

MARGARET L BAILEY
DORCHESTER COUNTY
REGISTER OF DEEDS

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

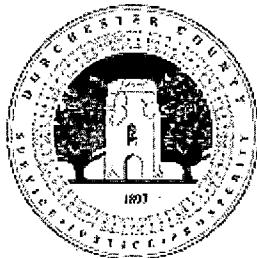
*** THIS PAGE IS PART OF THE INSTRUMENT - DO NOT REMOVE ***



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

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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): RJ Wasley

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: TJW

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 54	4a. AGE (Years) 54	4b. UNDER 1 YEAR Mos. Days Hours Mins.	4c. UNDER 1 DAY	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 MOTHER	
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 CREMATORIAL 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 CREMATORIAL-BUFORD		
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. 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					Approximate interval between onset and death MINUTES
32. 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					HOURS
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) 09/15/2025	39. TIME OF INJURY 06:26 PM	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.



STATE REGISTRAR
GEORGIA STATE OFFICE OF VITAL RECORDS

COUNTY CUSTODIAN: 

ISSUED BY: 

DATE ISSUED: 

SEP 17 2025