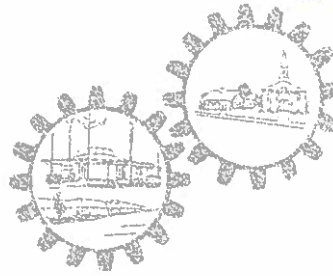


City of Morrow

Geared for Quality Growth



www.cityofmorrow.com

1500 MORROW ROAD
MORROW, GEORGIA 30260
Office: (770) 961-4002
Fax: (770) 960-3002

August 21, 2009

Janet Bowman
Georgia Municipal Association
201 Pryor Street, SW
Atlanta, GA 30303-3606

Re: William Stacy Moore, SSN # [REDACTED]

Dear Ms. Bowman,

According to our information, at the time of his death on June 17, 2009, William Stacy Moore was divorced from Angela Marie Moore, his City of Morrow retirement plan beneficiary.

Best Regards,

Daniel W. Defnall
Pension Committee Secretary



Georgia Municipal Employees Benefit System (GMEBS)
 The Burgess Building
 201 Pryor Street, SW, Atlanta, GA 30303-3606 * Phone (404) 688-0472 * Fax (678-686-6289 * Toll Free 1-888-488-4462 * gmanct.com

Vested Terminated - FINAL SALARY Sheet
 Employed Died 6/17/2009 *Defall*

Salary Sheet

Final Average Earnings information is required by the GMEBS Retirement Fund in order to calculate an estimated retirement benefit for the following terminated vested participant. (Note: If the participant is an elected official, Earnings are not needed to calculate the official's benefit. However, please list the official's date of termination or date the official vacated office). Please note addresses are required for employees and officials.

Employer: CITY OF MORROW SS#: [REDACTED]

(1) Participant: WILLIAM S. MOORE Termination Date: 3/23/2008

(2) Last known Mailing Address: [REDACTED]

(3) Please provide below all periods of employment of the Participant with current Employer:

| | |
|---|-----------------------|
| From: <u>9/18/1995</u> To: <u>3/23/2008</u> | From: _____ To: _____ |
| From: _____ To: _____ | From: _____ To: _____ |

| (4) Based on terms of your retirement plan please provide below the 5 years or 3 years (whichever is applicable under your Adoption Agreement) highest consecutive years of Earnings. Unless otherwise specified in an Addendum to your Adoption Agreement, Earnings means W-2 Earnings, including compensation deferred or redirected under IRC Sec. 457(b), 125, 403(b), 401(k), 414(h), and 132(f)(4) (See Master Plan Art. II, Sec. 22). | | YEAR of EARNINGS |
|--|--------------|--------------------------|
| EARNINGS | | |
| 1. Earnings for Calendar Year in which Termination occurs: (If not full year, enter earnings for partial year) | \$ 12,039 | 2008 <i>2 1/2 months</i> |
| 2. Earnings for 2 nd Calendar Year Prior to Termination: | \$ 44,525 | 2007 |
| 3. Earnings for 3 rd Calendar Year Prior to Termination: | \$ 41,224 | 2006 |
| 4. Earnings for 4 th Calendar Year Prior to Termination: | \$ 39,607 | 2005 |
| 5. Earnings for 5 th Calendar Year Prior to Termination: | \$ 39,169 | 2004 |
| 6. Earnings for 6 th year Prior to Termination: (Enter Earnings for partial year if Line 1 reflects earnings for partial year; total number of months reflected in Line 1 and Line 6 should equal 12). | \$ 29,108 | 2003 <i>9 1/2 months</i> |
| Total of above lines: | \$ 205,672 | |
| FINAL AVERAGE EARNINGS: (divide total by 5 or 3 years, as applicable under Employer's Adoption Agreement) | \$ 41,134.40 | |

I hereby certify that the final average earnings reported on this salary sheet are accurate and determined in accordance with the terms of the Employer's defined benefit retirement plan (Master Plan, Adoption Agreement, and Addendum if applicable).

Date 7/1/2009 Signature of Pension Committee Secretary *Daniel W. Defall*

Beneficiary Current Information

Angela marie moore

[Redacted]

mailing address:

[Redacted]
my ck#ing # [Redacted]
plus # 15 [Redacted]

Dan-

Please call me if you have any questions

[Redacted]

Thank you for your assistance.
Angela



140 F.ville
Ky 40305

[Redacted]

CERTIFICATE OF DEATH/STATE OF GEORGIA

Birth Number: [Blank] Local File Number: [Blank] State File Number: [Blank]

DECEASED'S NAME (First, Middle, Last): William Stacy Moore IF DECEASED IS FEMALE, ENTER MAIDEN LAST NAME: [Blank] SEX: Male DATE OF BIRTH (Mo., Day, Year): Jan 17, 2009

RACE (White, Black, Amer. Indian, etc.): White ORIGINAL DESCENT (Anglo, Mex., French, English, etc.): American DATE OF DEATH (Mo., Day, Year): Jan 16, 1973 AGE (Years): 36 UNDER 1 YEAR: Mos. 7a, Days 7b UNDER 1 YEAR: Hours 7c, Mins. 7d COUNTRY OF DEATH: Tattnall

CITY, TOWN, or LOCATION OF DEATH: Reidsville HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and No.): Georgia State Prison IF HOSPITAL OR INST. (Indicate DOA, OP/EMER. Rm., Inpatient) (Specify): Emergency Room

STATE AND COUNTY OF DEATH: GA, Fulton CITIZEN OF WHAT COUNTRY: U.S.A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced SPOUSE (If married, widowed, give spouse's name, if wife give maiden name): [Blank] WAS DECEASED EVER IN U.S. ARMED FORCES (Yes or No): No

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [Redacted] Police Officer TYPE OF INDUSTRY OR BUSINESS: Public Safety

RESIDENCE - STATE: Georgia COUNTY: Rockdale CITY, TOWN or LOCATION: Conyers STREET AND NUMBER AND ZIP CODE: 2915 Chesterfield Way 30013 INSIDE CITY LIMITS? (Yes or No): [Blank]

FATHER'S NAME: Robert ARNOLD MOTHER'S MAIDEN NAME: Linda EDWARDS

INFORMANT'S NAME: Linda E. Moore MAILING ADDRESS (Street, P.O. No., City or Town, State, Zip): 2915 Chesterfield Way, Conyers, GA 30013 RELATIONSHIP: Mother

BURIAL, CREMATION, REMOVAL (Specify): Burial DISPOSITION DATE (Mo., Day, Year): Jun 21, 2009 CEMETERY OR CREMATORY NAME: Westminister Memorial Gardens LOCATION (City or Town, State, Zip, County): Peachtree City, GA 30269 Fayette

UNLAWFUL DIRECTOR (Specify): Jerry R. Gay FUN. DIR. LICENSE NO.: 3965 NAME AND ADDRESS OF FUNERAL HOME (Street, P.O. No., City or Town, State, Zip): Pope Dickson Morrow Chapel, 1210 Morrow Rd, Morrow, Ga, 30260 YES - LICENSE NO.: 15ch 602

EMBALMER (Signature): Glenn Telfer EMBALMER LICENSE NO.: 4191 ADDRESS AND PHONE NO. OF FUNERAL HOME: 770-961-2700

IMMEDIATE CAUSE: a. Cardio-pulmonary Arrest b. Hanging with Ligature c. Partial Suspended

OTHER SIGNIFICANT CONDITIONS: [Blank] IF YES, WERE ENDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (Yes or No): Yes

WAS OPERATION PERFORMED (Yes or No): NO DATE OF OPERATION (Mo., Day, Year): [Blank] CONDITIONS FOR WHICH OPERATION WAS PERFORMED (Specify): [Blank]

ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED: Suicide DATE OF INJURY (Mo., Day, Year): 6-17-09 DESCRIBE HOW INJURY OCCURRED: Self inflicted HOUR OF INJURY: Unknown

INQUIRY WORK (Yes or No): NO PLACE OF DEATH (Home, School, Work, Store, etc.): Prison Cell ADDRESS OF DEATH (Street, P.O. No., City or Town, State, Zip, County): Hwy 147, Reidsville, Ga, 30453, Tattnall

DATE SIGNED (Mo., Day, Year): June 25, 2009 HOUR OF DEATH: 9:39 P.M. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN DEATH CERTIFIER): Bobby Brannon, Tattnall County Coroner

NAME, TITLE, AND LICENSE NO. OF CERTIFIER (Physician, Medical Examiner, or Coroner): Bobby Brannon, Tattnall County Coroner ADDRESS OF CERTIFIER (Street, P.O. No., City or Town, State, Zip): P.O. Box 531, Glennville, GA 30427

REGISTRAR (Signature): [Signature] DATE RECEIVED BY REGISTRAR (Mo., Day, Year): June 17, 2009

CERTIFICATE STATE OF GEORGIA COUNTY OF TATTNALL This is an exact copy of the death certificate received for filing in Tattnall County County Custodian: [Signature] Issued by: [Signature] Date: 7/7/09 OTHER COPIES MADE FROM THIS COPY ARE INVALID

137-318-74

STATE OF GEORGIA
CERTIFICATE OF LIVE BIRTH

11074-041761

| | | | | | | | | | | | | |
|------------------------------|---|--|--|---|--|--|--|--|---------------------------------|---|--|--|
| CHILD | 1a. Child's Name First: Angela, Middle: Marie, Last: Ogletree | | | 1b. Date of Birth Mo. 07, Day 13, Yr. 74 | | | 1c. Time of Birth 12:28 A.M. P.M. | | | | | |
| | 1d. Sex Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> | | 1e. This Birth Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> Other <input type="checkbox"/> | | | 1f. If not Single Birth (specify) Born 1st <input type="checkbox"/> Born 2nd <input checked="" type="checkbox"/> Born 3rd <input type="checkbox"/> Other <input type="checkbox"/> | | | 1g. County of Birth Tift 137 | | | |
| | 1h. City, Town, or Location of Birth Tifton 515 | | | 1i. Hospital—Name (if not hospital give street and number) Tift General Hospital 521 | | | | | | | | |
| MOTHER | 2a. Mother's Name First: Donna, Middle: Marie, Last: Ogletree | | | Maiden Last Name Creel | | | 2b. Mother's Birthplace Tifton, Ga. | | | | | |
| | 2c. Usual Residence—Street & Number, P.O. Box, Route, Etc. Route # 6 Box 35-C | | | | | | 2d. Mother's Birthdate Mo. 12, Day 21, Yr. 51 | | | 2e. Race White <input checked="" type="checkbox"/> Black <input checked="" type="checkbox"/> Other <input type="checkbox"/> | | |
| | 2f. City Tifton | | | 2g. State and Zip Code Ga. 31794 | | | 2h. County Tift 137 | | | 2i. Inside City Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| FATHER | 3a. Father's Name First: Danny, Middle: Alfred, Last: Ogletree | | | 3b. Father's Birthplace Tifton, Ga. | | | | | | | | |
| | 3c. Race White <input type="checkbox"/> Black <input checked="" type="checkbox"/> Other <input type="checkbox"/> | | | 3d. Father's Birthdate Mo. 04, Day 14, Yr. 46 | | | 4a. Signature of Either Parent <i>Donna Ogletree</i> | | | 4b. Relationship to Child Father <input type="checkbox"/> Mother <input checked="" type="checkbox"/> | | |
| PHYSICIAN OR OTHER ATTENDANT | 5a. I certify that the above named child was born alive at the place and time and on the date stated above. | | | | | | 5b. Date Signed Mo. 07, Day 13, Yr. 74 | | | 5c. Attendant MO <input checked="" type="checkbox"/> Nurse-Midwife <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other <input type="checkbox"/> | | |
| | Signature <i>Sam D. Dixon</i> | | | | | | 5d. Physician or Other Attendant (type or print the above signature) Sam D. Dixon, M.D. | | | | | |
| | 5e. Mailing Address (Street or R.F.D. No., City or Town, State) Tifton, Ga. | | | | | | | | | | | |
| REGISTRAR | 6a. Signature of Local Registrar <i>1974 Nannie H. Sellers</i> | | | | | | 6b. Date Filed Mo. Day Yr. 7 30 74 | | | | | |
| | TIONS: VAL ORDS VICE | | | | | | | | | | | |

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 HUMAN RESOURCES. THIS CERTIFIED COPY IS ISSUED UNDER THE AUTHORITY OF CHAPTER 31-10, CODE OF GEORGIA, AND 290-1-3 DHR RULES AND REGULATIONS.

Phil D. White

County Custodian:

Issued by:

Date Issued:

Judy H. Gagnans

Nannie H. Sellers

5-13-08

STATE REGISTRAR AND CUSTODIAN
GEORGIA STATE OFFICE OF VITAL RECORDS

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Georgia

DRIVER'S LICENSE

Jonny Hodges
GOVERNOR

NUMBER [REDACTED] EXPIRES 01-16-2009

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] VEHICLE, GA 30215 0256

| X | BIRTHDATE | EXAM DATE | COUNTY | |
|--------|--------------|------------|--------|--------------|
| I | [REDACTED] | 01-14-2005 | 056 | |
| HEIGHT | WEIGHT | CSC | FEE | RESTRICTIONS |
| -00 | 180 | 3-87 | 015.00 | |
| CLASS | ENDORSEMENTS | TYPE | | |
| C | | REG | | |

[Signature]



COMMISSIONER
Jim Davis

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 HUMAN RESOURCES. THIS CERTIFIED COPY IS ISSUED UNDER THE AUTHORITY OF CHAPTER 31-10, CODE OF GEORGIA, AND 290-1-3 DHR RULES AND REGULATIONS.

R. D. White

STATE REGISTRAR AND CUSTODIAN
GEORGIA STATE OFFICE OF VITAL RECORDS

County Custodian: *Lee Spence*
Issued by: *Deborah Day*
Date Issued: *3.16.09*

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TYPE OR PRINT IN PERMANENT BLACK OR BLUE-BLACK INK

| STATE OF GEORGIA CERTIFICATE OF LIVE BIRTH | | | | | | | Local File Number | State File Number | |
|--|--|--|--|------------------------------------|--|---|---|--|--|
| | | | | | | | 01-0116 | 110-01012443 | |
| 2. CHILD'S NAME: FIRST | | 3. MIDDLE | | 4. LAST | | 5. JR., II, ETC. | 6. SEX (M or F) | 7. DATE OF BIRTH (Mo., Day, Year) | |
| Ashley | | Marie | | Moore | | | Female | January 25, 2001 | |
| 8. TIME OF BIRTH | | 9. THIS BIRTH (Single, Twin, Triplet, Etc.) | | | 10. IF NOT SINGLE SPECIFY BIRTH ORDER | | | | |
| 00:06 AM | | Single | | | | | | | |
| 11. CITY, TOWN, OR LOCATION OF BIRTH | | | | | 12. HOSPITAL FACILITY NAME (If not Hospital, give Street and Number) | | | | |
| Stockbridge | | | | | Henry Medical Center | | | | |
| 13. IF NOT HOSPITAL, Specify | | | | | 14. COUNTY OF BIRTH | | | | |
| | | | | | Henry | | | | |
| 15. MOTHER'S NAME FIRST | | 16. MIDDLE | | 17. LAST | | 18. MAIDEN (Last Name) | | | |
| Angela | | Marie | | Moore | | Ogletree | | | |
| 19. DATE OF BIRTH (Mo., Day, Year) | | 20. STATE OF BIRTH (If not U.S.A., Name Country) | | 21. RESIDENCE-STATE | | 22. COUNTY | | | |
| July 13, 1974 | | Georgia | | Georgia | | Henry | | | |
| 23. CITY, TOWN OR LOCATION | | | | 24. STREET AND NUMBER OF RESIDENCE | | | | | |
| Stockbridge | | | | 425 Central Line | | | | | |
| 25. MOTHER'S MAILING ADDRESS-IF SAME AS ABOVE, ENTER ZIP CODE | | | | | | | 26. RESIDENCE INSIDE CITY LIMITS? (Yes or No) | | |
| 30281 | | | | | | | Yes | | |
| 27. FATHER'S NAME FIRST | | 28. MIDDLE | | 29. LAST, JR., ETC. | | 30. DATE OF BIRTH (Mo., Day, Year) | | 31. STATE OF BIRTH (If not U.S.A., Name Country) | |
| William | | Stacy | | Moore | | January 16, 1973 | | Georgia | |
| 32a. INFORMANT'S NAME (Type or Print) | | | | | 32b. RELATION TO CHILD | | 33. PARENTS AUTHORIZE RELEASE OF INFORMATION TO SOCIAL SECURITY ADMINISTRATION TO ISSUE THIS CHILD A SOCIAL SECURITY NUMBER (Yes or No) Yes | | |
| Angela Moore | | | | | Mother | | Yes | | |
| 34. I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE (Signature) | | | | 35. DATE SIGNED (Mo., Day, Year) | | 36. ATTENDANT AT BIRTH IF OTHER THAN CERTIFIER (Type or Print) (Name) Dawin Owens Robinson (Title) M.D. | | | |
| <i>Pamella S. Floyd</i> | | | | 1-25-01 | | | | | |
| 38. CERTIFIER (Type or Print) (Name) (Title) | | | | 39. PHYSICIAN'S MEDICAL LIC. NO. | | 40. CERTIFIER-MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) | | | |
| Pamella G. Floyd HIM Analyst | | | | | | 1133 Eagle's Landing Parkway Stockbridge, Ga 30281 | | | |
| 41. REGISTRAR (Signature) | | | | | | 42. DATE RECEIVED BY LOCAL REGISTRAR (Mo., Day, Year) | | | |
| <i>Pamella S. Floyd Deputy Registrar</i> | | | | | | Feb. 14, 2001 | | | |

Dan - when I spoke
with Janet Bowman
on 7/7/09 she indicated
that she needed the following

items:

- 1) Earnings sheet for Stacy (you have to provide this)
- 2) Death certificate - attached (copy ok)
- 3) Angela Moore's Birth cert (attached copy ok)
- 4) Angela's SS# - attached
- 5) Angela's mailing address - attached
- 6) Stacy's - copy of Drivers License - attached
- 7) Ashley's Birth certificate (attached copy ok)