



# 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  
Snellville, GA 30078  
Phone 770.985.3515 Fax 770.985.3551

RECEIVED

MAY 22 2023

2625 BEVERLY LN #2300249  
REZONING APPLICATION RZ-23-04  
PARCEL- 5027 001B

2300249

Version 10-29-2020

**Applicant** is: (check one)  Owner's Agent  Contract Purchaser  Property Owner  
**Owner** (if not the applicant):  check here if there are additional property owners and attach additional sheets.

Benny Hansel Johnson  
Name (please print)  
210 Appleby Dr. Apt 113  
Address  
Athens, Ga. 30605-5486  
City, State, Zip Code  
404-993- 2330  
Phone Number(s) Fax

\_\_\_\_\_  
Name (please print)  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State, Zip Code  
\_\_\_\_\_  
Phone Number(s) Fax

Contact Person: Bobby Bullard 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 Residential Does the FLUM Require Amending?  No  Yes\*

Proposed Use (Describe): Residential

Property Address/Location: 2625 Beverly Lane District 5 Land Lot 027 Parcel(s) 001B

\* If the requested zoning district is not consistent with the Future Land Use category on the current Future Land Use Map (FLUM) and identified in Table 2 – Future Land Use Categories and Corresponding Zoning Districts (pg. 53) of the Snellville 2040 Comprehensive Plan, applicant shall also be required to submit a Land Use Plan Amendment application and which is considered concurrent with the Rezoning application.

**APPLICATION FEES:**

- Less than one acre \$ 500
- 1 to 5 acres 560 + 90 + 75 + 75
- 5 to 10 acres 800
- 10 to 15 acres 1,050
- 15 to 20 acres 1,350
- Over 20 acres 1,900
- Public Notice Sign \$ 75 (single-sided) or \$125 (double-sided) per parcel, per road frontage
- Adjoining Property Owner Notice \$ 15 (per adjoining property X 2 public hearings)

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



# REZONING APPLICATION

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2342 Oak Road, 2<sup>nd</sup> Floor  
Snellville, GA 30078  
Phone 770.985.3515 Fax 770.985.3551

DATE RECEIVED: \_\_\_\_\_

CASE # **RZ** \_\_\_\_\_

Version 10-29-2020

**Applicant** is: (check one)  
 Owner's Agent  
 Contract Purchaser  
 Property Owner

**Owner** (if not the applicant):  check here if there are additional property owners and attach additional sheets.

Name (please print) \_\_\_\_\_

**Beverly J Longenecker**  
Name (please print)

Address \_\_\_\_\_

**150 Chestnut Chase**  
Address

City, State, Zip Code \_\_\_\_\_

**Hoschton, Ga. 30548**  
City, State, Zip Code

Phone Number(s) \_\_\_\_\_ Fax \_\_\_\_\_

**404-423- 4406**  
Phone Number(s)

Contact Person: **Bobby Bullard** 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 Residential** Does the FLUM Require Amending?  No  Yes\*

Proposed Use (Describe): **Residential**

Property Address/Location: **2625 Beverly Lane** District **5** Land Lot **027** Parcel(s) **001B**

\* If the requested zoning district is not consistent with the Future Land Use category on the current Future Land Use Map (FLUM) and identified in Table 2 – Future Land Use Categories and Corresponding Zoning Districts (pg. 53) of the Snellville 2040 Comprehensive Plan, applicant shall also be required to submit a Land Use Plan Amendment application and which is considered concurrent with the Rezoning application.

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Phone 770.985.3515 Fax 770.985.3551

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CASE # **RZ** \_\_\_\_\_

Version 10-29-2020

**Applicant** is: (check one)  
 Owner's Agent  
 Contract Purchaser  
 Property Owner

**Owner** (if not the applicant):  check here if there are additional property owners and attach additional sheets.

Name (please print) \_\_\_\_\_

Lisa J. Yates  
Name (please print)

Address \_\_\_\_\_

4812 Savilla Shores Dr  
Address

City, State, Zip Code \_\_\_\_\_

Wimauma, Fl. 33598  
City, State, Zip Code

Phone Number(s) \_\_\_\_\_ Fax \_\_\_\_\_

770-316-2245  
Phone Number(s)

\_\_\_\_\_ Fax \_\_\_\_\_

Contact Person: Bobby Bullard 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 Residential Does the FLUM Require Amending?  No  Yes\*

Proposed Use (Describe): Residential

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

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 of 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 nearby 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 currently zoned.

Response: The property to be affected by the zoning proposal does have a reasonable economic use as currently zoned.

D. Whether the zoning proposal will result in a use which will or could cause an excessive or burdensome 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 Plan.

F. Whether there are 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 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 proposal.

**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.

Benny Hansel Johnson 5/8/23  
Signature of Applicant Date

Benny Hansel Johnson  
Type or Print Name and Title

Affix Notary Seal

Alina Ritter 5/8/2023  
Signature of Notary Public Date

ALINA RITTER  
NOTARY PUBLIC  
Gwinnett County  
State of Georgia  
My Comm. Expires June 29, 2023

PROPERTY OWNER'S CERTIFICATION

The undersigned below, or as attached, swear and affirm that I am (we are) the owner of property that is subject to this application, as shown in the records of Gwinnett County, Georgia which is the subject matter of the attached application. I further authorize \_\_\_\_\_ to file this application. The undersigned is aware that 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.

Check here if there are additional property owners and attach additional "Owner's Certification" sheets.

Benny H. Johnson 5/8/23  
Signature of Owner Date

Benny H. Johnson  
Type or Print Name and Title

Affix Notary Seal

Alina Ritter 5/8/2023  
Signature of Notary Public Date

ALINA RITTER  
NOTARY PUBLIC  
Gwinnett County  
State of Georgia  
My Comm. Expires June 29, 2023





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.

Benny Hansel Johnson 5/8/23  
Signature of Owner or Agent Date

Benny Hansel Johnson  
Type or Print Name and Title

Affix Notary Seal

Alina Ritter 5/8/2023  
Signature of Notary Public Date

ALINA RITTER  
NOTARY PUBLIC  
Gwinnett County  
State of Georgia  
My Comm. Expires June 29, 2023



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

Beverly J. Longenecker      5-8-2023  
Signature of Owner or Agent      Date

Beverly J. Longenecker  
Type or Print Name and Title

Affix Notary Seal

ALINA RITTER  
NOTARY PUBLIC  
Gwinnett County  
State of Georgia  
My Comm. Expires June 29, 2023

Alina Ritter      5/8/2023  
Signature of Notary Public      Date

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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.

Lisa Gates 5/5/23  
Signature of Owner or Agent Date

Lisa Gates  
Type or Print Name and Title

Mariella Crapanzano 5/16/2023  
Signature of Notary Public Date

Affix Notary Seal

Mariella Crapanzano  
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.

check here if there are additional applicants and attach additional "Conflict of Interest Certification" sheets.

Benny Hansel Johnson 5/8/23  
Signature of Applicant Date

Benny Hansel Johnson  
Type or Print Name and Title

Benny H. Johnson  
Signature of Applicant's Attorney or Representative Date

Type or Print Name and Title

Alina Ritter 5/8/2023  
Signature of Notary Public Date

Affix Notary Seal

ALINA RITTER  
NOTARY PUBLIC  
Gwinnett County  
State of Georgia  
My Comm. Expires June 29, 2023

**DISCLOSURE OF CAMPAIGN CONTRIBUTIONS**

Have you, within the last two (2) years immediately preceding the filing of this application, made campaign contributions aggregating \$250.00 or more or made gifts having in the aggregate a value of \$250.00 or more to any member of the Mayor and City Council or any member of the Snellville Planning Commission?

YES  NO YOUR NAME: Benny Hansel Johnson

If the answer above is YES, please complete 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)

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

**CONFLICT OF INTEREST CERTIFICATIONS  
FOR REZONING APPLICATION**

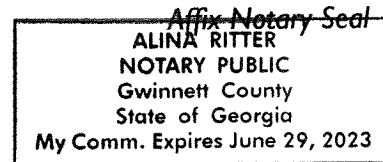
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check here if there are additional applicants and attach additional "Conflict of Interest Certification" sheets.

Beverly I Longenecker 5-8-2023 Beverly I Longenecker  
Signature of Applicant Date Type or Print Name and Title

\_\_\_\_\_  
Signature of Applicant's Attorney or Representative Date Type or Print Name and Title

Alina Ritter 5/8/2023  
Signature of Notary Public Date



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Have you, within the last two (2) years immediately preceding the filing of this application, made campaign contributions aggregating \$250.00 or more or made gifts having in the aggregate a value of \$250.00 or more to any member of the Mayor and City Council or any member of the Snellville Planning Commission?

YES  NO YOUR NAME: Beverly I Longenecker

If the answer above is YES, please complete 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)

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 additional "Conflict of Interest Certification" sheets.

Lisa Yates      5/5/23      Lisa Yates  
Signature of Applicant      Date      Type or Print Name and Title

\_\_\_\_\_  
Signature of Applicant's Attorney or Representative      Date      Type or Print Name and Title

Mariella Crapanzano      5/6/23  
Signature of Notary Public      Date

Affix Notary Seal  
Mariella Crapanzano  
Notary Public  
State of Florida  
My Commission Expires 05/07/2023  
Commission No. GG 332021

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YES       NO      YOUR NAME: Lisa Yates      Lisa Yates

If the answer above is YES, please complete 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)

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 6<sup>th</sup> day of October, 2017 between **BENNY 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.\***

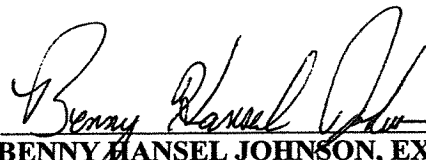
**TO HAVE AND TO HOLD** the said tract or parcel of land, with all and singular rights, members and appurtenances thereof, to the same being, belonging, or in anywise appertaining to the only proper use, benefit and behoof of the said Grantee forever in **FEE SIMPLE**, in as full and ample manner as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

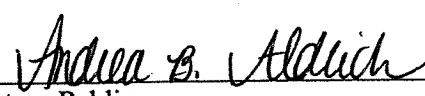
**AND THE SAID** Grantor will warrant and forever defend the right and title to the above-described property unto the said Grantee against the claims of all persons whomsoever.

**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:

  
\_\_\_\_\_  
Witness

  
\_\_\_\_\_  
**BENNY HANSEL JOHNSON, EXECUTOR** (Seal)

  
\_\_\_\_\_  
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.



DENISE R. MITCHELL, MPA  
GWINNETT COUNTY  
TAX COMMISSIONER



## 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





Exhibit "D"

FILED IN OFFICE  
CLERK PROBATE COURT  
GWINNETT COUNTY, GA

2014 AUG 21 AM 11:35

IN THE PROBATE COURT  
COUNTY OF GWINNETT  
STATE OF GEORGIA

IN RE: ESTATE OF

RALPH HANSEL JOHNSON,  
DECEASED

)  
)  
) ESTATE NO. 14-E-000971-6  
)  
*mw* CLERK

LETTERS TESTAMENTARY  
(Relieved of Filing Returns)

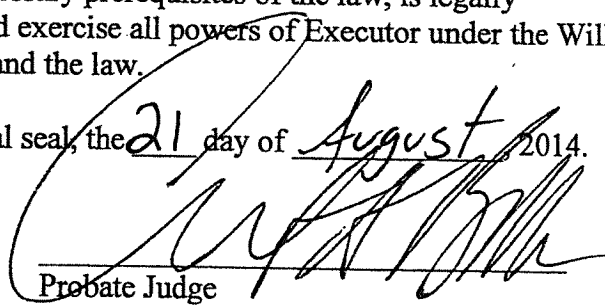
By CHRISTOPHER A. BALLAR, Judge of the Probate Court of the above County.

KNOW ALL WHOM IT MAY CONCERN:

At a regular term of Probate Court, the Last Will and Testament dated JANUARY 27, 2011, of RALPH HANSEL JOHNSON, 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 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.

NOW, THEREFORE the said BENNY HANSEL JOHNSON, 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, the 21 day of August, 2014.

  
\_\_\_\_\_  
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, Georgia (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 21<sup>st</sup> day of

August 2014  
Martha Wade  
\_\_\_\_\_  
Clerk, Probate Court of Gwinnett County

IN THE PROBATE COURT OF GWINNETT COUNTY  
STATE OF GEORGIA

FILED IN OFFICE  
CLERK OF PROBATE COURT  
GWINNETT COUNTY, GA.  
2017 JUL 25 PM 1:56  
sb  
CLEA

IN RE: ESTATE OF )

DOROTHY ARLENE JOHNSON, )  
DECEASED )

ESTATE NO. 17-E-000893

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 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.

Given under my hand and official seal, the 24<sup>th</sup> day of July, 2017.

Hilary B. Crawford  
Judge of the Probate Court

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

Issued by:

\_\_\_\_\_  
Clerk of the Probate Court

STATE OF GEORGIA [Seal]  
GWINNETT COUNTY

I, THE UNDERSIGNED, Clerk of the Probate Court of Gwinnett County, Georgia, DO 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 25 day of

July 2017  
Judith Bostwick  
Clerk, Probate Court of Gwinnett County

Exhibit "B"

10+VA  
RC

GEORGIA DEATH CERTIFICATE

State File Number 2014GA000017320

1. DECEDENT'S LEGAL FULL NAME (First, Middle, Last) <b>RALPH HANSEL JOHNSON</b>		1a. IF FEMALE, ENTER LAST NAME AT BIRTH		2. SEX <b>MALE</b>	2a. DATE OF DEATH (Mo., Day, Year) <b>ACTUAL DATE OF DEATH 04/05/2014</b>	
3. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>	4a. AGE (Years) <b>88</b>	4b. UNDER 1 YEAR Mos.	4c. UNDER 1 DAY Days	5. DATE OF BIRTH (Mo., Day, Year) <b>09/06/1925</b>		
6. BIRTHPLACE <b>GEORGIA</b>	7a. RESIDENCE - STATE <b>GEORGIA</b>	7b. COUNTY <b>GWINNETT</b>		7c. CITY, TOWN <b>SNELLVILLE</b>		
7d. STREET AND NUMBER <b>2645 BEVERLY LANE</b>		7e. ZIP CODE <b>30078</b>	7f. INSIDE CITY LIMITS? <b>YES</b>		8. ARMED FORCES? <b>YES</b>	
8a. USUAL OCCUPATION <b>CONSULTANT</b>		8b. KIND OF INDUSTRY OR BUSINESS <b>GAS</b>				
9. MARITAL STATUS <b>WIDOWED</b>		10. SPOUSE NAME <b>DOROTHY STEPHENS</b>		11. FATHER'S FULL NAME (First, Middle, Last) <b>RALPH JOHNSON</b>		
12. MOTHER'S MAIDEN NAME (First, Middle, Last) <b>CORA RUTLEDGE</b>		13a. INFORMANT'S NAME (First, Middle, Last) <b>BENNY H. JOHNSON</b>		13b. RELATIONSHIP TO DECEDENT <b>SON</b>		
13c. MAILING ADDRESS <b>3061 MT PARAN ROAD MONROE GEORGIA 30655</b>				14. DECEDENT'S EDUCATION <b>SOME COLLEGE CREDIT LEADING TO AN ASSOCIATE DEGREE</b>		
15. ORIGIN OF DECEDENT (Italian, Mex., French, English, etc.) <b>NO, NOT SPANISH/HISPANIC/LATINO</b>		16. DECEDENT'S RACE (White, Black, American Indian, etc.) (Specify) <b>WHITE</b>				
17a. IF DEATH OCCURRED IN HOSPITAL		17b. IF DEATH OCCURRED OTHER THAN HOSPITAL (Specify) <b>HOSPICE FACILITY</b>				
18. HOSPITAL OR OTHER INSTITUTION NAME (If not in either give street and no.) <b>EMBRACING HOSPICE CARE.</b>			19. CITY, TOWN or LOCATION OF DEATH <b>SNELLVILLE</b>		20. COUNTY OF DEATH <b>GWINNETT</b>	
21. METHOD OF DISPOSITION (specify) <b>BURIAL</b>		22. PLACE OF DISPOSITION <b>ETERNAL HILLS MEMORY GARDENS 3700 STONE MOUNTAIN HWY SNELLVILLE GEORGIA 30039</b>		23. DISPOSITION DATE (Mo., Day, Year) <b>04/07/2014</b>		
24a. EMBALMER'S NAME <b>CHRISTOPHER S. BANKS CFSP</b>		24b. EMBALMER LICENSE NO. <b>3757</b>		25. FUNERAL HOME NAME <b>TOM M WAGES FUNL SVC LLC. SNELLVILLE.</b>		
25a. FUNERAL HOME ADDRESS <b>3705 HWY 78 WEST SNELLVILLE GEORGIA 30039</b>						
26a. SIGNATURE OF FUNERAL DIRECTOR <b>CHRISTOPHER S BANKS CFSP</b>			26b. FUN. DIR. LICENSE NO <b>4177</b>		AMENDMENTS	
27. DATE PRONOUNCED DEAD (Mo., Day, Year) <b>04/05/2014</b>		28. HOUR PRONOUNCED DEAD <b>04:15 AM</b>				
29a. PRONOUNCER'S NAME <b>Marva Angela Nangle</b>			29b. LICENSE NUMBER <b>RN182472</b>		29c. DATE SIGNED <b>04/05/2014</b>	
30. TIME OF DEATH <b>04:15 AM</b>			31. WAS CASE REFERRED TO MEDICAL EXAMINER <b>NO</b>			
32. Part I. Enter the chain of events-diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.						Approximate interval between onset and death
IMMEDIATE CAUSE (Final disease or condition resulting in death)						<b>UNKNOWN</b>
A. <b>CARDIOVASCULAR SYSTEM DISEASE</b>						
Due to, or as a consequence of						
B.						
Due to, or as a consequence of						
C.						
Due to, or as a consequence of						
D.						
Part II. Enter significant conditions contributing to death but not related to cause given in Part 1A. If female, indicate if pregnant or birth occurred within 90 days of death.						
33. WAS AUTOPSY PERFORMED? <b>NO</b>			34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
35. TOBACCO USE CONTRIBUTED TO DEATH <b>UNKNOWN</b>		36. IF FEMALE (range 10-54) PREGNANT <b>NOT APPLICABLE</b>		37. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify) <b>NATURAL</b>		
38. DATE OF INJURY (Mo., Day, Year)		39. TIME OF INJURY		40. PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify)		41. INJURY AT WORK? (Yes or No)
42. LOCATION OF INJURY (Street, Apartment Number, City or Town, State, Zip, County)						
43. DESCRIBE HOW INJURY OCCURRED					44. IF TRANSPORTATION INJURY	
45. To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated. Medical Certifier (Name, Title, License No.) <b>STEVEN J MCCUISTON, MD, 31788</b>				46. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. Medical Examiner/Coroner (Name, Title, License No.)		
45a. DATE SIGNED (Mo., Day, Year) <b>04/10/2014</b>		45b. HOUR OF DEATH <b>04:15 AM</b>		46a. DATE SIGNED (Mo., Day, Year)		46b. HOUR OF DEATH
47. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH <b>STEVEN J MCCUISTON 3180 PRESIDENTIAL DRIVE ATLANTA GEORGIA 30340</b>						
48. REGISTRAR (Signature) <b>/S/ DEBORAH C. ADERHOLD</b>				49. DATE FILED - REGISTRAR (Mo., Day, Year) <b>04/25/2014</b>		

Exhibit "C"

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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?  YES  NO  
IF "YES" TO EITHER 1, 2, 3, OR 4, PLEASE NOTIFY THE CORONER IN THE COUNTY WHERE THE BODY WAS FOUND OR THE DEATH OCCURRED.

**CERTIFICATE OF DEATH/STATE OF GEORGIA**

DECEASED: **Dorothy Arlene Johnson**, 1b. Stephens, 2. Female, 3. June 28, 2009, 4. White, 5. American, 6. June 12, 1928, 7. 81, 8. Snellville, 9. Snellville, 10. Gwinnett, 11. Married, 12. Ralph Hansel Johnson, 13. No, 14. Georgia, 15. Own Home, 16. 2645 Beverly Lane, 17. John Williams, 18. Stephens, 19. Moore, 20. June 30, 2009, 21. 3880, 22. 3705 Hwy 78 West, 23. 77109, 24. 041053, 25. Tucker, GA 30084, 26. 7:03 AM, 27. 7/109, 28. 303, 29. AT

**CAUSE OF DEATH:** CHRONIC HEART DISEASE  
CORONARY ARTERY DISEASE  
Renal Failure

**REGISTRAR:** DR. [Signature] 7/109

**CERTIFIER:** [Signature] 7/3/09

**Funeral Director:** Alan Johnson, Bryan E. Rickert, Tom M. Wages Funeral Service, LLC, 3705 Hwy 78 West, Snellville, Georgia 30039-77109

This is an exact copy of the death certificate received for filing in Gwinnett County Probate Court.  
Walter J. Clarke  
County Custodian  
Vital Records  
Issuing clerk  
date

JUL 07 2009