

MARGARET L BAILEY
DORCHESTER COUNTY
REGISTER OF DEEDS

201 Johnston Street ~ Saint George, SC 29477 (843) 563-0181

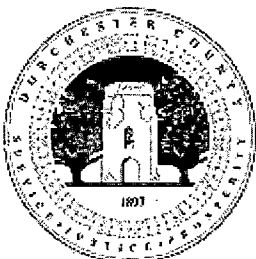
*** THIS PAGE IS PART OF THE INSTRUMENT - DO NOT REMOVE ***



Instrument #:	2026001244		
Receipt Number:	221009	Return To:	R WASLEY
Recorded As:	DECLARATION		
Recorded On:	January 16, 2026		
Recorded At:	03:10:31 PM	Received From:	R WASLEY
Recorded By:	NW	Parties:	
Book/Page:	RB 16356: 65 - 68		Direct- WASLEY, STUART ROBERT
Total Pages:	4		Indirect- WASLEY, RONALD GEORGE

*** EXAMINED AND CHARGED AS FOLLOWS ***

Recording Fee: \$10.00
Tax Charge: \$0.00



Margaret Bailey

Margaret Bailey - Register of Deeds

ALTERNATE DECLARATION FORM

Decedent's Name: Stuart Robert Wasley

Date of Death: 09/12/2025

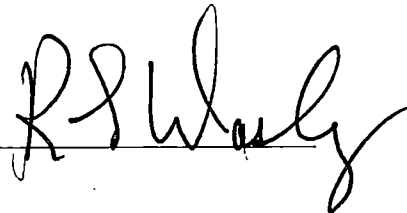
Grantee Name (Surviving Joint Tenant): Ronald George Wasley

TMS #: 143-08-05-013-001

Property Information: 116A Argosy Drive
Summerville, SC 29483

Statement: The undersigned, Ronald George Wasley, declares that Stuart Robert Wasley, one of the joint tenants with rights of survivorship in the above-referenced property, died on 09/12/2025. By operation of law, the interest of the deceased joint tenant has vested in the surviving joint tenant, Ronald George Wasley.

Signature of Declarant (Surviving Joint Tenant):



Date: 01/13/2026

Notary Acknowledgment

State of Georgia

County of Gwinnett

Subscribed and sworn before me this 13th day of January 2026.

Notary Public Signature:



My Commission Expires:

3/6/27



Return to: R. Wasley, 964 Laura Jean Court, Buford, GA 30518

GEORGIA DEATH CERTIFICATE

State File Number 2025GA000065415

1. DECEDENT'S LEGAL FULL NAME (First, Middle, Last) STUART R. WASLEY		1a. IF FEMALE, ENTER LAST NAME AT BIRTH		2. SEX MALE	2a. DATE OF DEATH (Mo., Day, Year) ACTUAL DATE OF DEATH 09/12/2025	
3. SOCIAL SECURITY NUMBER	4a. AGE (Years) 54	4b. UNDER 1 YEAR Mos.	4c. UNDER 1 DAY Days	4d. UNDER 1 DAY Hours	5. DATE OF BIRTH (Mo., Day, Year)	
6. BIRTHPLACE ENGLAND	7a. RESIDENCE - STATE GEORGIA	7b. COUNTY GWINNETT			7c. CITY, TOWN BUFORD	
7d. STREET AND NUMBER 964 LAURA JEAN COURT		7e. ZIP CODE 30518		7f. INSIDE CITY LIMITS? NO		8. ARMED FORCES? NO
8a. USUAL OCCUPATION DISABILITY		8b. KIND OF INDUSTRY OR BUSINESS NONE				
9. MARITAL STATUS DIVORCED	10. SPOUSE NAME			11. FATHER'S FULL NAME (First, Middle, Last) RONALD GEORGE WASLEY		
12. MOTHER'S MAIDEN NAME (First, Middle, Last) VERONICA SHARP	13a. INFORMANT'S NAME (First, Middle, Last) VERONICA WASLEY			13b. RELATIONSHIP TO DECEDENT MOHTER		
13c. MAILING ADDRESS 964 LAURA JEAN COURT BUFORD GEORGIA 30518				14. DECEDENT'S EDUCATION HIGH SCHOOL GRADUATE OR GED COMPLETED		
15. ORIGIN OF DECEDENT (Spanish/Hispanic/Latino) NO, NOT SPANISH/HISPANIC/LATINO		16. DECEDENT'S RACE (White, Black, American Indian, etc.) (Specify) WHITE				
17a. IF DEATH OCCURRED IN HOSPITAL INPATIENT		17b. IF DEATH OCCURRED OTHER THAN HOSPITAL (Specify)				
18. HOSPITAL OR OTHER INSTITUTION NAME (If not in either give street and no.) NORTHSIDE HOSPITAL GWINNETT			19. CITY, TOWN or LOCATION OF DEATH LAWRENCEVILLE		20. COUNTY OF DEATH GWINNETT	
21. METHOD OF DISPOSITION (specify) CREMATION		22. PLACE OF DISPOSITION PEACHTREE CORNERS-JOHNS CREEK CREMATORY LLC 201 MORNINGSIDE DRIVE BUFORD GEORGIA 30518			23. DISPOSITION DATE (Mo., Day, Year) 09/16/2025	
24a. EMBALMER'S NAME NOT EMBALMED		24b. EMBALMER LICENSE NO.		25. FUNERAL HOME NAME CROWELL BROS FUNERAL HOME AND CREMATORY-BUFORD		
25a. FUNERAL HOME ADDRESS 201 MORNINGSIDE DRIVE BUFORD GEORGIA 30518						
26a. SIGNATURE OF FUNERAL DIRECTOR ALAN CROWELL			26b. FUN. DIR. LICENSE NO 3387		AMENDMENTS	
27. DATE PRONOUNCED DEAD (Mo., Day, Year) 09/12/2025		28. HOUR PRONOUNCED DEAD 06:26 PM				
29a. PRONOUNCER'S NAME MOHAMED MAHFOUD			29b. LICENSE NUMBER 95074		29c. DATE SIGNED 09/12/2025	
30. TIME OF DEATH 06:26 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 ABBREVIATE.						Approximate interval between onset and death
IMMEDIATE CAUSE (Final disease or condition resulting in death) A. _____ Due to, or as a consequence of B. _____ Due to, or as a consequence of C. _____ Due to, or as a consequence of D. _____ Due to, or as a consequence of						MINUTES
						HOURS
						HOURS
						YEARS
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. DIABETES, END STAGE RENAL DISEASE				33. WAS AUTOPSY PERFORMED? NO		34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
35. TOBACCO USE CONTRIBUTED TO DEATH NO		36. IF FEMALE (range 10-54) PREGNANT NOT APPLICABLE			37. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (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.) MOHAMED M O MAHFOUD, MD, 95074				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) 09/15/2025		45b. HOUR OF DEATH 06:26 PM		46a. DATE SIGNED (Mo., Day, Year)		46b. HOUR OF DEATH
47. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH MOHAMED M O MAHFOUD 11109 PARKVIEW PLAZA DR FORT WAYNE INDIANA 46845						
48. REGISTRAR (Signature) /S/ DAPHANIE SCANDRICK					49. DATE FILED - REGISTRAR (Mo., Day, Year) 09/16/2025	

THIS IS TO CERTIFY THAT THIS IS A TRUE REPRODUCTION OF THE ORIGINAL RECORD ON FILE WITH THE STATE OFFICE OF VITAL RECORDS, GEORGIA DEPARTMENT OF PUBLIC HEALTH. THIS CERTIFIED COPY IS ISSUED UNDER THE AUTHORITY OF CHAPTER 31-10, CODE OF GEORGIA AND 511-1-3 DPH RULES AND REGULATIONS.

Daphne L. Sandrich

STATE REGISTRAR
GEORGIA STATE OFFICE OF VITAL RECORDS

COUNTY CUSTODIAN: *[Signature]*

ISSUED BY: *[Signature]*

DATE ISSUED: SEP 17 2025