

# **REZONING APPLICATION**

## APPLICATION TO AMEND THE OFFICIAL ZONING MAP, SNELLVILLE GEORGIA

City of Snellville Planning & Development Department 2342 Oak Road, 2 <sup>nd</sup> Floor	RECEIVED	2625 BEVERLY LN #23 REZONING APPLICATION PARCEL- 5027 001	1 R7-23 AU
Snellville, GA 30078	MAY 22 2023		j
Phone 770.985.3515 Fax 770.985.3551	OLTY OF CHELLYULE	2300249	Version 10-29-2020
Applicant is: (check one) ☐ Owner ☐ Contra ☑ Proper	or CITY OF SNELLVILLE  S Agent  PURPLE ANNING & DEVELOPMENT  Ty Owner additional p	Pnot the applicant): 🏿 Check h roperty owners and attach add	
Benny Hansel Johnson		•	
Name (please print) 210 Appleby Dr. Apt 113	Name (please	e print)	
Address Athens, Ga. 30605-5486	Address		Marie de la companya
City, State, Zip Code 404-993- 2330	City, State, Z	ip Code	The second secon
Phone Number(s) Fax	Phone Numb	er(s) Fax	
Contact Person: Bobby Bullard  Cell Phone: 678-344-1293	Phone: <u>678-</u> E-mail: <u>blpbobby</u>	-344-1293 Fax: @bellsouth.net	
Present Zoning District Classification: RS-30	Requested/Proposed Zoni	ing District Classification: RS-15	The boson of the same of the s
Present Future Land Use Map (FLUM) Designation:	w Density Residential	Does the FLUM Require Amendir	ng? ⊠ No □ Yes*
Proposed Use (Describe): Residential			***************************************
Property Address/Location: 2625 Beverly Lan	IC Distric	t <u>5</u> Land Lot <u>027</u> Parcel(s) <u>0(</u>	)1B
* If the requested zoning district is not consistent with the Land Use Categories and Corresponding Zoning Districts Plan Amendment application and which is considered cond	(pg. 53) of the Snellville 2040 Comprehensive	ture Land Use Map (FLUM) and identifi Plan, applicant shall also be required to	ed in Table 2 – Future o submit a Land Use
APPLICATION FEES:		च्छा पर ज़ार साथ तथा है। को को की की की पाँच पहले बंधा बोच केता तथा कर ज़ार को वहां वहां वहां कर कर कर कर तथा का साथ कर तथा तथा कर तथा तथा है। 	त्थं त्यांच करत तैयात प्राप्त राज्य त्याप राज्य राज्य राज्य प्राप्त अपने व्यक्त प्रमुक्त प्राप्त अपने आपने साम
<ul> <li>Less than one acre</li> </ul>	\$ 500		
• I to 5 acres	560 + 96 + 75 +	49	
<ul> <li>5 to 10 acres</li> <li>10 to 15 acres</li> </ul>	800	•	
• 10 to 15 acres • 15 to 20 acres	1,050 1,350		
• Over 20 acres	1,900	gg a se	
Public Notice Sign	·	(double-sided) per parcel, per r	ond frontage
Adjoining Property Owner N			oad ii ontage

IF REQUESTING A CHANGE IN CONDITIONS OF ZONING FROM A PRIOR APPROVED REZONING CASE, PLEASE SUBMIT USING THE CHANGE IN CONDITIONS APPLICATION



## **REZONING APPLICATION**

## APPLICATION TO AMEND THE OFFICIAL ZONING MAP, SNELLVILLE GEORGIA

City of Snellville Planning & Development D	epartment	DATE RECEIVED:
2342 Oak Road, 2 <sup>nd</sup> Floor		CASE # RZ
Snellville, GA 30078 Phone 770.985.3515 Fax 770	).985.3551	Version 10-29-20
Fnone 770.765.3313	)./03.333 i	
	☐ Owner's Agent	and the second s
Applicant is: (check one)	☐ Contract Purchaser	Owner (if not the applicant):
	☑ Property Owner	additional property owners and attach additional sheets.
		Beverly J Longenecker
Name (please print)		Name (please print)
(Figure Francy)		150 Chestnut Chase
Address		Address
		Hoschton, Ga. 30548
City, State, Zip Code		City, State, Zip Code
		404-423- 4406
Phone Number(s)	Fax	Phone Number(s) Fax
Contact Person: Bobby Bulla	ard	Phone: 678-344-1293 Fax:
Cell Phone: 678-344-1293		E-mail: blpbobby@bellsouth.net
Present Zoning District Classification:	RS-30	Requested/Proposed Zoning District Classification: RS-15
Present Future Land Use Map (FLUM)	Designation: Low Density F	Residential Does the FLUM Require Amending? 🛛 No 🗆 Yes
Proposed Use (Describe): Reside	ential	
		District 5 Land Lot 027 Parcel(s) 001B
* If the requested zoning district is not	consistent with the Future Land Use 7 Junior Districts (pg. 53) of the Spi	category on the current Future Land Use Map (FLUM) and identified in Table 2 – Future ellville 2040 Comprehensive Plan, applicant shall also be required to submit a Land Use
Plan Amendment application and which	is considered concurrent with the R	ezoning application.
APPLICATION FEES:	e acre \$ 500	
• Less than one	e acre \$ 500	
• 1 to 5 acres		
<ul> <li>5 to 10 acres</li> <li>10 to 15 acre</li> </ul>		
• 10 to 13 acre		
<ul> <li>15 to 20 acre</li> <li>Over 20 acre</li> </ul>		
<ul> <li>Over 20 acre</li> <li>Public Notice</li> </ul>	·	(single-sided) or \$125 (double-sided) per parcel, per road frontage
		(per adjoining property X 2 public hearings)
■ Majoining Fro	their America Langue A 12	/har malan 9 h, ahar a/ haarra

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Planning & Development D	epartment		DATE	RECEIVED:	
2342 Oak Road, 2 <sup>nd</sup> Floor			CASE	#RZ	
Snellville, GA 30078			CASE	# 11/2	V
Phone 770.985.3515 Fax 770	.985.3551				Version 10-29-2020
	☐ Owner's Agent				
Applicant is: (check one)	☐ Contract Purchaser		Owner (if not the appl		
, <b></b>	☑ Property Owner		additional property owner	ers and attach addition	al sheets.
			Lisa J. Yates		
Name (please print)		<del></del>	Name (please print)		
			4812 Savilla Shore	es Dr	
Address		<del></del>	Address		
			Wimauma, Fl. 335	98	
City, State, Zip Code			City, State, Zip Code		
			770-316-2245		
Phone Number(s)	Fax		Phone Number(s)	Fax	
					********
Contact Person: Bobby Bulla	ard		_ Phone: <u>678-344-1293</u>	Fax:	
Cell Phone: 678-344-1293		E-mail:	blpbobby@bellsout	th.net	
			* * * * = = * * * * * * * * * * * * * *		
Present Zoning District Classification:	RS-30	Requeste	ed/Proposed Zoning District Class	sification: RS-15	***************************************
Present Future Land Use Map (FLUM) I	Designation: Low Density	Reside	ntial Does the F	LUM Require Amending?	I No □ Yes*
Proposed Use (Describe): Reside	ential				
Property Address/Location: 2625	Beverly Lane		District 5 Land Lot	t <u>027</u> Parcel(s) <u>001</u> E	
* If the requested zoning district is not Land Use Categories and Correspondir Plan Amendment application and which	consistent with the Future Land Using Zoning Districts (pg. 53) of the S	Snellville 2040	Comprehensive Plan, applicant s	lap (FLUM) and identified in shall also be required to sub	Table 2 – Future mit a Land Use
APPLICATION FEES:					
Less than one	acre \$ 500	0			
• 1 to 5 acres	560	0			
<ul> <li>5 to 10 acres</li> </ul>	800	0			
<ul> <li>10 to 15 acres</li> </ul>	s 1,050	0			
<ul> <li>15 to 20 acres</li> </ul>	s 1,350	0			
Over 20 acres					
<ul> <li>Public Notice</li> </ul>			ded) or \$125 (double-sided		frontage
<ul> <li>Adjoining Pro</li> </ul>	perty Owner Notice \$ 15	5 (per adjo	oining property $X$ 2 public $I$	hearings)	

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Pursuant to Section 103-9.4.C.11. of the Snellville Unified Development Ordinance, a written, documented analysis of the impact of the proposed rezoning with respect to each of the following matters shall be included. Please respond to the following standards in the space provided or attach additional sheets if necessary. Simple yes/no answers or re-statement of the standard is not acceptable and shall be considered non-responsive.

A. Whether the zoning proposal will permit a use that is suitable in view of the use and development adjacent and nearby properties.					
Response: This rezoning request will permit a use that is suitable in view of the use and development					
of adjacent and nearby properties which is residential.					
B. Whether the zoning proposal would adversely affect the existing use or usability of adjacent or nea properties.					
Response: This zoning proposal would not adversely affect the existing use or usability of adjacent					
or nearby properties.					
C. Whether the property to be affected by the zoning proposal has a reasonable economic use as current zoned.					
Response: The property to be affected by the zoning proposal does have a reasonable economic us					
as currently zoned.					
D. Whether the zoning proposal will result in a use which will or could cause an excessive or burdenso use of existing streets, transportation facilities, utilities, or schools.					
Response: The zoning proposal will not result in a use which will or could cause an excessive or					
burdensome use of existing streets, transportation facilities, utilities, or schools.					
E. Whether the zoning proposal is in conformity with the policy and intent of the Future Land Use Plan.					
Response: The zoning proposal is in conformity with the policy and intent of the Future Land Use P					
F. Whether there are other existing or changing conditions affecting the use and development of property, which give supporting grounds for either approval or disapproval of the zoning proposal.					
Response: There are no other existing or changing conditions affecting the use and development of					
the property which give supporting grounds for either approval or disapproval of the zoning propos					

#### **CERTIFICATIONS**

#### APPLICANT'S CERTIFICATION

The undersigned below does hereby, swear or affirm under penalty of perjury under the laws of the State of Georgia, is authorized to make this application for Rezoning and that the statements and documents submitted as part of this application are true and accurate to the best of my knowledge or belief. The undersigned is aware that if the rezoning application is denied by the City Council, no rezoning application affecting any portion of the same property may be submitted less than twelve (12) months from the date of denial.

1 Juny	Hunsal	, Jahr		3/8/13
Signature of Appli	cant	1,	Date	<i>l</i> 1
BENNY +	Hansel =	Soluson		
Type or Print Nan	ne and Title			
·				

Signature of Notary Public

Signature of Notary Public

ALINA RITTER
NOTARY PUBLIC
Gwinnett County
State of Georgia

My Comm. Expires June 29, 2023

ALINA RITTER NOTARY PUBLIC Gwinnett County

State of Georgia
My Comm. Expires June 29, 2023

Affix Notary Seal

## PROPERTY OWNER'S CERTIFICATION

The undersigned below, or as attached, swear and affirm that I am (we are) the owner of prop subject to this application, as shown in the records of Gwinnett County, Georgia which is the sub of the attached application. I further authorize application. The undersigned is aware that that if the rezoning application is denied by the City rezoning application affecting any portion of the same property may be submitted less than months from the date of denial.	oject matter to file this Council, no
Check here if there are additional property owners and attach additional "Owner's Certification	" sheets.
Benny W. Jagh 5/8/23	
Signature of Owner Date	
Benny H. Johnson Affix Notary Seal	
Type or Print Name and Title	

5/8/2023

#### **CERTIFICATIONS**

## APPLICANT'S CERTIFICATION

The undersigned below does hereby, swear or affirm under penalty of perjury under the laws of the State of Georgia, is authorized to make this application for Rezoning and that the statements and documents submitted as part of this application are true and accurate to the best of my knowledge or belief. The undersigned is aware that if the rezoning application is denied by the City Council, no rezoning application affecting any portion of the same property may be submitted less than twelve (12) months from the date of denial.

Signature of Applicant	Date	
		Affix Notary Seal
Type or Print Name and Title		
Signature of Notary Public	Date	
<b>n</b>	PROPERTY OWNER'S CERTIFIC	CATION
Ľ	ROPERTT OWNERS CERTIFIC	SATION
subject to this application, as shown	n in the records of Gwinnett C	m (we are) the owner of property that is ounty, Georgia which is the subject matter to file this
of the attached application. I furnapplication. The undersigned is awarezoning application affecting any months from the date of denial.	are that that if the rezoning app	plication is denied by the City Council, no may be submitted less than twelve (12)
☐ Check here if there are additional	al property owners and attach a	dditional "Owner's Certification" sheets.
Beverly Longenec	kar 5-8-2023 Date	
Signature of Owner	Date	
Beverly I Longene	cler	Affix Notary Seal
Type or Print Name and Title		ALINA RITTER
		NOTARY PUBLIC Gwinnett County
Leve Xelen	5/8/2023	State of Georgia My Comm. Expires June 29, 2023
Signature of Notary Public	Date /	

My Commission Expires 05/07/2023 Commission No. GG 332021

#### **CERTIFICATIONS**

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The undersigned below does hereby, swear or affirm under penalty of perjury under the laws of the State of Georgia, is authorized to make this application for Rezoning and that the statements and documents submitted as part of this application are true and accurate to the best of my knowledge or belief. The undersigned is aware that if the rezoning application is denied by the City Council, no rezoning application affecting any portion of the same property may be submitted less than twelve (12) months from the date of denial.

Signature of Applicant	Date	
		Affix Notary Seal
Type or Print Name and Title		
Signature of Notary Public	Date	
,		
	PROPERTY OWNER'S CERTIFICAT	TION
subject to this application, as sho of the attached application. I for application. The undersigned is a	own in the records of Gwinnett Cour further authorize ware that that if the rezoning applic	(we are) the owner of property that is nty, Georgia which is the subject matter to file this ration is denied by the City Council, no ay be submitted less than twelve (12)
Check here if there are addition	onal property owners and attach addit	tional "Owner's Certification" sheets.
Signature of Owner	5/5/23 Date	
Type or Print Name and Title	<u>es</u>	Affix Notary Seal
Maro Do Cerh	ml- 516/2023	Mariella Crapanzano Notary Public State of Florida

## **AUTHORIZATION TO INSPECT PREMISES**

With the signature below, I authorize the staff of the Department of Planning and Development of the City of Snellville, Georgia to inspect the premises, which are the subject of this rezoning application.

I swear and affirm that the information contained in this application is true and accurate to the best of my knowledge and belief.

Signature of Owner or Agent

Date

Type or Print Name and Title

Affix Notary Seal

ALINA RITTER NOTARY PUBLIC Gwinnett County State of Georgia

My Comm. Expires June 29, 2023

Signature of Notary Public

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Signature of Owner or Agent

Date

= Division di Tibo

Affix Notary Seal

ALINA RITTER NOTARY PUBLIC Gwinnett County State of Georgia

My Comm. Expires June 29, 2023

Signature of Notary Public

Date'

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Signature of Owner or Agent

Date

Type or Print Name and Title

Affix Notary Seal

Mariella Crapanzan**o** Notary Public State of Florida

My Commission Expires 05/07/2023 Commission No. GG 332021

# CONFLICT OF INTEREST CERTIFICATIONS FOR REZONING APPLICATION

The undersigned below, making application for Rezoning, has complied with the Official Code of Georgia Section 36-67A-1, et. seq., Conflict of Interest in Zoning Actions, and has submitted or attached the required information on forms provided.

information on forms provided.		
☑ Check here if there are additional	applicants and attach additional "Con	flict of Interest Certification" sheets.
Signature of Applicant  Signature of Applicant's Attorney or Representation		Hanse Johnson Type or Print Name and Title Type or Print Name and Title
Sleine Kelter	5/8/2023	Affix Notary Seal
Signature of Notary Public	SURE OF CAMPAIGN CONTRIB	ALINA RITTER NOTARY PUBLIC Gwinnett County State of Georgia My Comm. Expires June 29, 2023
contributions aggregating \$250.00 o to any member of the Mayor and Ci	years immediately preceding the filing r more or made gifts having in the agity Council or any member of the Snel  YOUR NAME: Beny Hanse	gregate a value of \$250.00 or more lyille Planning Commission?
If the answer above is YES, please co	1	
NAME AND OFFICIAL POSITION OF GOVERNMENT OFFICIAL	CONTRIBUTIONS (list all which aggregate to \$250 or More)	DATE CONTRIBUTION WAS MADE (Within the last two years)

 $\square$  Check here and attach additional sheets if necessary to disclose or describe all contributions or gifts.

# CONFLICT OF INTEREST CERTIFICATIONS FOR REZONING APPLICATION

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☐ check here if there are additional	applicants and attach additional "Co	onflict of Interest Certification" sheets.
Signature of Applicant	Date 5-8-2023 Bevel	Type or Print Name and Title
Signature of Applicant's Attorney or Repres	entative Date	Type or Print Name and Title
Signature of Notary Public	5/8/2023 Date	Affix Notary Seal ALINA RITTER NOTARY PUBLIC Gwinnett County State of Georgia by Comm. Expires June 29, 2023
DISCLOS	SURE OF CAMPAIGN CONTR	IBUTIONS
contributions aggregating \$250.00 of to any member of the Mayor and Cit	r more or made gifts having in the ty Council or any member of the Sn	
☐ YES ☐ NO	YOUR NAME: Beverly I	hongen eller
If the answer above is YES, please co	omplete the following section:	
NAME AND OFFICIAL POSITION OF GOVERNMENT OFFICIAL	CONTRIBUTIONS (list all which aggregate to \$250 or More)	DATE CONTRIBUTION WAS MADE (Within the last two years)

 $\square$  Check here and attach additional sheets if necessary to disclose or describe all contributions or gifts.

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☐ check here if there are additional	applicants and attach additi	cional "Conflict of Interest Certification" sheets.	
Signature of Applicant	5/5/23 Date	Type or Print Name and Title	
Signature of Applicant's Attorney or Repres	sentative Date	Type of Print Name and Title	
Signature of Notary Public	516123 Date	Affix Notary Seal Mariella Crapanzano Notary Public State of Florida My Commission Expires 05/07/2023	
DISCLOS	SURE OF CAMPAIGN (	CONTRIBUTIONS Commission No. GG 332021	
contributions aggregating \$250.00 o to any member of the Mayor and Ci	or more or made gifts havir ty Council or any member	ng the filing of this application, made campaign ng in the aggregate a value of \$250.00 or more of the Snellville Planning Commission?	
☐ YES ☐ NO	YOUR NAME:	a fates visa fates	
If the answer above is YES, please complete the following section:			
NAME AND OFFICIAL POSITION OF GOVERNMENT OFFICIAL	CONTRIBUTIO (list all which aggres \$250 or More)	gate to WAS MADE	

 $\square$  Check here and attach additional sheets if necessary to disclose or describe all contributions or gifts.

Return Recorded Document to: C. Robin Wyatt, P.C. P.O. Box 851 Snellville, GA 30078 \*\*DEED PREP ONLY\*\*

# JOINT TENANCY WITH RIGHT OF SURVIVORSHIP EXECUTOR'S DEED

STATE OF GEORGIA
COUNTY OF GWINNETT

This Indenture made this between DENNY HANSEL JOHNSON, AS EXECUTOR OF THE ESTATE OF RALPH HANSEL JOHNSON, DECEASED AND THE ESTATE OF DOROTHY ARLENE JOHNSON, DECEASED, of the State of Georgia, as party or parties of the first part, hereinafter called Grantor(s), and BENNY HANSEL JOHNSON, BEVERLY J. LONGENECKER AND LISA J. YATES, AS JOINT TENANTS WITH RIGHT OF SURVIVORSHIP and not as tenants in common, as parties of the second part, hereinafter called Grantee(s) (the words "Grantor" and "Grantee" to include their respective heirs, successors, and assigns where the context requires or permits).

WITNESSETH that: Grantor, (acting under and by virtue of the power contained in said will, having been duly probated in probate court, Gwinnett County, Georgia) for and in consideration of the sum of TEN AND 00/100'S (\$10.00) Dollars and other good and valuable considerations in hand paid at and before the sealing and delivery of these presents does grant, bargain, sell, alien, convey and confirm unto the said Grantee,

\*SEE EXHIBIT "A" ATTACHED HERETO FOR LEGAL DESCRIPTION. SEE EXHIBIT "B" ATTACHED HERETO FOR DEATH CERTIFICATE OF RALPH HANSEL JOHNSON. SEE EXHIBIT "C" ATTACHED HERETO FOR DEATH CERTIFICATE OF DOROTHY ARLENE JOHNSON. SEE EXHIBIT "D" ATTACHED HERETO FOR LETTERS TESTAMENTARY FOR THE ESTATE OF RALPH HANSEL JOHNSON, DECEASED. SEE EXHIBIT "E" ATTACHED HERETO FOR LETTERS TESTAMENTARY FOR THE ESTATE OF DOROTHY ARLENE JOHNSON, DECEASED.\*

TO HAVE AND TO HOLD the said tract or parcel of land, with all and singular rights, members and appurtenances thereof, to the same being, belonging, or in anywise appertaining to the only proper use, benefit and behoof of the said Grantee forever in FEE SIMPLE, in as full and ample manner as the same was held, possessed and enjoyed, or might have been held, possessed and enjoyed by said deceased.

AND THE SAID Grantor will warrant and forever defend the right and title to the above-described property unto the said Grantee against the claims of all persons whomsoever.

IN WITNESS WHEREOF, the Grantor has hereunto set grantor's hand and seal this day and year first above written.

Signed, sealed and delivered in the presence of:

BENNY MANSEL JOHNSON, EXECUTOR

THE STATE OF THE PARTY OF THE P

Notary Public

## **EXHIBIT "A"**

All that tract or parcel of land lying and being in Land Lot 27 of the 5<sup>th</sup> Land District of Gwinnett County, Georgia, said 1.26 acres located at the intersection of the westerly boundary of Lenora Church Road and the northerly boundary of Beverly Lane being more specifically described as follows:

Beginning at a point on the northerly boundary of the R/W of Beverly Lane and being on the westerly boundary of the R/W of Lenora Church Road. Running thence in a southwesterly direction along the northerly boundary of the R/W of Beverly Lane 245 feet to the property of Ralph E. Johnson. Running thence north 23 degrees and 22 minutes west 189 feet to iron pin. Running thence north 72 degrees and 18 minutes east 259 feet to iron pin and being the westerly R/W of Lenora Church Road. Running thence south 18 degrees and 24 minutes east 210 feet along the westerly R/W of Lenora Church Road to the northerly boundary of Beverly Lane and the point of beginning.

# All tax commissioner offices will be closed Monday, May 29 for Memorial Day. Click here for the tag office schedule.





Q

## **BILL DETAIL**

View/Pay Your Taxes / Account Detail / Bill Detail

Tax Account

**Mailing Address:** 

JOHNSON BENNY HANSEL 210 APPLEBY DR APT 113 ATHENS, GA 30605-5486 SITUS:

2625 BEVERLY LN

**Tax District:** 

**SNELLVILLE** 

Parcel ID

**Property Type** 

**Last Update** 

R5027 001B

**Real Property** 

5/21/2023 8:11:22 PM

**Legal Description** 

PATE RD

Tax Values

Description

**Market Value** 

**Assessed Value** 

Land

\$34,900.00

\$13,960.00

## **Administration Login**



## IN THE PROBATE COURT COUNTY OF GWINNETT STATE OF GEORGIA

FILED IN OFFICE CLERK PROBATE COURT GWINNETT COUNTY, GA 2014 AUG 21 AM 11: 35

IN RE: ESTATE OF	- mw
IN RE: ESTATE OF	) ,CLERI
RALPH HANSEL JOHNSON,	) ) ESTATE NO. 14-E-000971-6
DECEASED	)

## LETTERS TESTAMENTARY

(Relieved of Filing Returns)

By CHRISTOPHER A. BALLAR, Judge of the Probate Court of the above County.

## KNOW ALL WHOM IT MAY CONCERN:

At a regular term of Probate Court, the Last Will and Testament dated <u>JANUARY 27</u>, <u>2011</u>, of <u>RALPH HANSEL JOHNSON</u>, deceased, at the time of his death, a resident of the above County was legally proven in Solemn form and was admitted to record by order, and it was further ordered that <u>BENNY HANSEL JOHNSON</u>, named as Executor in said Will, be allowed to qualify, and that upon so doing, Letters Testamentary be issued to such Executor.

NOW, THEREFORE the said <u>BENNY HANSEL JOHNSON</u>, having taken the oath of office and complied with all necessary prerequisites of the law, is legally authorized to discharge all the duties and exercise all powers of Executor under the Will of said deceased, according to the Will and the law.

Given under my hand and official seal.

Probate Judge

NOTE: The following must be signed if the Judge does not sign the original of this document:

Issued by:

PROBATE CLERK/DEPUTY CLERK

STATE OF GEORGIA GWINNETT COUNTY

I. THE UNDERSIGNED, Clerk of the Probate Court of Gwinnett County, Georg (Seal) HEREBY CERTIFY the within and foregoing is a true and correct copy of the original as it appears on the record and filed in the office of the Probate Court of Gwinnett County, Georgia, and that the same is in full force and effect,

Witness my hand and seal of the Probate Court of Gwinnett County, Georgia this day of

Clerk, Probate Court of Gwinnett County

## Exhibit "E"

# IN THE PROBATE COURT OF GWINNETT COUNTY STATE OF GEORGIA IN RE: ESTATE OF DOROTHY ARLENE JOHNSON, DECEASED LETTERS TESTAMENTARY [Relieved of Filing Returns] At a regular term of Probate Court, the Last Will and Testament dated OCTOBER 6, 2003 of the above-named Decedent, who was deviced by the court of the above-named Decedent who was deviced by the court of the above-named Decedent who was deviced by the court of the above-named Decedent who was deviced by the court of the above-named Decedent who was deviced by the court of the above-named Decedent who was deviced by the court of the above-named Decedent who was deviced by the court of the above-named Decedent who was deviced by the court of the above-named Decedent who was deviced by the court of the above-named Decedent who was deviced by the court of the above-named Decedent who was deviced by the court of the cou

At a regular term of Probate Court, the Last Will and Testament dated OCTOBER 6, 2003 of the above-named Decedent, who was domiciled in this County at the time of her death or was domiciled in another state but owned property in this County at the time of her death, was legally proven in Solemn Form to be the Decedent's Will and was admitted to record by order, and it was further ordered that BENNY HANSEL JOHNSON, named as Executor in said Will, be allowed to qualify, and that upon so doing, Letters Testamentary be issued to such Executor.

THEREFORE, the Executor, having taken the oath of office and complied with all necessary prerequisites of the law, is legally authorized to discharge all the duties and exercise all powers of Executor under the Will of said Decedent, according to the Decedent's Will and the law.

Giver	n under my hand and offici	ial seal, the AUT day of July ,2017.
		Lisay & Cranford
Judge i	owing must be signed if the does not sign the original of cument:	Judge of the Probate Court
Issued by:		STATE OF GEORGIA Seal J
	G.	I, THE UNDERSIGNED, Clerk of the Probate Court of
Clerk of the P	robate Court	Gwinnett County, Georgia, DO HEREBY CERTIFY the within and foregoing is a true and correct copy of the
	t L	original as it appears on the record and filed in the office
		of the Probate Court of Gwinnett County, Georgia, and that the same is in full force and effect,
	+	Witness my hand and seal of the Probate Court of
	<b>.</b>	Gwinnett County, Georgia this 25 day of
		SiRHY BOSTUCK
	• :	Clerk, Probate Court of Gwinnett County

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## GEORGIA DEATH CERTIFICATE

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Due to, or as a consequence of B.  Due to, or as a consequence of D.  A WERE AUTOPSY PERFORMED?  34. WERE AUTOPSY PERFORMED?  A WERE		CARDIOV	ASCULAR S	YSTEM D	ISEASI	E		• •				
B.  Due to, or as a consequence of  C.  Due to, or as a consequence of  C.  Due to, or as a consequence of  D.  D.  D.  D.  D.  D.  D.  D.  D.  D	lisease or condition resulting in										UN	KNOWN
C. Due to, or as a consequence of D.  art II. Enter significant conditions contributing to death but not related to cause when in Part 1A. If female, indicate if pregnant or birth occurred within 90 days of death.  NO  33. WAS AUTOPSY PERFORMED? 34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?  NO  37. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Special Natural)  NO  37. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Special Natural)  ATURAL  38. IF FEMALE (range 10-54) PREGNANT  NOT APPLICABLE  DATE OF INJURY (Mo., Day, Year)  39. TIME OF INJURY 40. PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify)  41. INJURYAT WORK? (Yes or No)  44. IF TRANSPORTATION INJURY  45. Or the best of my knowledge death occurred at the time, date and place and pla	leath) B.										;	
Due to, or as a consequence of D.  art II. Enter significant conditions contributing to death but not related to cause (Non In Part 1A. If female, Indicate if pregnant or birth occurred within 90 days of death.  5. TOBACCO USE CONTRIBUTED TO DEATH NKNOWN NOT APPLICABLE NOT APPLICABLE NOT APPLICABLE NOT APPLICABLE NOT APPLICABLE NATURAL  D. DATE OF INJURY (Mo., Day, Year) 19. TIME OF INJURY 19. PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify) 141. INJURYAT WORK? (Yes or No) 15. To the best of my knowledge death occurred at the time, date and place an	-	· · · · · · · · · · · · · · · · · · ·	Due to, or as	a consequen	ce of		······································				·	
art II. Enter significant conditions contributing to death but not related to cause liven in Part 1A. If temale, indicate it pregnant or birth occurred within 90 days of death.  5. TOBACCO USE CONTRIBUTED TO DEATH  5. TOBACCO USE CONTRIBUTED TO DEATH  5. TOBACCO USE CONTRIBUTED TO DEATH  6. DATE OF INJURY (Mo., Day, Year)  7. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Sped NATURAL  NATURAL  7. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Sped NATURAL  NATURAL  7. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Sped NATURAL)  NATURAL  7. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Sped NATURAL)  NATURAL  1. DATE OF INJURY (Mo., Day, Year)  7. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Sped NATURAL)  NATURAL  1. In the Death of Injury (Street, Apartment Number, City or Town, State, Zip, County)  1. COCATION OF INJURY (Street, Apartment Number, City or Town, State, Zip, County)  1. DESCRIBE HOW INJURY OCCURRED  1. To the Death of my knowledge death occurred at the time, date and place of the cause(s) stated. Medical Certifier (Name, Title, License No.)  1. DATE SIGNED (Mo., Day, Year)  1. DATE SIGNED (Mo., Day, Year)  1. So IF FEMALE (range 10-54) PREGNANT  1. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Sped MATURAL)  1. NAME, Appressor, Stated, Magnetic III Pregnant II Pregnant	<b>c.</b>											
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NO  34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH  NO  35. TOBACCO USE CONTRIBUTED TO DEATH  NOT APPLICABLE  NOT APPLICABLE  NOT APPLICABLE  NATURAL  37. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify)  41. INJURY AT WORK? (Yes or No)  45. TO THE DESCRIBE HOW INJURY (Street, Apartment Number, City or Town, State, Zip, County)  46. On the best of my Innowledge death occurred at the time, date and place of due to the cause(s) stated, Medical Certifier (Name, Title, License No.)  To the Dest of my Innowledge death occurred at the time, date and place of due to the cause(s) stated, Medical Certifier (Name, Title, License No.)  ABOUTT APPLICABLE  NATURAL  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.)  ABOUTT APPLICABLE  NATURAL  47. INJURY AT WORK? (Yes or No.)  48. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and place and place and place and place and due to the cause(s) stated, Medical Examiner/Coroner (Name, Title, License No.)  ABOUTT APPLICABLE  NATURAL  47. INJURY AT WORK? (Yes or No.)  48. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and place and place and place and place and place and due to the cause(s) stated, Medical Examiner/Coroner (Name, Title, License No.)  ABOUTT APPLICABLE  48. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place	D.					·				3.7		
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S. TOBACCO USECONTRIBUTED TO DEATH  NOT APPLICABLE  NOT APPLICABLE  NATURAL  37. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Speed NATURAL  NATURAL  18. IF FEMALE (range 10-54) PREGNANT  NOT APPLICABLE  NATURAL  19. COLORITON OF INJURY (Mo., Day, Year)  19. INJURY Apartment Number, City or Town, State, Zip, County)  DESCRIBE HOW INJURY (Street, Apartment Number, City or Town, State, Zip, County)  To the best of my knowledge death occurred at the time, date and place of due to the cause(s) stated. Medical Certifier (Name, Title, License No.)  To the Dest of my knowledge death occurred at the time, date and place and place of due to the cause(s) stated. Medical Certifier (Name, Title, License No.)  To the Dest of my knowledge death occurred at the time, date and place and place of the cause(s) stated. Medical Certifier (Name, Title, License No.)  To the Dest of my knowledge death occurred at the time, date and place and place of the cause(s) stated. Medical Examiner/Coroner (Name, Title, License No.)  To the Dest of my knowledge death occurred at the time, date and place and place and due to the cause(s) stated. Medical Examiner/Coroner (Name, Title, License No.)  To the Dest of my knowledge death occurred at the time, date and place and due to the cause(s) stated. Medical Examiner/Coroner (Name, Title, License No.)  To the Dest of my knowledge death occurred at the time, date and place and due to the cause(s) stated. Medical Examiner/Coroner (Name, Title, License No.)  To the Dest of my knowledge death occurred at the time, date and place and due to the cause(s) stated. Medical Examiner/Coroner (Name, Title, License No.)  About Examiner (Name, Title, License No.)  About Exami	, and a second	· or only occ	med widiri 90	oays or cea	in.						ETE THE	CAUSE OF DEATH?
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39. TIME OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify)  41. INJURY AT WORK? (Yes or No)  42. INJURY AT WORK? (Yes or No)  43. INJURY AT WORK? (Yes or No)  44. IF TRANSPORTATION INJURY  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.)  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.)  EVEN J MCCUISTON, MD, 31788  45b. HOUR OF DEATH  46a. DATE SIGNED (Mo., Day, Year)  46b. HOUR OF DEATH  46c. DATE SIGNED (Mo., Day, Year)  46b. HOUR OF DEATH  46c. DATE SIGNED (Mo., Day, Year)  46c. DATE FILED - REGISTRAR (Mo., Day, Year)  47c. INDURY AT WORK? (Yes or No.)  47c. INJURY AT WORK? (Yes or No.)		· ·	NOT APP	LICABLE			·		MATIE	A1 .	DE, HOMI	CIDE, UNDETERMINED (Specify)
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DESCRIBE HOW INJURY OCCURRED  44. IF TRANSPORTATION INJURY  45. 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 Certifier (Name, Title, License No.)  EVEN J MCCUISTON, MD, 31788  DATE SIGNED (Mo., Day, Year)  45b. HOUR OF DEATH  46a. DATE SIGNED (Mo., Day, Year)  46b. HOUR OF DEATH  46b. HOUR OF DEATH  46c. DATE SIGNED (Mo., Day, Year)  46b. HOUR OF DEATH  46c. DATE SIGNED (Mo., Day, Year)  46b. HOUR OF DEATH  46c. DATE SIGNED (Mo., Day, Year)  46c. 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.)  46c. 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.)  46c. 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.)  46c. 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.)  46c. 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.)  46c. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and due to the cause(s) stated. Medical Examiner/Coroner (Name, Title, License No.)	LOCATION OF INJURY (OF A A								المار المال	ipecily)	41. INJ	URY AT WORK? (Yes or No)
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and place and due to the cause(s) stated. Medical Certifier (Name, Title, License No.)  EVEN J MCCUISTON, MD, 31788  DATE SIGNED (Mo., Day, Year)  45b. HOUR OF DEATH  10/2014  10/2014  10/2015  NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH  EVEN J MCCUISTON 3180 PRESIDENTIAL DRIVE ATLANTA-GEORGIA 30340  REGISTRAR  INSURABLE PROBLEM (Mo., Day, Year)  45b. HOUR OF DEATH  46b. HOUR OF DEATH  46c. DATE SIGNED (Mo., Day, Year)  46c. DATE SIGNED (Mo., Day, Year)  46c. DATE FILED - REGISTRAR (Mo., Day, Year)  47c. DEBORAH C. ADERHOLD  47c. DATE FILED - REGISTRAR (Mo., Day, Year)	To the heat of male and a land		-	i.		`` <b>.</b>				1		
EVEN J MCCUISTON, MD, 31788  L DATE SIGNED (Mo., Day, Year)  45b. HOUR OF DEATH  10/2014  94:15 AM  NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CALISE OF DEATH  EVEN J MCCUISTON 3180 PRESIDENTIAL DRIVE ATLANTA GEORGIA 30340  REGISTRAR  Insture)  49. DATE FILED - REGISTRAR (Mo., Day, Year)	t due to the cause(s) stated. Medical Certific	cat the time,	date and place	•	46. 0	On the ba	sls of exami	nation and/o	r investigation	on, in my opli	nion death	Occurred at the time dista
DATE SIGNED (Mo., Day, Year)  45b. HOUR OF DEATH  46a. DATE SIGNED (Mo., Day, Year)  46b. HOUR OF DEATH  10/2014  04:15 AM  NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CALISE OF DEATH  EVEN J MCCUISTON 3180 PRESIDENTIAL DRIVE ATLANTA GEORGIA 30340  REGISTRAR (Mo., Day, Year)  49. DATE FILED - REGISTRAR (Mo., Day, Year)	and the state of t		-, Liverise (40.)		and	prace and	adue to the	cause(s) stat	ed. Medical	Examiner/C	oroner (Na	me, Title, License No.)
10/2014 04:15 AM  NAME, ADDRESS, AND ZIP, CODE OF PERSON COMPLETING CALISE OF DEATH  EVEN J MCCUISTON 3180 PRESIDENTIAL DRIVE ATLANTA GEORGIA 30340  REGISTRAR (Mo., Day, Year)  49. DATE FILED - REGISTRAR (Mo., Day, Year)		<u> </u>										
10/2014  O4:15 AM  NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH  EVEN J MCCUISTON 3180 PRESIDENTIAL DRIVE ATLANTA GEORGIA 30340  REGISTRAR (Mo., Day, Year)  AST DEBORAH C. ADERHOLD  49. DATE FILED - REGISTRAR (Mo., Day, Year)		45b. HOU	R OF DEATH		46a.	DATE SI	GNED (Mo	Day Year	1 /6	h HOVER C	EDE:	4.5.
EVEN J MCCUISTON 3180 PRESIDENTIAL DRIVE ATLANTA GEORGIA 30340  REGISTRAR (Mo., Day, Year)  49. DATE FILED - REGISTRAR (Mo., Day, Year)		04:15 A	Va .		1.	- 1		, -uj, 1001)	40	HOUR OF	DEATH	
REGISTRAR neture) /S/ DEBORAH C. ADERHOLD 49. DATE FILED - REGISTRAR (Mo., Day, Year)	NAME, ADDRESS, AND ZIP CODE OF PE	RSON COMP	LETING CALL	SE OF DEAT	nH		*************	·		·		
REGISTRAR (Mo., Day, Year)  49. DATE FILED - REGISTRAR (Mo., Day, Year)	EVEN J MCCUISTON 3180 PRESIDE	NTIAL DR	UVE ATLAN	TA GEOR	GIÑ 30:	340		*	·			
2.1000, Day, 19a)	REGISTRAD		<del></del>						40 04	- F11.F-		
n 3903 (Rev. 04/2012), GEORGIA DEPARTMENT OF HUMAN RESOURCES		-									:GISTRAR	(Mo., Day, Year)
	13903 (Rev. 04/2012), GEORGIA DEPARTI	MENT OF HL	JMAN RESOU	RCES			·		U4/25/20	V14		

## Exhibit "C"

## 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? 

ON THE STATE OF THE 1, 2, 3, OR 4, PLEASE NOTIFY THE CORONER IN THE COUNTY WHERE THE BODY WAS FOUND OR THE DEATH OCCURRED.



REGISTRAR	<b>\</b>	CAUSE OF DEATH If Infant Death, Indicate Birth Death No. of Metals, No.	Conditions, if Any, Which Gave Rise To Immediate Cause Stating The Underlying Cause Last.	INFORMANT	Usual Readence Ware Posture War	TYPE OR PRINT IN PERMANENT BLACK OR BLUE-BLACK
(Sprains)  22.   BETT OF HUMAN SEROUS CERVITAL RECORDS DEFINICE	PALURY (Home, Ferm, Street, Festory, Official)  urned at the time, date and piace and due to the time, date and piace and due to the time.  HOUR OF DEATH  PALIFIER  R THAN CERTIFIER  200. 7 03  R THAN CERTIFIER	TONS - conditions contributing to death but not related to shift occurred with 90 days of death.)  DATE OF OPERATION (No., Day, Year)  28th.  DATE OF INJURY (No. Day Year)	Bryan E. Rickert 216, 3848 2  IMMEDIATE CAUSE: (Enter only one cause par line C AND   In C A FLC5 7  20 10, or as a consequence of: (C) (L) (N) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	INFORMANT'S NAME FIRST MIDDIE MAILING ADDRESS (STANT)  194. REALPH Hansel Johnson 195. Shellville BURILL CREMATION, DISPOSITION DATE REMOVAL (Speak) (Mo., Day, Yea)  204. Burial 205. June 30, 2009 200. Eternal Hills Memory RAMENDAL DIRECTOR FUN. DIR. LIDENSE NO. 100. NAME AND ADDRESS (STANT)  214. Alan Johnson 215. 3880 Tom 18  PUNDIAL DIRECTOR 1215. SAMMAR LIDENSE NO. 2008.	BER COUNTY  10b. USA 10b. USA 10b. USA 10b. USA 10b. USA 11b. Homemaker 10county 11b. Gwinnett 11b.	THISTATE OF GEORGIA   Birth    to, Lard  Tohnson  ORIGIN OF DECEDENT (Ralion, Mex.   Department, segles, etc.)  French, English, etc.   1  French, English   1  French,
DA I PALE RESERVED BY REGISTRANC (Mrs., Day, Year)	DRESS OF CENTIFIER (Street, S.F.O. No., C.Y. or Town, Stere, Zip, County)  DONOCED DEAD (Mo., Day, Year)  DUNCED DEAD (Mo., Day, Year)  DRESS OF CENTIFIER (Street, S.F.O. No., C.Y. or Town County)  DRESS OF CENTIFIER (Street, S.F.O. No., C.Y. or Town County)  DRESS OF CENTIFIER (Street, S.F.O. No., C.Y. or Town County)  DRESS OF CENTIFIER (Street, S.F.O. No., C.Y. or Town County)	AUTOPSY (Yes or AD)   F YES, WERE FINDINGS MINING CAUSE OF DEATH 25s, NO 25b, POR WHICH OPERATION WAS PERFORMED (Speedy)	Hwy 78 West Ville, Georgia 30039-   Approximate   Approxim	LESS (Street, R.F.D. Mt., City or Town, State, Zip)  LOCATION (City or Town, State, Zip, County)  Memory Gardens 2nd, Snellville, GA 30078- G  ME AND ADDRESS OF FACILITY (Street, R.F.D. Mc., City or Town, State, Zip)  Tom M. Wages Funeral Service, IIIC	puried or indicated, pive appuses name. If poh Hansel Johnson Honsel Idohnson Hindustry or susines as a street and number and zip con the street and zip	DOCEDENT   S. FEMALE, ENTER   LOCK   File   LINDBER

This is an exact copy of the death certificate received for filing in Gwinnett County Probate Court

Walter J. Clarke
County Custodian
Vital Records

JUL 0 7 2009