BILL GARRETT, Davidson County
Trans:T20130050670 AFFIDAVIT
Recvd: 06/17/13 11:27 3 pgs
Fees:17.00 Taxes:0.00
20130617-0061526

Affidavit of Heirship

I Mark A. Doyne ("Affiant"), residing at 26 Royal Way, Dallas, Texas 75229, duly sworn, and state:

1. I am over the age of eighteen years and have personal knowledge of the following facts.

2. I knew the decedent, Stanley Doyne, who died on November 16, 2012, from August 22, 1949 to November 16, 2012. Stanley Doyne was my Brother. Stanley Doyne's place of death was Dallas, Texas.

3. Stanley Doyne left the following items of real property and did not specifically refer to said property by Last Will and Testament:

> 1719 Hayes Street, Nashville, Texas, 37203, located in Davidson County and legally described as Lot No. 77 on the Plan of the Boyd Home Tract, as of record in Book 21, Page 39, Register's Office for Davidson County Said lot No. 77 fronts 50 feet on the southerly side of Hayes Street and runs back between parallel lines, with the easterly margin of 18th Avenue North, formerly Vanderbilt Avenue, 180 feet to an alley. Being the same property conveyed to George W. Doyne, and wife, Gertrude O. Doyne, by deed from Olivia B. Lineberry, of record in Book 2106, page 450, said Register's Office, the said George W. Doyne having since died. Transferred by Executors' Quitclaim Deed filed 10/4/2001 after Gertrude Doyne's death.

4. Stanley Doyne never married.

5. At the time of death, Stanley Doyne's sole surviving heirs were as follows:

Mark A. Doyne, 26 Royal Way, Dallas, Texas 75229, a Brother, born July 13, 1942.

_____, _____, _____, _____
_____, a _____, born _____.

Stephen E. Doyne, 13022 Caminito Pte, Del Mar, California 92014, a Brother, born July 13, 1945.

I declare that, to the best of my knowledge and belief, the information herein is true, correct and complete as of June 11, 2013 the date I affixed my signature to this Affidavit.

Mark A. Doyne

I prepared this document. Rita O. Doyne 6/10/13

This is a RocketLawyer.com document.

STATE OF TEXAS, COUNTY OF COLLIN, ss:

This Affidavit was acknowledged before me on this 11 day of June, 2013 by Mark Doyne, who, being first duly sworn on oath according to law, deposes and says that he/she has read the foregoing Affidavit subscribed by him/her, and that the matters stated herein are true to the best of his/her information, knowledge and belief.



Jerry L Hinton
Notary Public

Title (and Rank)

My commission expires 9-30-14

This is a RocketLawyer.com document.

STATE OF TEXAS

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS
NOV 19 2012

STATE OF TEXAS — **CERTIFICATE OF DEATH** — **STATE FILE NUMBER** 142-12-147478

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)		(Maiden)		2. DATE OF DEATH-ACTUAL OR PRESUMED (mm-dd-yyyy)	
STANLEY DOYNE				NOVEMBER 16, 2012	
3. SEX	4. DATE OF BIRTH (mm-dd-yyyy)	5. AGE-Last Birthday (Years)	IF UNDER 1 YR Mo / Days	IF UNDER 1 DAY Hours / Min	6. BIRTHPLACE (City & State or Foreign Country)
MALE	AUGUST 22, 1949	63			NASHVILLE, TN

7. SOCIAL SECURITY NUMBER	8. MARITAL STATUS AT TIME OF DEATH	9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)
[redacted]-3214	☐ Married ☐ Widowed ☐ Divorced ☒ Never Married ☐ Unknown	

10a. RESIDENCE STREET ADDRESS	10b. APT. NO.	10c. CITY OR TOWN
26 ROYAL WAY		DALLAS

10d. COUNTY	10e. STATE	10f. ZIP CODE	10g. INSIDE CITY LIMITS?
DALLAS	TEXAS	75229	☒ Yes ☐ No

11. FATHER'S NAME	12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE
GEORGE WILLIAM DOYNE	GERTRUDE OSHEROFF

13. PLACE OF DEATH (CHECK ONLY ONE)

IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA

IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice Facility ☒ Nursing Home ☐ Decedent's Home ☐ Other (Specify)

14. COUNTY OF DEATH	15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO)	16. FACILITY NAME (If not institution, give street address)
DALLAS	DALLAS, 75231	WALNUT PLACE

17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED	18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)
RITA DOYNE - SISTER IN LAW	26 ROYAL WAY, DALLAS, TX 75229

19. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from state ☐ Other (Specify)	20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	21. ☐ Unknown Section GARDEN OF DAVID Block Lot 6 Space 1
	EDWARD BOLING ,BY ELECTRONIC SIGNATURE - 115468	

22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	23. LOCATION (City/Town, and State)
HILLCREST MEMORIAL PARK CEMETERY	DALLAS, TX
24. NAME OF FUNERAL FACILITY	25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)
SPARKMAN HILLCREST FUNERAL HOME	7405 W. NORTHWEST HWY., DALLAS, TX 75225

26. CERTIFIER (Check only one)

☒ Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated.

☐ Medical Examiner/Justice of the Peace - 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) and manner stated.

27. SIGNATURE OF CERTIFIER	28. DATE CERTIFIED (mm-dd-yyyy)	29. LICENSE NUMBER	30. TIME OF DEATH(Actual or presumed)
CHARLES LEE SLEDGE , BY ELECTRONIC SIGNATURE	NOVEMBER 19, 2012	D4309	10:10 AM

31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City,State,Zip Code)	32. TITLE OF CERTIFIER
CHARLES LEE SLEDGE 8511 S SAM HOUSTON PKWY E SUITE 101, HOUSTON, TX 77075	MD

WARNING

The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to $10,000. (Health and Safety Code, Sec. 195, 1989)

CAUSE OF DEATH

33. PART 1. 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. ENTER ONLY ONE CAUSE ON EACH.

		Approximate interval Onset to death
IMMEDIATE CAUSE (Final disease or condition ——> resulting in death)	a. LATE STAGE ALZHEIMERS DISEASE	1 (ONE) YEAR
	Due to (or as a consequence of):	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b.	
	Due to (or as a consequence of):	
	c.	
	Due to (or as a consequence of):	
	d.	

PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I.

DYAPHAGIA; DEBILITY; FEBRILE ILLNESS

34. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No

35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

36. MANNER OF DEATH	37. DID TOBACCO USE CONTRIBUTE TO DEATH?	38. IF FEMALE:	39. IF TRANSPORTATION INJURY, SPECIFY:
☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be determined	☐ Yes ☒ No ☐ Probably ☐ Unknown	☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to one year before death ☐ Unknown if pregnant within the past year	☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

40a. DATE OF INJURY(mm-dd-yyyy)	40b.TIME OF INJURY	40c. INJURY AT WORK? ☐ Yes ☐ No	40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)

40e. LOCATION (Street and Number, City,State,Zip Code)	40f. COUNTY OF INJURY

41. DESCRIBE HOW INJURY OCCURRED

42a. REGISTRAR FILE NO.	42b. DATE RECEIVED BY LOCAL REGISTRAR	42c. REGISTRAR
0208763	NOVEMBER 19, 2012	REGISTRAR - CITY OF DALLAS, ELECTRONICALLY FILED

VS-112 REV 1/2006

JHE

EDR NUMBER 000001228988

QA01794877

This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED NOV 20 2012

Geraldine R. Harris

GERALDINE R. HARRIS
STATE REGISTRAR

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

THE STATE OF TEXAS

DEPARTMENT OF STATE HEALTH SERVICES · STATE OF TEXAS · VITAL STATISTICS

American Banknote Company

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE