

AFTER RECORDING RETURN TO:

Name: Wyers Law, PC
Address: P. O. Box 421
City/State: Bingen, WA 98605-0421

Document Title(s): (or transactions contained therein)

1. Certificate of Death

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page ____ of document

Grantor(s): (Last name first, then first name and initials)

1. Barnes, Alice Medora

☐ Additional names on page ____ of document

Grantee(s): (Last name first, then first name and initials)

1. The Public

☐ Additional names on page ____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/
quarter/quarter)

☐ Complete legal description is on page ____ of document

Assessor's Property Tax Parcel/Account Number(s):

GEORGIA DEATH CERTIFICATE

Birth Number		State File Number 2012GA000058243							
1. DECEDENT'S LEGAL FULL NAME (First, Middle, Last) ALICE MEDORA BARNES		1a. IF FEMALE, ENTER LAST NAME AT BIRTH HYDE		2. SEX FEMALE		2a. DATE OF DEATH (Mo., Day, Year) ACTUAL DATE OF DEATH 12/29/2012			
3. SOCIAL SECURITY NUMBER REDACTED		4a. AGE (YEARS) 84		4b. UNDER 1 YEAR Mos. Days Hours Mins.		4c. UNDER 1 DAY		5. DATE OF BIRTH (Mo., Day, Year) 05/24/1928	
6. BIRTHPLACE MASSACHUSETTS		7a. RESIDENCE - STATE GEORGIA		7b. COUNTY GWINNETT		7c. CITY, TOWN LOGANVILLE			
7d. STREET AND NUMBER 3795 BRUSHYMILL COURT		7e. ZIP CODE 30052		7f. INSIDE CITY LIMITS? NO		8. ARMED FORCES? NO			
8a. USUAL OCCUPATION HOMEMAKER		8b. KIND OF INDUSTRY OR BUSINESS OWN HOME							
9. MARITAL STATUS WIDOWED		10. SPOUSE NAME GAY G BARNES				11. FATHER'S FULL NAME (First, Middle, Last) CHARLES HYDE			
12. MOTHER'S MAIDEN NAME (First, Middle, Last) ALICE BUCK		13a. INFORMANT'S NAME (First, Middle, Last) DIANE GIANANTONIO				13b. RELATIONSHIP TO DECEDENT DAUGHTER			
13c. MAILING ADDRESS 3795 BRUSHYMILL COURT, LOGANVILLE, GEORGIA 30052				14. DECEDANT'S EDUCATION SOME COLLEGE CREDIT, BUT NOT A DEGREE					
15. ORIGIN OF DECEDENT (Italian, Mex., French, English, etc.) NO. NOT SPANISH/HISPANIC/LATINO		16. DECEDENT'S RACE (White, Black, Amer., Indian, etc.) (Specify) WHITE							
17a. IF DEATH OCCURRED IN HOSPITAL				17b. IF DEATH OCCURRED OTHER THAN HOSPITAL (Indicate DOA, OP/EMER., Rm., Inpatient) (Specify) DECEDENT'S HOME					
18. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and No.) 3795 BRUSHYMILL COURT LOGANVILLE, GEORGIA 30052				19. CITY, TOWN or LOCATION OF DEATH LOGANVILLE		20. COUNTY OF DEATH GWINNETT			
21. METHOD OF DISPOSITION (Specify) CREMATION		22. PLACE OF DISPOSITION WALTON CREMATORY LOGANVILLE, GEORGIA 30052 WALTON				23. DISPOSITION DATE (Mo., Day, Year) 01/07/2013			
24a. EMBALMER'S NAME NOT EMBALMED		24b. EMBALMER LICENSE NO.		25. FUNERAL HOME NAME TIM STEWART FUNL HOME INC					
25a. FUNERAL HOME ADDRESS LOGANVILLE, GEORGIA 30052									
26a. SIGNATURE OF FUNERAL DIRECTOR /S/ T JASON STEWART				26b. FUN. DIR. LICENSE NO. 4283					
27. DATE PRONOUNCED DEAD (Mo., Day, Year) 12/29/2012		28. HOUR PRONOUNCED DEAD 11:00 PM							
29a. PRONOUNCER'S NAME MONICA L PALMORE				29b. LICENSE NUMBER 208393		29c. DATE SIGNED 12/29/2012			
30. TIME OF DEATH 11:00 PM		31. WAS CASE REFERRED TO MEDICAL EXAMINER NO							
32. Part I. Enter the chain of events-diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBRVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) A. ALZHEIMER'S DEMENTIA Due to, or as a consequence of B. Due to, or as a consequence of C. Due to, or as a consequence of D.						Approximate interval between onset and death 2004			
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.) CVA - SEIZURE				33. WAS AUTOPSY PERFORMED? NO		34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NO			
35. TOBACCO USE CONTRIBUTED TO DEATH NO		36. IF FEMALE NOT APPLICABLE		37. ACCIDENT, SUICIDE, HOMICIDE, UNDERTERMINED (Specify) NATURAL					
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.) /S/ AMIT K DUA MD 50695				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) 01/10/2013		45b. HOUR OF DEATH 11:00 PM		46a. DATE SIGNED (Mo., Day, Year)		46b. HOUR OF DEATH			
47. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH AMIT K DUA 595 HURRICANE SHLS RD STE 200, LAWRENCEVILLE, GEORGIA 30046									
48. REGISTRAR (Signature) /S/ Deborah C. Adenhold				49. DATE FILED - REGISTRAR (Mo., Day, Year) 01/15/2013					

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Arthur C. Adcock

STATE REGISTRAR AND CUSTODIAN
GEORGIA STATE OFFICE OF VITAL RECORDS

County Custodian: *Sue C. Hanson*

Issued by: *Karen L. Burns Depley*

Date Issued: *1-15-13*

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