR 25 11 18 AM '03

STATE OF MISSISSIPPI  
COUNTY OF DeSoto

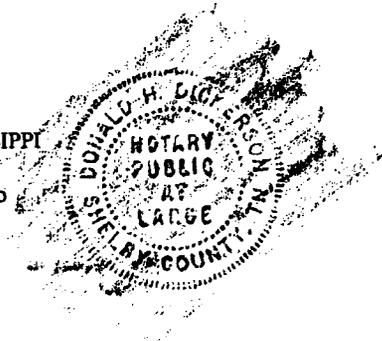
BK 440 PG 382  
W.E. DAVIS CH. CLK.

This day personally appeared before me, the undersigned authority in and for said County and State, on this 13 day of March, 2003, within my jurisdiction, the within named, RALPH DAVID JOHNSON, who acknowledged to me that he executed the above and foregoing Quitclaim Deed for the purpose therein mentioned.

Donald H. Dickson  
NOTARY PUBLIC

MY COMMISSION EXPIRES: MY COMMISSION EXPIRES JUNE 07, 2006

STATE OF MISSISSIPPI  
COUNTY OF DeSoto



This day personally appeared before me, the undersigned authority in and for said County and State, on this 13 day of March, 2003, within my jurisdiction, the within named, DEWAYNE D. JOHNSON, who acknowledged to me that he executed the above and foregoing Quitclaim Deed for the purpose therein mentioned.

Donald H. Dickson

MY COMMISSION EXPIRES MY COMMISSION EXPIRES JUNE 07, 2004

Grantor's Address:  
8951 Cole Rd  
Olive Branch MS 38654  
Home Phone # 895 2466  
Work Phone # NONE

Grantee's Address:  
8951 Cole Rd  
Olive Branch MS 38654  
Home Phone # 895 2466  
Work Phone # NONE



PREPARED BY AND RETURN TO:  
JAMES E. WOODS  
WATKINS LUDLAM WINTER & STENNIS, P.A.  
P.O. BOX 1456, OLIVE BRANCH, MS 38654  
(662) 895-2996

99761 - Betty M. Johnson

# STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH

BY ORDER OF THE BOARD OF HEALTH  
NOV 19 1992

**EXHIBIT**

A

## CERTIFICATE OF DEATH

FILE OR PRINT IN BLACK INK	FILING DATE <b>NOV 18 1992</b>	STATE FILE NUMBER <b>123-</b>	
DECEASED	1. NAME: First <b>Ralph</b> , Middle <b>Randolph</b> , Last <b>Johnson</b>		2. SEX: <b>Male</b>
Date and place of death occurred in institution, see HANDBOOK, regarding completion of CERTIFICATE items	3a. HOUR OF DEATH: <b>7:16P m.</b>		3b. DATE OF DEATH (Month, Day, Year): <b>Oct. 21, 1992</b>
RESIDENCE items: actual location and other than mailing address	4. RACE (Specify White, Black, American Indian, etc.): <b>White</b>		5a. AGE AT LAST BIRTHDAY: <b>60</b> Years
	5b. MOS: <b>12</b> (1-4, 5+)		5c. DAYS: <b>17-8</b>
	5d. HOURS: <b>12</b>		5e. MINS: <b>12</b>
	6. DATE OF BIRTH (Month, Day, Year): <b>Aug. 23, 1932</b>		7a. COUNTY OF DEATH: <b>DeSoto</b>
	7b. CITY OR TOWN OF DEATH: <b>Southaven</b>		7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (if not in either, give street address, route number or other location): <b>Baptist DeSoto Hospital 17-8</b>
	7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA: <b>EMER</b>		8. STATE OF BIRTH: <b>MS</b>
	9. DECEDENT'S EDUCATION (Specify only highest grade completed): <b>Elem/High School, College</b>		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): <b>Married</b>
	11. SURVIVING SPOUSE (If wife, give maiden name): <b>Betty Jane Moore</b>		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No): <b>Yes</b>
	13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.): <b>American</b>		14. SOCIAL SECURITY NUMBER: <b>15a. USUAL OCCUPATION (Kind of work done most of working life): <b>Installer-Repairman</b></b>
	15b. KIND OF BUSINESS OR INDUSTRY: <b>Telephone</b>		
	16a. RESIDENCE—STATE: <b>MS</b>	16b. COUNTY: <b>DeSoto</b>	16c. CITY OR TOWN: <b>Olive Branch</b>
	16d. INSIDE CITY LIMITS (Specify Yes or No): <b>no</b>		16e. STREET AND NUMBER OR RURAL LOCATION: <b>8951 Cole Road</b>
	17. FATHER—NAME: First <b>Melvin</b> , Middle <b>George</b> , Last <b>Johnson</b>		18. MOTHER—NAME: First <b>Sarah</b> , Middle <b>Catherine</b> , Maiden <b>Allison</b>
	19a. INFORMANT—NAME (Type or print): <b>Betty Jane Johnson</b>		19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code): <b>8951 Cole Rd. Olive Branch, MS 38654</b>
	20a. BURIAL, CREMATION, REMOVAL (Specify): <b>Burial</b>		20b. CEMETERY, CREMATORY—NAME: <b>Lebanon Cemetery</b>
	20c. LOCATION (City and State): <b>Olive Branch, MS</b>		21a. EMBALMER—SIGNATURE AND NUMBER: <b>James A. [Signature] FS387</b>
	21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER: <b>Brantley Funeral Home 17R</b>		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code): <b>6875 Cockrum Olive Branch, MS 38654</b>
	22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print): <b>Dr. Lee Grimm M.D.</b>		22b. PRONOUNCED DEAD (Month, Day, Year): <b>10/21/1992</b>
	22c. PRONOUNCED DEAD (Hour): <b>7:16p m</b>		
	23a. CERTIFIER—NAME (Type or print): <b>Jeffery Pounders</b>		23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code): <b>4942 Pounders Rd. Nesbit, Ms. 38651</b>
	24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE: <b>[Signature]</b> MD		24b. DATE SIGNED (Month, Day, Year): <b>11/09/1992</b>
	24c. STATE LICENSE NUMBER: <b>[Blank]</b>		24d. TITLE: <b>DeSoto CMEI</b>
	24e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print): <b>[Blank]</b>		24f. DATE SIGNED (Month, Day, Year): <b>11/09/1992</b>
	25. PART I: IMMEDIATE CAUSE (Enter one cause only): <b>COPD</b>		Interval between onset and death: <b>[Blank]</b>
	(a) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): <b>[Blank]</b>		Interval between onset and death: <b>[Blank]</b>
	(b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): <b>[Blank]</b>		Interval between onset and death: <b>[Blank]</b>
	(c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): <b>[Blank]</b>		Interval between onset and death: <b>[Blank]</b>
	26. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I: <b>[Blank]</b>		27. AUTOPSY (Yes or No): <b>NO</b>
	28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No): <b>Yes</b>		
	29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify): <b>[Blank]</b>		29b. DATE OF INJURY (Month, Day, Year): <b>[Blank]</b>
	29c. HOUR OF INJURY: <b>[Blank]</b>		29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED: <b>[Blank]</b>
	29e. INJURY AT WORK (Yes or No): <b>[Blank]</b>		29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.): <b>[Blank]</b>
	29g. LOCATION: <b>[Blank]</b>		Street or route number: <b>[Blank]</b>
	City or town: <b>[Blank]</b>		State: <b>[Blank]</b>

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

*Alton B. Cobb, M.D.*  
Alton B. Cobb, M.D.  
STATE HEALTH OFFICER

November 19, 1992

*David Lohrsch*  
David Lohrsch  
STATE REGISTRAR

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Exhibit B

BK0440PG0385

MISSISSIPPI VALLEY TITLE INSURANCE COMPANY  
AND  
OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY

HEIRSHIP AFFIDAVIT

(Heirship of Ralph R. Johnson Deceased)

STATE OF Mississippi  
COUNTY OF DeSoto } SS.

Sadie Elow Hamm, of lawful age,

being first duly sworn, upon his oath deposes and says:

That he was personally well acquainted with the above named decedent, during his lifetime, having known him for 50 years, and that affiant bears the following relationship to the said decedent, to wit: family friend;

Affiant further states that the said decedent departed this life at Baptist Hospital, in DeSoto County, State of Mississippi, on or about Oct. 21, 19 92, being 60 years old at the date of his death.

Affiant further states that he was well acquainted with the family and near relatives of the said decedent, and with all those who would under the laws of the State of Mississippi, be his heirs, and that the following statements and the answers to the following named questions are based upon the personal knowledge of affiant and are true and correct:

QUESTION 1 - Did the decedent leave a will? ANSWER: NO

QUESTION 2 - If so, has the will been admitted to probate - at what place, and when? ANSWER: \_\_\_\_\_

QUESTION 3 - Has an administrator been appointed for the estate of said deceased?  
ANSWER: \_\_\_\_\_

QUESTION 4 - If so, give the County in which the said administration proceedings are pending, and the name and address of the administrator.  
ANSWER: \_\_\_\_\_

QUESTION 5 - Give the name and address of the surviving widow or widower of decedent.  
ANSWER: Name Betty J. Johnson Address 8951 Cole Rd  
Olive Branch, MS  
If not living, state date of death \_\_\_\_\_

QUESTION 6 - If the decedent was married more than once, give the name of the former husband or wife, and state whether said former spouse is dead or divorced.  
ANSWER: \_\_\_\_\_

QUESTION 7 - On the blank lines below, give the names and places of residence of all the surviving children of deceased, together with the other information called for:  
ANSWER: (Give names of surviving children only)

NAME OF CHILD	DATE OF BIRTH	IF NOT LIVING DATE OF DEATH	NAME OF HUSBAND OR WIFE	ADDRESS OR IF NOT LIVING DATE OF DEATH
1. <u>Ralph David Johnson</u>	<u>8-19-64</u>	<u>N/A</u>	<u>N/A</u>	_____
2. <u>Dewayne D. Johnson</u>	<u>7-28-68</u>	<u>N/A</u>	<u>N/A</u>	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

QUESTION 8 - Give below the names of any deceased children of the decedent, together with the other information called for:

ANSWER:	NAME OF CHILD	DATE OF BIRTH	DATE OF DEATH	SURVIVING HUSBAND OR WIFE	IF NOT LIVING DATE OF DEATH
1.	N/A				
2.					
3.					

QUESTION 9 - Give the names of the children of any deceased son or daughter of the decedent:

ANSWER:	NAME OF CHILD	DATE OF BIRTH	ADDRESS OR IF NOT LIVING, DATE OF DEATH	NAME OF FATHER AND MOTHER
1.	N/A			
2.				
3.				
4.				
5.				

QUESTION 10 - Did the decedent have any adopted children, or step-children taken into his home?

ANSWER: Yes \_\_\_\_\_ No X IF SO, WRITE THEIR NAMES, AGES, AND ADDRESSES IN THE BLANK LINES BELOW:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

QUESTION 11 - Did the decedent leave any unpaid debts; and if so, give as nearly as possible, the amount of such debts, and whether they have since been paid.

ANSWER: N/A

QUESTION 12 - If the decedent left no children, then give below the names and addresses (together with other information called for), of his surviving father, mother, brothers and sisters:

ANSWER:	NAME	RELATIONSHIP	AGE	ADDRESS OR IF NOT LIVING, DATE OF DEATH
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Subscribed and sworn to before me this 13<sup>th</sup> day of MARCH 2003

Sadie Enlow Hamm Affiant

Donald H. Dickson Notary Public

My commission expires:

MY COMMISSION EXPIRES JUNE 07 2006

CORROBORATING AFFIDAVIT

STATE OF \_\_\_\_\_ } (To be signed by some person other than the one making the foregoing affidavit.)

COUNTY OF \_\_\_\_\_ } SS.

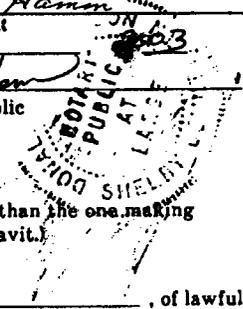
\_\_\_\_\_, of lawful age, being first duly sworn, upon his oath states: That the information given in the above and foregoing affidavit, made by \_\_\_\_\_ is true, to the personal knowledge of this affiant.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

My commission expires: \_\_\_\_\_

Notary Public

NOTE: If any of heirs of decedent have died since his death, secure separate proof of heirship as to each.



# STATE OF MISSISSIPPI

DR 0440160307

## MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

### CERTIFICATE OF DEATH

STATE FILE NUMBER 123-

FILING DATE **NOV 18 1992**

TYPE OR PRINT IN BLACK INK

DECEASED  Death occurred in institution, see I.D. BOOK, regarding location of residence of decedent  RESIDENCE items: actual location same rather than mailing address	1. NAME First Middle Last <b>Ralph Randolph Johnson</b>		2. SEX <b>Male</b>		3a. HOUR OF DEATH <b>7:16P m</b>		3b. DATE OF DEATH (Month, Day, Year) <b>Oct. 21, 1992</b>	
	4. RACE (Specify White, Black, American Indian, etc.) <b>White</b>		5a. AGE AT LAST BIRTHDAY <b>60</b> Years		5b. MOS <b>17-B</b>		5c. DAYS <b>17-B</b>	
	5d. HOURS <b>17-B</b>		5e. MINS <b>17-B</b>		6. DATE OF BIRTH (Month, Day, Year) <b>Aug. 23, 1932</b>		7a. COUNTY OF DEATH <b>DeSoto</b>	
	7b. CITY OR TOWN OF DEATH <b>Southaven</b>		7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) <b>Baptist DeSoto Hospital 17-B</b>		7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA <b>EMER</b>		8. STATE OF BIRTH <b>MS</b>	
9. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>Elem/High School, College (0-12) 12</b>		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>Betty Jane Moore</b>		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) <b>Yes</b>		
13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) <b>American</b>		14. SOCIAL SECURITY NUMBER		15a. USUAL OCCUPATION (Kind of work done) (most of working life) <b>Installer-Repairman</b>		15b. KIND OF BUSINESS OR INDUSTRY <b>Telephone</b>		
16a. RESIDENCE-STATE <b>MS</b>		16b. COUNTY <b>DeSoto</b>		16c. CITY OR TOWN <b>Olive Branch</b>		16d. INSIDE CITY LIMITS (Specify Yes or No) <b>no</b>		
16e. STREET AND NUMBER OR RURAL LOCATION <b>8951 Cole Road</b>		17. FATHER-NAME First Middle Last <b>Melvin George Johnson</b>		18. MOTHER-NAME First Middle Maiden <b>Sarah Catherine Allison</b>				
19a. INFORMANT-NAME (Type or print) <b>Betty Jane Johnson</b>		19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>8951 Cole Rd. Olive Branch, MS 38654</b>						
20a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		20b. CEMETERY, CREMATORY-NAME <b>Lebanon Cemetery</b>		20c. LOCATION (City and State) <b>Olive Branch, MS</b>		21a. EMBALMER-SIGNATURE AND NUMBER <i>James L. ...</i> <b>FS387</b>		
21b. FUNERAL HOME-NAME AND MISSISSIPPI I.D. NUMBER <b>Brantley Funeral Home 17B</b>		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>6875 Cockrum Olive Branch, MS 38654</b>						
22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print) <b>Dr. Lee Grimm M.D.</b>				22b. PRONOUNCED DEAD (Month, Day, Year) <b>10/21/1992</b>		22c. PRONOUNCED DEAD (Hour) <b>AT 7:16p m</b>		
23a. CERTIFIER-NAME (Type or print) <b>Jeffery Pounders</b>		23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>4942 Pounders Rd. Nesbit, Ms. 38651</b>						
This section to be completed by physician if NOT a medical examiner		24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. <b>SIGNATURE</b>		24b. DATE SIGNED (Month, Day, Year)		24c. STATE LICENSE NUMBER		
		24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		24e. SIGNATURE <i>Jeffery Pounders</i>		24f. TITLE <b>DeSoto CMEI</b>		
		24g. DATE SIGNED (Month, Day, Year) <b>11/09/1992</b>		24h. SIGNATURE		24i. TITLE		
Use if death NOT due to natural causes		25. PART I: IMMEDIATE CAUSE (Enter one cause only): (a) <b>COPD</b>		Interval between onset and death				
		(b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		Interval between onset and death				
		(c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		Interval between onset and death				
		26. PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in PART I				27. AUTOPSY (Yes or No) <b>NO</b>		
		28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) <b>Yes</b>		29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)		29b. DATE OF INJURY (Month, Day, Year)		
		29c. HOUR OF INJURY		29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED				
		29e. INJURY AT WORK (Yes or No)		29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)		29g. LOCATION Street or route number City or town State		

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE



*Alton B Cobb, M.D.*  
Alton B. Cobb, M.D.  
STATE HEALTH OFFICER

November 19, 1992

*David Lohrisch*  
David Lohrisch  
STATE REGISTRAR



**WARNING:**

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Exhibit B BK0440PG0388

MISSISSIPPI VALLEY TITLE INSURANCE COMPANY  
AND  
OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY

HEIRSHIP AFFIDAVIT

(Heirship of Ralph R. Johnson Deceased)

STATE OF Mississippi }  
COUNTY OF DeSoto } SS.

Mary J. Vaiden Mc Culley, of lawful age,  
being first duly sworn, upon his oath deposes and says:

That he was personally well acquainted with the above named decedent, during his lifetime, having known him for 50 years, and that affiant bears the following relationship to the said decedent, to-wit:  
family friend

Affiant further states that the said decedent departed this life at Baptist Hospital, in DeSoto County, State of Mississippi, on or about Oct. 21, 19 92, being 60 years old at the date of his death.

Affiant further states that he was well acquainted with the family and near relatives of the said decedent, and with all those who would under the laws of the State of Mississippi, be his heirs, and that the following statements and the answers to the following named questions are based upon the personal knowledge of affiant and are true and correct:

QUESTION 1 - Did the decedent leave a will? ANSWER: NO  
QUESTION 2 - If so, has the will been admitted to probate - at what place, and when? ANSWER: \_\_\_\_\_

QUESTION 3 - Has an administrator been appointed for the estate of said deceased?  
ANSWER: \_\_\_\_\_

QUESTION 4 - If so, give the County in which the said administration proceedings are pending, and the name and address of the administrator.  
ANSWER: \_\_\_\_\_

QUESTION 5 - Give the name and address of the surviving widow or widower of decedent.  
ANSWER: Name Betty J. Johnson Address 8951 Ole Rd. Olive Branch, MS 38654  
If not living, state date of death \_\_\_\_\_

QUESTION 6 - If the decedent was married more than once, give the name of the former husband or wife, and state whether said former spouse is dead or divorced.  
ANSWER: \_\_\_\_\_

QUESTION 7 - On the blank lines below, give the names and places of residence of all the surviving children of deceased, together with the other information called for:

ANSWER: (Give names of surviving children only)

	NAME OF CHILD	DATE OF BIRTH	IF NOT LIVING DATE OF DEATH	NAME OF HUSBAND OR WIFE	ADDRESS OR IF NOT LIVING DATE OF DEATH
1.	<u>Ralph David Johnson</u>	<u>8-19-64</u>	<u>N/A</u>	<u>N/A</u>	
2.	<u>Dwayne D. Johnson</u>	<u>7-28-68</u>	<u>N/A</u>	<u>N/A</u>	
3.					
4.					
5.					

QUESTION 8 - Give below the names of any deceased children of the decedent, together with the other information called for:

ANSWER:	NAME OF CHILD	DATE OF BIRTH	DATE OF DEATH	SURVIVING HUSBAND OR WIFE	IF NOT LIVING DATE OF DEATH
1.	N/A				
2.					
3.					

QUESTION 9 - Give the names of the children of any deceased son or daughter of the decedent:

	NAME OF CHILD	DATE OF BIRTH	ADDRESS OR IF NOT LIVING, DATE OF DEATH	NAME OF FATHER AND MOTHER
1.	N/A			
2.				
3.				
4.				
5.				

QUESTION 10 - Did the decedent have any adopted children, or step-children taken into his home?

ANSWER: Yes  No  IF SO, WRITE THEIR NAMES, AGES, AND ADDRESSES IN THE BLANK LINES BELOW:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

QUESTION 11 - Did the decedent leave any unpaid debts; and if so, give as nearly as possible, the amount of such debts, and whether they have since been paid.

ANSWER: N/A

QUESTION 12 - If the decedent left no children, then give below the names and addresses (together with other information called for), of his surviving father, mother, brothers and sisters:

ANSWER:	NAME	RELATIONSHIP	AGE	ADDRESS OR IF NOT LIVING, DATE OF DEATH
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Subscribed and sworn to before me this 13<sup>th</sup> day of MARCH, 2003

Mary S. Darden McCullery Affiant

Donald H. Dinkley Notary Public

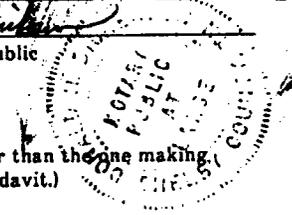
My commission expires:

MY COMMISSION EXPIRES JUNE 07 2006

CORROBORATING AFFIDAVIT

STATE OF \_\_\_\_\_ }  
 COUNTY OF \_\_\_\_\_ } SS.

(To be signed by some person other than the one making the foregoing affidavit.)



\_\_\_\_\_, of lawful age, being first duly sworn, upon his oath states: That the information given in the above and foregoing affidavit, made by \_\_\_\_\_ is true, to the personal knowledge of this affiant.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

My commission expires: \_\_\_\_\_

Notary Public

NOTE: If any of heirs of decedent have died since his death, secure separate proof of heirship as to each.

