

JOINT APPLICATION
FOR
A DEPARTMENT OF THE ARMY, CORPS OF ENGINEERS PERMIT,
STATE OF GEORGIA MARSHLAND PROTECTION PERMIT,
REVOCABLE LICENSE AGREEMENT
AND REQUEST FOR
WATER QUALITY CERTIFICATION
AS APPLICABLE

INSTRUCTIONS FOR SUBMITTING APPLICATION:

Every Applicant is Responsible to Complete The Permit Application and Submit as Follows: One copy each of application, location map, drawings, copy of deed and any other supporting information to addresses 1, 2, and 3 below. If water quality certification is required, send only application, location map and drawing to address No. 4.

1. For Department of the Army Permit, mail to: Commander, Savannah District, US Army Corps of Engineers, ATTN: CESAS-RD, 100 W. Oglethorpe Avenue, Savannah, Georgia 31401-3640. Phone (912) 652-5347 and/or toll free, Nationwide 1-800-448-2402.

2. For State Permit - State of Georgia (six coastal counties only) mail to: Habitat Management Program, Coastal Resources Division, Georgia Department of Natural Resources, 1 Conservation Way, Brunswick, Georgia 31523. Phone (912) 264-7218.

3. For Revocable License - State of Georgia (six coastal counties plus Effingham, Long, Wayne, Brantley and Charlton counties only) - Request must have State of Georgia's assent or a waiver authorizing the use of State owned lands. All applications for dock permits in the coastal counties or for docks located in tidally influenced waters in the counties listed above need to be submitted to Real Estate Unit. In addition to instructions above, you must send two signed form letters regarding revocable license agreement to: Ecological Services Coastal Resources Division, Georgia Department of Natural Resources, 1 Conservation Way, Brunswick, Georgia 31523. Phone (912) 264-7218.

4. For Water Quality Certification State of Georgia, mail to: Water Protection Branch, Environmental Protection Division, Georgia Department of Natural Resources, 4220 International Parkway, Suite 101, Atlanta, Georgia 30354 (404) 675-1631.

The application must be signed by the person authorized to undertake the proposed activity. The applicant must be the owner of the property or be the lessee or have the authority to perform the activity requested. Evidence of the above may be furnished by copy of the deed or other instrument as may be appropriate. The application may be signed by a duly authorized agent if accompanied by a statement from the applicant designating the agent. See item 6, page 2.

1. Application No. _____

2. Date 7.6.23

3. For Official Use Only _____

4. Name and address of applicant. David W. Lang/

5. Location where the proposed activity exists or will occur.

Lat. 30.719985° Long. -81.548347°

<u>Camden</u> County	<u>29th</u> Military District	<u>St. Marys</u> In City or Town
<u>St. Marys</u> Near City or Town	<u>N/A</u> Subdivision	<u>See deed</u> Lot No.
<u>0.14 acres</u> Lot Size	<u>11'</u> Approximate Elevation of Lo	<u>Georgia</u> State
<u>St. Marys River</u> Name of Waterway	<u>St. Marys River</u> Name of Nearest Creek, River, Sound, Bay or Hammock	

6. Name, address and title of applicant's authorized agent for permit application coordination.

Michael Moody - (912) 977-5241
256 S Topi Trl, Hinesville, GA 31313

Statement of Authorization: I hereby designate and authorize the above named person to act in my behalf as my agent in the processing of this permit application and to furnish, upon request, supplemental information in support of this application.

DocuSigned by:
David W. Lang 7/10/2023
Signature of Applicant Date

7. Describe the proposed activity, its purpose and intended use, including a description of the type of structures, if any to be erected on fills, piles, of float-supported platforms, and the type, composition and quantity of materials to be discharged or dumped and means of conveyance. If more space is needed, use remarks section on page 4 or add a supplemental sheet. (See Part III of the Guide for additional information required for certain activities.)

See attached project narrative and drawings.

8. Proposed use: Private Public Commercial Other (Explain)

9. Names and addresses of adjoining property owners whose property also adjoins the waterway.

See attached project narrative

10. Date activity is proposed to commence. Upon approval
Date activity is expected to be completed. Within 5 years

11. Is any portion of the activity for which authorization is sought now complete Y N

- a. If answer is "Yes", give reasons in the remarks in the remarks section. Indicate the existing work on the drawings.
- b. If the fill or work is existing, indicate date of commencement and completion.
- c. If not completed, indicate percentage completed.

12. List of approvals or certifications required by other Federal, State or local agencies for any structures, construction discharges, deposits or other activities described in this application. Please show zoning approval or status of zoning for this project.

<u>Issuing Agency</u>	<u>Type Approval</u>	<u>Identification No.</u>	<u>Date/Application</u>	<u>Date/Approval</u>
GA DNR	CMPA Permit	TBD		TBD

13. Has any agency denied approval for the activity described herein or for any activity directly related to the activity described herein?
 Yes NO (If "yes", explain).

Note: Items 14 and 15 are to be completed if you want bulkhead, dredge or fill.

14. Description of operation: (If feasible, this information should be shown on the drawing).

a. Purpose of excavation or fill _____.

1. Access channel length _____ depth _____ width _____

2. Boat basin length _____ depth _____ width _____

3. Fill area length _____ depth _____ width _____

4. Other _____ length _____ depth _____ width _____

(Note: If channel, give reasons for need of dimensions listed above.)

b. If bulkhead, give dimensions _____

-- Type of bulkhead construction (material) _____

1. Backfill required: Yes _____ No _____ Cubic yards _____

2. Where obtained _____

c. Excavated material

1. Cubic yards _____

2. Type of material _____

15. Type of construction equipment to be used _____

a. Does the area to be excavated include any wetland? Yes No

b. Does the disposal area contain any wetland? Yes No

c. Location of disposal area _____

d. Maintenance dredging, estimated amounts, frequency, and disposal sites to be utilized: _____

e. Will dredged material be entrapped or encased? _____

f. Will wetlands be crossed in transporting equipment to project site? _____

g. Present rate of shoreline erosion (if known) _____

16. Description of Avoidance, Minimization and Compensation: Provide a brief explanation describing how impacts to waters of the United States are being avoided and minimized on the project site. Also, provide a brief description of how impacts to waters of the United States will be compensated for, or a brief statement explaining why compensatory mitigation should not be required for those impacts.

The project will be entirely pile supported and will not require compensatory mitigation.

17. Water Quality Certification: In some cases, Federal law requires that a Water Quality Certification from the State of Georgia be obtained prior to issuance of a Federal license or permit. Applicability of this requirement to any specific project is determined by the permitting Federal agency. The information requested below is generally sufficient for the Georgia Environmental Protection Division to issue such a certification if required. Any item, which is not applicable to a specific project, should be so marked. Additional information will be requested if needed.

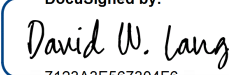
a. Please submit the following:

1. A plan showing the location and size of any facility, existing or proposed, for handling any sanitary or industrial waste waters generally on your property.
2. A plan of the existing or proposed project and your adjacent property for which permits are being requested.
3. A plan showing the location of all points where petro-chemical products (gasoline, oils, cleaners) used and stored. Any aboveground storage areas must be diked, and there should be no storm drain catch basins within the dike areas. All valving arrangements on any petro-chemical transfer lines should be shown.
4. A contingency plan delineating action to be taken by you in the event of spillage of petro-chemical products or other materials from your operation.
5. Plan and profile drawings showing limits of areas to be dredged, areas to be used for placement of spoil, locations of any dikes to be constructed showing locations of any weir(s), and typical cross sections of the dikes.

b. Please provide the following statements:

1. A statement that all activities will be performed in a manner to minimize turbidity in the stream.
2. A statement that there will be no oils or other pollutants released from the proposed activities which will reach the stream.
3. A statement that all work performed during construction will be done in a manner to prevent interference with any legitimate water uses.

18. Application is hereby made for a permit or permits to authorize the activities described herein; Water Quality Certification from the Georgia Environmental Protection Division is also requested if needed. I certify that I am familiar with the information contained in this application, and that to the best of my knowledge and belief such information is true, complete and accurate. I further certify that I possess the authority to undertake the proposed activities.

DocuSigned by:

7123A3E567304F6...
Signature of Applicant

19. U.S.C. Section 1001 provides that: Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact or makes any false, fictitious, or fraudulent statements or representations, or makes or uses false writing or document knowing same to contain any false, fictitious or fraudulent statement or entry, shall be fined no more than \$10,000 or imprisoned not more than 5 years or both.

PRIVACY ACT NOTICE

The Department of the Army permit program is authorized by Section 10 of the Rivers and Harbors Act of 1899, Section 404 of the Clean Water Act and Section 103 of the Marine Protection, Research and Sanctuaries Act of 1972. These laws require permits authorizing structures and work in or affecting navigable waters of the United States, the discharge of dredged or fills material into waters of the United States, and the transportation of dredged material for the purpose of dumping it into ocean waters. Information provided will be used in evaluating the application for a permit. Information in the application is made a matter of public record through issuance of a public notice. Disclosure of the information requested is voluntary; however, the data requested are necessary in order to communicate with the applicant and to evaluate the permit application. If necessary information is not provided, the permit application cannot be processed nor can a permit be issued.

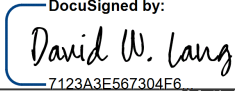
SUPPORTING REMARKS:

**U.S. Army Corps of Engineers
Regulatory Branch, Coastal Area Section
100 West Oglethorpe Avenue
Savannah, Georgia 31401-3640**

To Whom It May Concern:

This is to certify the work subject to the jurisdiction of the U.S. Army Corps of Engineers as described in my application dated 7.6.23, is to the best of my knowledge, consistent with the Georgia Management Plan.

Since my project is located in the Coastal Area of Georgia, I understand the U.S. Army Corps of Engineers must provide this statement to the Georgia Department of Natural Resources, Coastal Resources Division, Ecological Services Section (GADNR-CRD) for its review, and a Department of Army permit will not be issued until the GADNR-CRD concurs with my findings. I also understand additional information may be required by the GADNR-CRD to facilitate its review of my project and the additional information certifications may be required for other Federal or State authorizations.

<i>Signature of Application:</i>	
<i>Date:</i>	<u>7.6.23</u>
<i>Printed Name of Applicant:</i>	<u>David W. Lang</u>
<i>Street Address:</i>	<u>100 E. St. Marys Street</u>
<i>City, State, Zip Code:</i>	<u>St. Marys, Georgia 31558</u>
<i>Phone Number:</i>	<u>(912) 322-9593</u>
<i>Fax Number:</i>	<u></u>
<i>E-Mail Address:</i>	<u>langsseafood2@tds.net</u>

**For questions regarding consistency with the Georgia Coastal Management Program,
Please contact Kelie Moore, GADNR-CRD, (912) 264-7218.**

FEDERAL CONSISTENCY CERTIFICATION STATEMENT

Printed Name of Applicant(s): David W. Lang

Applicant Email: langsseafood2@tds.net Phone: (912) 322-9593

Agent Name (if applicable): Michael Moody Phone: (912) 977-5241

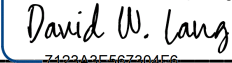
To Whom It May Concern:

This is to certify that I have made application to the U.S. Army Corps of Engineers (USACE) for authorization to impact Waters of the United States and that such proposed work is, to the best of my knowledge, consistent with Georgia's Coastal Management Program.

I understand I must provide this Consistency Certification Statement, along with a copy of my permit application submitted to USACE, to the Georgia Department of Natural Resources Coastal Resources Division (CRD) before they can begin evaluating my proposed project for consistency with Georgia's enforceable policies. I understand additional information may be required to facilitate review.

Once any required authorizations or permits from CRD have been issued, and CRD has concurred with my findings by signing this Consistency Certification Statement, CRD must submit it to USACE in order for them to issue any required federal permits or authorizations, or to validate any provisional authorizations they have already issued. A USACE provisional authorization or permit will not be valid until they receive this Certification Statement signed by CRD.

Attached is a copy of my application to USACE (required)

Signature of Applicant:  Date: 7/10/2023

FOR AGENCY INTERNAL USE ONLY:	Date Received (Commencement Date): _____
USACE Authorization/Permit Number (assigned by USACE): _____	
USACE Authorization Type (select one): <input type="checkbox"/> Individual Permit <input type="checkbox"/> General Permit # _____ <input type="checkbox"/> NWP # _____	
USACE Project Manager: _____	
CRD Authorization/Permit Number (assigned by CRD): _____	
CRD Project Manager: _____	

CRD CONCURS WITH THIS CONSISTENCY CERTIFICATION STATEMENT TO THE EXTENT THAT USACE AUTHORIZATION IS CONSISTENT WITH THE PROJECT AS DESCRIBED IN ANY CRD AUTHORIZATION.

CRD Signature: _____ Date: _____
Printed Name: _____ Title: _____

For questions regarding consistency with the Georgia Coastal Management Program, please contact the Federal Consistency Coordinator at (912) 264-7218 or visit www.CoastalGADNR.org.

STATE OF GEORGIA

REQUEST FOR A REVOCABLE LICENSE FOR THE USE OF TIDAL WATERBOTTOMS

APPLICANT NAME(S): David W. Lang

MAILING ADDRESS: PO Box 388, St. Marys, GA 31558
(Street) (City) (State) (Zip)

PROJECT ADDRESS/LOCATION: 100 E. St. Marys Street, St. Marys, GA 31558

COUNTY: Camden WATERWAY: St. Marys River

LOT, BLOCK & SUBDIVISION NAME FROM DEED: Map and Parcel Number S41 13 002

Georgia Department of Natural Resources
Coastal Resources Division
One Conservation Way
Brunswick, Georgia 31520-8687

I am requesting that I be granted a revocable license from the State of Georgia to encroach on the beds of tidewaters, which are state owned property. Attached hereto and made a part of this request is a copy of the plans and description of the project that will be the subject of such a license. I certify that all information submitted is true and correct to the best of my knowledge and understand that willful misrepresentation or falsification is punishable by law.

I understand that if permission from the State is granted, it will be a revocable license and will not constitute a license coupled with an interest. I acknowledge that this revocable license does not resolve any actual or potential disputes regarding the ownership of, or rights in, or over the property upon which the subject project is proposed, and shall not be construed as recognizing or denying any such rights or interests. I acknowledge that such a license would relate only to the property interests of the State and would not obviate the necessity of obtaining any other State license, permit, or authorization required by State law. I recognize that I waive my right of expectation of privacy and I do not have the permission of the State of Georgia to proceed with such project until the Commissioner of DNR or his/her designee has executed a revocable license in accordance with this request.

Sincerely,

By: 7123A3E567304F6
Signature of Applicant

Date: 7/10/2023

Title, if applicable

By: _____
Signature of Applicant

Date: _____

Title, if applicable

Attachments

HABITAT/WILDLIFE/CULTURAL RESOURCES: (contact GADNR Wildlife Resources Division, US Fish & Wildlife Service, GADNR Coastal Resources Division- Marine Fisheries, National Marine Fisheries Service OR GADNR Historic Resources)

NO Is this site located near a wildlife refuge, wilderness area, special management area, or other area specifically located for the protection of fish and wildlife?
If yes, what is the distance? _____

NO *Is this habitat identified as “essential fish habitat”?

YES Are rare, threatened, endangered or otherwise designated unique or outstanding aquatic or terrestrial species or their habitats known to be present at or near the project site?

NO Do oyster or clam beds occur in or near the project site or access channels?
If yes, what is the distance? _____ If yes, what is the acreage? _____

NO *Is project site near active crabbing areas?

NO *Is the project site in designated bait zones?

Yes Is the project site in or near an area of historic, archeological, or scenic value?
If yes, explain See attached appendix for historic/cultural resource data.

* GA DNR Coastal Resources Division’s Marine Fisheries staff can direct the applicant to appropriate source materials.

Appendix E: Property Records

DOCH 000212
FILED IN OFFICE
1/16/2018 02:17 PM
BK:1899 PG:242-243
JOY LYNN TURNER
CLERK OF SUPERIOR COURT
CAMDEN COUNTY

Return to: JAMES E. STEIN, P.C.
P. O. Box 5130
St. Marys, Georgia 31558
E

JAN 16 '18 4:10:40

PT-61 020-2018-000082

STATE OF GEORGIA
COUNTY OF CAMDEN

**DEED OF GIFT
JOINT TENANTS WITH RIGHT OF SURVIVORSHIP**

THIS INDENTURE is made as of the 15 day of JANUARY, 2018, between **CALVIN W. LANG**, (hereinafter referred to as "Grantor") and **CALVIN W. LANG and DAVID W. LANG, AS JOINT TENANTS WITH RIGHT OF SURVIVORSHIP**, (hereinafter referred to as "Grantees") (Grantor to include Grantor's heirs, successors, executors, administrators, legal representatives and assigns where the context requires or permits).

WITNESSETH

GRANTOR, in consideration of the sum of Ten Dollars (\$10.00) and other good valuable consideration, the receipt and sufficiency where of are hereby acknowledged, has granted, bargained, sold, aliened, conveyed and confirmed, and does hereby grant, bargain, sell, alien, convey and confirm unto Grantee, all that lot, tract or parcel of land lying and being in Camden County, Georgia being more fully described as follows:

All that lot, tract or parcel of land lying and being in the City of St. Marys, 29th G.M., Camden County, Georgia, more particularly described as follows:

BEGINNING at the point of intersection of the south right-of-way line of St. Marys Street with the east right-of-way line of Osborne Street and from said point of beginning running in an easterly direction along and following said south right-of-way line of St. Marys Street for a distance of One hundred thirty-two feet and eight inches (132'8"); thence, at right angles, running in a southerly direction along and following the west boundary line of lands of Dickey to the point of the mean low water mark of the St. Marys River; thence, running west along and following the meandering of the low water mark of the St. Marys River to the point of intersection of the east right-of-way line of the southerly projection of said Osborne Street; thence, running north along and following said east right-of-way line of projected Osborne Street to said point of beginning; said described lot having a depth of approximately thirty (30) feet on the east boundary line and approximately eighty (8) feet on the west boundary line.

The purpose of this deed is to transfer the title of the property into the parties' names as Joint Tenants with Right of Survivorship.

Subject to all Deeds, Easements, restrictions, liens and any and all other documents of record.

TO HAVE AND TO HOLD the land, with all and singular the rights, members and appurtenances thereof, to the same being, belonging, or in any way appertaining, to the only proper use, benefit and behoof of Grantee, in fee simple.

Being the same parcel of land conveyed to Calvin W. Lang from Mrs. Lucy R. Ferguson by that Warranty Deed dated the 2nd day of January, 1969, and recorded the 6th day of January, 1969 in Deed Book 89, at page 535 of the Camden County, Georgia,

BK:1899 PG:243

public registry. Reference to said deed being hereby made for descriptive and all other purposes.

MAP AND PARCEL NUMBER S41 13 002

AND GRANTOR WILL WARRANT and forever defend the right and title to the land unto Grantee against the claims of all persons whomsoever.

IN WITNESS WHEREOF, the said party of the first part have hereunto set her hand and affixed her seal, the day and year first above written.

Calvin W. Lang (SEAL)
CALVIN W. LANG

Signed, sealed and delivered
in the presence of:

Rhonda Howe
WITNESS

Sworn to and subscribed before me,

This 4th day of April, 2018.

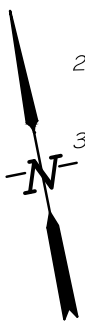
Melissa
Notary Public
My Commission Expires
MELISSA
COUNTY, GA

REFERENCES:

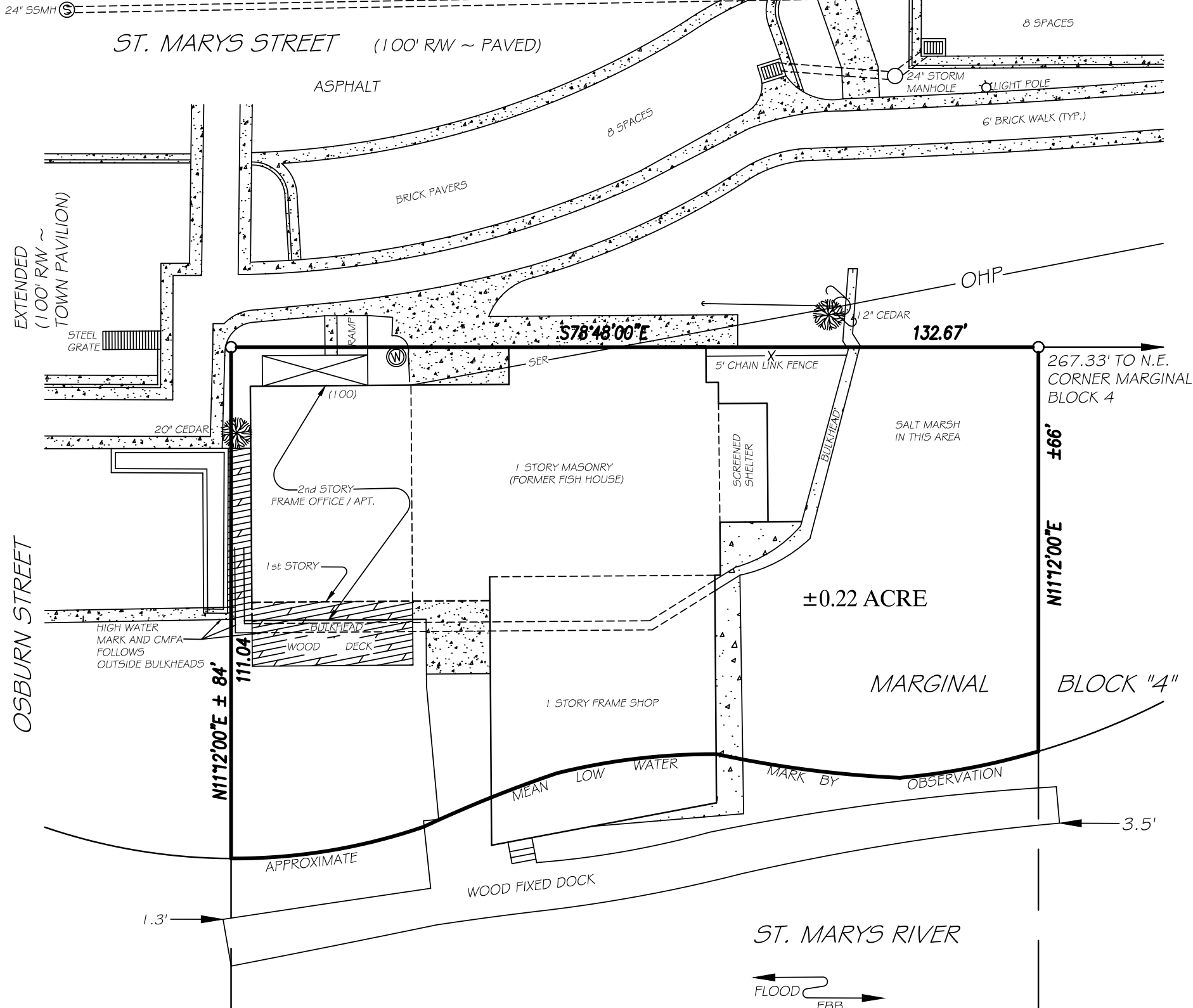
- 1.) WATTS ENGINEERING COMPANY SURVEY OF THE CITY OF ST. MARYS P.B. 1, PG.94 (1946).
- 2.) OUR SURVEY OF THE BALANCE OF MARGINAL BLOCK 4 FOR LANG SEAFOOD, DATED AUG. 27, 2022.

NOTES:

- 1.) BEARINGS USED FOR THIS PLAT MATCH REFERENCE 1 PLAT ABOVE, $578^{\circ}48'00''E$ FOR THE NORTHERLY RIGHT-OF WAY LINE OF ST. MARYS STREET.
- 2.) THERE MAY EXIST ADDITIONAL RESTRICTIONS LYING OVER THE SUBJECT PROPERTY THAT ARE NOT SHOWN HEREON WHICH MAY BE FOUND IN THE PUBLIC RECORDS OF SAID COUNTY.
- 3.) AREA NORTH OF MEAN LOW WATER MARK $15' \pm 0.23$ ACRE.



RECORDING INFORMATION



FLOOD CERTIFICATE:

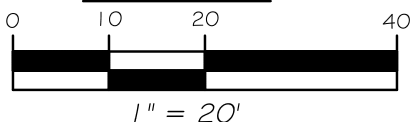
SUBJECT PROPERTY IS SHOWN TO BE IN FLOOD HAZARD ZONE V.E. 12 ON FEMA MAPS FOR CAMDEN COUNTY GEORGIA, DATED DEC. 21, 2017, MAP No. 13039C0485G, COMMUNITY No. 130027.

I HEREBY CERTIFY: THIS PLAT IS A RETRACEMENT OF AN EXISTING PARCEL OR PARCELS OF LAND AND DOES NOT SUBDIVIDE OR CREATE A NEW PARCEL OR MAKE ANY CHANGES TO ANY REAL PROPERTY BOUNDARIES. THE RECORDING INFORMATION OF THE DOCUMENTS, MAPS, PLATS OR OTHER INSTRUMENTS WHICH CREATED THE PARCEL OR PARCELS ARE STATED HEREON. RECORDATION OF THIS PLAT DOES NOT IMPLY APPROVAL OF ANY LOCAL JURISDICTION, AVAILABILITY OF PERMITS, COMPLIANCE WITH LOCAL REGULATIONS OR REQUIREMENTS, OR SUITABILITY FOR ANY USE OR PURPOSE OF THE LAND. FURTHERMORE, THE UNDERSIGNED LAND SURVEYOR CERTIFIES THAT THIS PLAT COMPLIES WITH THE MINIMAL TECHNICAL STANDARDS FOR PROPERTY SURVEYS IN GEORGIA AS SET FORTH IN THE RULES AND REGULATIONS OF THE GEORGIA BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS AND LAND SURVEYORS AS SET FORTH IN O.C.G.A. SECTION 15-6-67.

LEGEND

- - 1/2" REBAR UNLESS OTHERWISE NOTED
- - IRON PIN SET (1/2" RB, PLASTIC CAP 2053)
- - CONC. MON. FOUND
- - CONC. MON. SET (4"x4" TOP, BRASS DISC, 6"x6" BOT. x 32")

SCALE IN FEET



SURVEY FOR:

LANG SEAFOOD

NORTHWEST CORNER OF MARGINAL BLOCK 4
G.M.D. 29 CITY OF ST. MARYS
CAMDEN COUNTY. GEORGIA



BRANDON ASSOCIATES

SURVEYING - LAND PLANNING
LICENSED SURVEY FIRM No. 252
104 AVENTS COURT
ST. MARYS, GEORGIA 31558
TELEPHONE: (912)-674-3117
EMAIL: Locate1942@gmail.com



BEN BRANDON, JR.
GA. REGISTERED SURVEYOR No. 2053

EQUIPMENT USED:

TOPCON GTS 313

DRAWN BY:

R.D.T.

CHECKED BY:

B.S.B.

CAD FILE:

2023\CAMDEN\ST. MARYS
DAVID LANG.DWG

DATE:

APR. 08, 2023 (FIELD)
APR. 26, 2023 (PLAT)

FIELD BOOK:

F.B. 75,
PG. 48

PROJ. No.

1904

Return to:

James E. Stein, P.C.
P.O. Box 5130
St. Marys, Ga 31558

Re: Property of **CALVIN W. LANG** and
DAVID W. LANG, recorded in Book 1899,
Page 242 Camden County, Georgia public records
Parcel ID number: S41 13 002

STATE OF GEORGIA
COUNTY OF CAMDEN

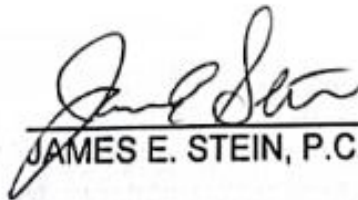
AFFIDAVIT

BEFORE ME, the undersigned authority authorized to take acknowledgments in the State and County aforesaid, personally appeared James E. Stein, who, after being duly sworn, deposes and says:

That I have reviewed a certified copy of the Death Certificate of **CALVIN W. LANG** (the Deceased), a copy of which is attached hereto as Exhibit "A".


CALVIN W. LANG and **DAVID W. LANG** owned property in Camden County, Georgia, deeded to them as Joint Tenants with Right of Survivorship as conveyed by Warranty Deed recorded in Deed Book 1899, page 242, Camden County, Georgia, public records.

The purpose of this Affidavit is to show on record that **CALVIN W. LANG** died on the 27th day of April, 2018, and that **DAVID W. LANG** is the surviving joint tenant of the above referenced property.

 (SEAL)

JAMES E. STEIN, P.C.

Sworn to, and subscribed before me
This 8th day of April, 2018.



Notary Public



MMH 00066

GEORGIA DEATH CERTIFICATE

1. DECEDENT'S LEGAL FULL NAME (First, Middle, Last) CALVIN WILSON LANG SR		1a. IF FEMALE, ENTER LAST NAME AT BIRTH		2. SEX MALE		3. SOCIAL SECURITY NUMBER 2018GA000027050	
3. BIRTHPLACE GEORGIA		4a. AGE (Years) 91		4b. UNDER 1 YEAR Mo: _____ Days: _____		4c. UNDER 1 DAY Hours: _____ Mins: _____	
6. BIRTHPLACE GEORGIA		7a. RESIDENCE - STATE GEORGIA		7b. COUNTY CAMDEN		7c. CITY, TOWN SAINT MARYS	
7d. STREET AND NUMBER 103 NANCY DRIVE		7e. ZIP CODE 31558		7f. INSIDE CITY LIMITS? YES		8. ARMED FORCEST YES	
8a. USUAL OCCUPATION OWNER LANG SEAFOOD		8b. KIND OF INDUSTRY OR BUSINESS SEAFOOD		5. DATE OF BIRTH (Mo., Day, Year) 10/17/1926		6. ACTUAL DATE OF DEATH (Mo., Day, Year) 04/27/2018	
9. MARITAL STATUS WIDOWED		10. SPOUSE NAME VIRGINIA PURVIS		11. FATHER'S FULL NAME (First, Middle, Last) WILLIAM G. LANG SR		12. MOTHER'S MAIDEN NAME (First, Middle, Last) EMMIE PACETTI	
13c. MAILING ADDRESS 104 NANCY DRIVE SAINT MARYS GEORGIA 31558		13a. INFORMANT'S NAME (First, Middle, Last) CALVIN W. LANG JR		13b. RELATIONSHIP TO DECEDENT SON		14. DECEDENT'S EDUCATION HIGH SCHOOL GRADUATE OR GED COMPLETED	
15. ORIGIN OF DECEDENT (Italian, Mex, French, English, etc.) NO, NOT SPANISH/HISPANIC/LATINO		16. DECEDENT'S RACE (White, Black, American Indian, etc.) (Specify) WHITE		17a. IF DEATH OCCURRED IN HOSPITAL DECEDENT'S HOME		17b. IF DEATH OCCURRED OTHER THAN HOSPITAL (Specify)	
18. HOSPITAL OR OTHER INSTITUTION NAME (If not in either give street and no.) 103 NANCY DRIVE		19. CITY, TOWN or LOCATION OF DEATH SAINT MARYS		20. COUNTY OF DEATH CAMDEN		21. METHOD OF DISPOSITION (specify) BURIAL	
22. PLACE OF DISPOSITION OAK GROVE CEMETERY N WEED STREET ST MARYS GEORGIA 31558		23. DISPOSITION DATE (Mo., Day, Year) 05/01/2018		24a. EMBALMER'S NAME AL CHAPMAN		24b. EMBALMER LICENSE NO 2098	
25a. FUNERAL HOME ADDRESS 10141 COLERAIN ROAD ST MARYS GEORGIA 31558		25. FUNERAL HOME NAME ALLISON MEMORIAL CHAPEL		26a. SIGNATURE OF FUNERAL DIRECTOR AL CHAPMAN		26b. FUN. DIR. LICENSE NO 2254	
27. DATE PRONOUNCED DEAD (Mo., Day, Year) 04/27/2018		28. HOUR PRONOUNCED DEAD 11:53 PM		29a. PRONOUNCER'S NAME RICHARD J DANCEL		29b. LICENSE NUMBER 170893	
30. TIME OF DEATH 11:53 PM		31. WAS CASE REFERRED TO MEDICAL EXAMINER NO		29c. DATE SIGNED 04/27/2018		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. MULTI ORGAN SYSTEM FAILURE		DAYS-WEEKS		Approximate interval between onset and death	
		B. ADVANCED STAGE METASTATIC MALIGNANCY		MONTHS			
		C. GASTROINTESTINAL STROMAL TUMOR		YEARS			
		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? 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.) JOHN E SHANER, MD, 65178		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) 05/02/2018		45b. HOUR OF DEATH 11:53 PM	
47. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH JOHN E SHANER 1692 GLYNCO PARKWAY BRUNSWICK GEORGIA 31525		46a. DATE SIGNED (Mo., Day, Year) 05/03/2018		46b. HOUR OF DEATH			
48. REGISTRAR (Signature) /S/ DONNA L. MOORE		49. DATE FILED - REGISTRAR (Mo., Day, Year)					