



Recording Date: 06/15/2012

Instrument: 70

Book: 8339 Page: 336-339

FILED-RECORDED
RMC / ROD

2012 Jun 15 PM 1:59:20

DORCHESTER COUNTY
SC Deed Rec Fee: .00
Dor Co Deed Rec Fee: .00
Filing Fee: 10.00
Exemption #:
MARGARET L. BAILEY
Register of Deeds



THIS PAGE IS HEREBY ATTACHED AND MADE PART OF
THE PERMANENT RECORD OF THIS DOCUMENT. IT IS
NOT TO BE DETACHED OR REMOVED AND MUST BE
CITED AS THE FIRST PAGE OF THE RECORDED
DOCUMENT. THE TOP OF THE PAGE IS TO BE USED FOR
RECORDING PURPOSES AND IS NOT TO BE USED FOR
ANY OTHER PURPOSE.

REGISTER OF DEEDS
DORCHESTER COUNTY SOUTH CAROLINA
MARGARET L. BAILEY, REGISTER
POST OFFICE BOX 38
ST. GEORGE, SC 29477
843-563-0181 or 843-832-0181

10
STATE OF SOUTH CAROLINA,)
COUNTY OF DORCHESTER.)

DECLARATION

WHEREAS, Claudia W. Hart and Joseph G. Hart
owned the described hereinafter property as joint tenants with rights of survivorship
by virtue of a Deed of Real Estate dated November 12, 2008
and recorded in Book 6859 Page 42-45, in the RMC Office for Dorchester
County; and

WHEREAS, Joseph Glen Hart departed this life on
May 15, 2012 in Bowman, S. C. as is evidenced by the
certified copy of the Death Certificate of Joseph Glen Hart
attached hereto and made a part hereof; and

WHEREAS, Claudia W. Hart is the sole owner of the property
described hereinafter and wishes to evidence this on the public records of
Dorchester County, South Carolina.

KNOW ALL MEN BY THESE PRESENTS, that Joseph Glen Hart
departed this life on May 15, 2012 and Claudia W. Hart

is the sole owner of the following described property:

1. All that certain piece, parcel or tract of land, with the buildings and improvements thereon, if any, situate, lying and being in School District #4, in the County of Dorchester, State of South Carolina, measuring and containing 12.57 Acres, more or less, butting, bounding and measuring now or formerly as follows, to-wit: On the Southeast by Interstate Highway #95 and measuring thereon, 1,714.14 Feet; On the Southwest by Frontage Road and lands of Johnny Lee Kitt and Mattie Kitt and measuring thereon 628.19 feet; and On the Northwest by lands of Duncan Chapel United Methodist Church, lands of Philip D. Dukes and Marlene H.L. Dukes, and lands of Randolph D. Smoak, Jr., et al., and measuring thereon 1,033.27 feet and 649.36 feet.

The above described tract of land is more fully shown and delineated on "Plat Prepared for Joseph G. & Claudia W. Hart Located Duncan Chapel Community, Dorchester Co., S.C., Dated October 1, 1991" by Richard J. Rhode, S.C.R.L.S.No. 11366, which is of record in the Office of the RMC for Dorchester County in Plat Cabinet H, Slide 229.

The above described property is the identical property conveyed to the said Claudia W. Hart and Joseph G. Hart by deed recorded in Deed Book 908 at Page 230, Office of the RMC for Dorchester County. *and recorded on October 15, 1991.*

ALSO --See Page #2 attached

FILED/RECORDED
June 15, 2012
DORCHESTER COUNTY
REGISTER OF DEEDS

Page #2

2. All that certain piece, parcel or tract of land, with the buildings and improvements thereon, situate, lying and being in School District #4, in the County of Dorchester, State of South Carolina, measuring and containing 106 acres, more or less, being on both side of Harts Road, and butting and bounding, now or formerly, as follows, to-wit: On the North by lands of Ruth Simons, lands of Randolph D. Sniak, Jr., et al., Breaker Pine Road, lands of W. F. Jacques, III, and lands of Richard W. and Susan W. Hart; On the East by lands of Ruth Simons, W. F. Jacques, III, Abraham Breaker Est., Joe Breaker, Deborah and Dennis Schard and Richard W. and Susan W. Hart; On the South by lands of Deborah and Dennis Schard, Hinkle road, lands of Richard W. and Susan W. Hart, lands of Reka W. and Harry F. Wimberly, and lands of Ruth Simons; and On the West by lands of Laverne Lemon, lands of Robert M. Smith, et al., lands of Albeny Littles, et al, lands of Miller Church, lands of Richard W. and Susan W. Hart and by Right of Way of I-95.

The above described property is the identical property conveyed to Claudia W. and Joseph G. Hart, by deeds recorded in Deed book 121 at Page 15, Book 125 at Page 451, Book 133 at Page 151, Book 216 at Page 31, Book 1519 at Page 349, Book 1709 at Page 286, and book 1724 at Page 288, Office of the RMC for Dorchester County. LESS HOWEVER, .22 Acre conveyed to Richard W. and Susan W. Hart.

*Deed 121 Pg 15 on 8-17-59; 125-451 on 5-4-61;
133/151 on 9-10-63; 216/31 on 8-3-73; 1519-349 on 10-30-95*
Parcel #1 and Parcel #2 combined form TMS# 004-00-00-011

1709-286 on 1-24-97

1724-288 on 3-3-97

ALSO

3. All that certain piece, parcel or tract of land, situate, lying and being in School District #4, formerly School District 31, near Rosinville, Dorchester County, South Carolina, measuring and containing 28.89 Acres, and butting and bounding now or formerly as follows, to-wit: On the Northeast by Road S-18-11; on the Southeast by lands of Weathers; on the Southwest by lands of Whetsell; and on the Northwest by lands of Kizer, a drainage ditch separating said property.

The above described tract of land is more fully shown and delineated on "Plat Showing a 28189 Acre tract Property of Joseph G. & Claudia W. Hart, near Rosinville, Dorchester County, S.C. , Dated 11/9/87" by David E. Gasque, R.L.S. No. 10506, which said plat is of record in the Office of the Clerk of Court for Dorchester County in Plat cabinet F, Slide 306.

The above described property is the identical property conveyed to Claudia W. Hart and Joseph G. Hart by deed recorded in Deed Book 598 at Page 509, Office of the R.M.C. for Dorchester County. and recorded on November 25, 1987.

TMS# 008-00-00-057

Ret.

Address of Grantee: 216 Harts Rd.
Bowman, S.C. 29018

Prex.

IN WITNESS WHEREOF, the undersigned sets her Hand and Seal this 11th day of June, 2012.

WITNESSES:

Robin I. Dukes
Susan W. Hart

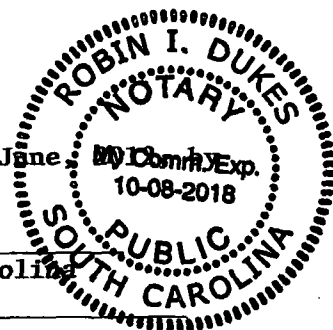
Claudia W. Hart

STATE OF SOUTH CAROLINA ,)
COUNTY OF DORCHESTER.)

THE foregoing instrument was acknowledged before me this 11th day of June

Claudia W. Hart.

Robin I. Dukes
Notary Public for South Carolina
My Commission Expires:



STATE OF SOUTH CAROLINA

CERTIFICATION OF VITAL RECORD

BK 8339 PG 339

State Birth Number

State of South Carolina
Department of Health and Environmental Control
CERTIFICATE OF DEATH

State File Number
12 015238

1. DECEDENT'S LEGAL NAME (Include AKA's, if any) (First, Middle, Last) Joseph Glen Hart		2. SEX Male	
4a. AGE-Last Birthday (Years) 80		5. DATE OF BIRTH 4b. UNDER 1 YEAR 4c. UNDER 1 DAY Hours: _____ Minutes: _____	
6. BIRTHPLACE (City and State or Foreign Country) Cleewater, FL			
7a. RESIDENCE-STATE South Carolina		7b. COUNTY Dorchester	
7c. CITY OR TOWN Bowman			
7d. STREET AND NUMBER 216 Harts Road		7e. APT. NO. 29018	7f. ZIP CODE 29018
7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
8. EVER IN US ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		10. SURVIVING SPOUSE'S NAME (If Vile, give name prior to first marriage) Claudia Ann Weathers	
11. FATHER'S NAME (First, Middle, Last) William Pinckney Hart Jr		12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Catherine Sidell Kizer	
13a. INFORMANT'S NAME Claudia Ann Hart		13b. RELATIONSHIP TO DECEDENT Family Member	
13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 216 Harts Road Bowman, South Carolina 29018			
14. PLACE OF DEATH (Check only one: see instructions) IF DEATH OCCURRED IN HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify) _____ IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Other (Specify) _____			
15. FACILITY NAME (If not institution, give street and number) 216 Harts Road		16. CITY OR TOWN, STATE AND ZIP CODE Bowman, South Carolina 29018	
17. COUNTY OF DEATH Dorchester			
18. METHOD OF DISPOSITION <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify) _____		19. PLACE OF DISPOSITION (Name of Cemetery, crematory, other place) Duncan Chapel Cemetery	
20. LOCATION-CITY, TOWN AND STATE Saint George, South Carolina		21. NAME AND ADDRESS OF FUNERAL FACILITY Bryant Funeral Home, Inc.	
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT Thomas J Warner Sr (Electronically Verified)		23. LICENSE NUMBER (Of Licensee) 1208	
24. SIGNATURE OF EMBALMER (Signature) Thomas J Warner Sr		25. EMBALMER LICENSE NUMBER 1208	
26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable)		27. LICENSE NUMBER	
28. DATE PRONOUNCED DEAD (MM/DD/YYYY) MAY 15 2012		29. TIME PRONOUNCED DEAD 1055 PM	
30. DATE SIGNED (MM/DD/YYYY)		31. WAS CORONER OR MEDICAL EXAMINER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
32. PART I. Enter the chain of events - disease, injuries, or complications - that directly caused the death. DO NOT enter terminal events cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Long standing Coronary artery 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. _____ Due to (or as a consequence of): _____			
PART II. Enter other <u>Nonfatal conditions contributing to death</u> but not resulting in the underlying cause given in PART I. Arteriosclerotic heart			
33. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		34. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year	
35. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined			
36. DATE OF INJURY (Spell Month)		37. TIME OF INJURY	
38. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)		39. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
40. LOCATION OF INJURY: State: _____ City or Town: _____ County: _____			
41. STREET & NUMBER: _____ Apartment Number: _____ Zip Code: _____			
42. DESCRIBE HOW INJURY OCCURRED: _____			
43. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) _____			
44. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Attending physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing and Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated <input type="checkbox"/> Coroner/Medical Examiner-Only after a postmortem or other investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated Signature of certifier: Robert S. Kilds, Charleston, SC 29406			
45. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32) Robert S. Kilds, Charleston, SC 29406		46. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER	
47. TITLE OF CERTIFIER MD		48. LICENSE NUMBER 11792	
49. DATE CERTIFIED (MM/DD/YYYY) 05/17/2012		50. FOR REGISTRAR ONLY: DATE FILED (MM/DD/YYYY) MAY 21 2012	

SC 02299145

ISSUED MAY 21 2012

This is a true certification of the facts on file in the Division of Vital Records, SC Department of Health and Environmental Control.

C. Earl Hunter
C. Earl Hunter
Commissioner and State Registrar

Guang Zhao
Guang Zhao
Assistant State Registrar

This copy is not valid unless prepared on an engraved border displaying the state seal and issuing agency logo.

Revision Date: 08/01/2009

