

IN THE CHANCERY COURT OF LAMAR COUNTY, MISSISSIPPI

**IN THE MATTER OF
THE ESTATE OF LINDA BRELAND**

NO. _____

COMPLAINT FOR OPENING OF ESTATE

Linda Graham, Sean Guy, Gavin Guy, and James Breland, children and heirs of Linda Breland, submit this Complaint seeking the Appointment of Linda Graham as Administrator of the Estate of Linda Breland, and state:

1. Petitioners are adult residents of Lamar County, Mississippi.
2. Linda Breland, at the time of her death, was an adult resident of Lamar County.
3. On or about October 21, 2008, Linda Breland suffered from, among other ailments, end stage renal disease, which was later listed as her cause of death. (See Death Certificate attached as Exhibit A)
4. On or about October 21, 2008, Linda Breland dictated what she wished to be her Last Will and Testament. These words were immediately reduced these wishes to writing, and Linda Breland signed the instrument before a notary public. (See “Last Will and Testament” attached as Exhibit B.)
5. At least two persons who would not benefit under the purported Will witnessed the dictation of Ms. Breland’s testamentary wishes and the reduction of those wishes into writing.
6. Ms. Breland died on November 11, 2008 from end stage renal disease, leaving behind a personal estate valued at less than \$30,000.



The Law Office of
TIMOTHY J. EVANS

As Filed

7. Exhibit B meets the requirements for a nuncupative will set forth in Miss. Code Ann. §91-5-15.

8. The estate consists of a mobile home, real property, rifles and shotguns, and a riding lawnmower. Petitioners waive inventory, bond, and appraisal of the estate.

9. Exhibit A specifies that Ms. Breland wished her daughter, Linda Graham, to serve as executor of her estate.

10. Although the will is silent as to bond, inventory, and accounting, Petitioners request this Court waive bond, inventory, and accounting be waived due to the small size of the estate.

11. Alternatively, should the Court find a bond necessary, Petitioners request that bond be set commensurate with their means and abilities. Should bond be necessary, Petitioners request the Court waive appraisal and inventory of the estate.

12. Other possible persons with an interest in the estate include Ms. Breland's other children: Joy Moore, Judith Guy, and George Guy, all of Lamar County, Mississippi. These persons will be summonsed to the hearing of this Petition in accordance with Mississippi law.

13. To the best of Petitioners' knowledge, no other person has attempted to open this estate in any jurisdiction.

Therefore, Petitioner respectfully request this Court make the following findings and enter an Order to the same:

A. The instrument attached as Exhibit B to this Petition is the Will of Linda Breland, and that Will is valid under Mississippi law;

B. Linda Breland's Will is to be entered into Probate;

C. Linda Graham, daughter of Linda Breland, is to be appointed Executor of the Estate of Linda Breland, and she shall carry out the duties required of that position in accordance with Mississippi law;

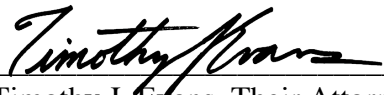
D. Linda Graham is entitled to have Letters Testamentary issued to her by the Clerk of this Court, and the Clerk is authorized to so issue;

E. Accounting, inventory, and bond are waived; and

F. Petitioners may receive all other relief, general and specific, to which they are entitled under law or equity.

Respectfully submitted,

**Linda Graham, Sean Guy, Gavin
Guy, and James Breland**

By: 
Timothy J. Evans, Their Attorney

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STATE OF MISSISSIPPI

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MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

CERTIFICATE OF DEATH STATE OF MISSISSIPPI

STATE FILE NUMBER **123-08-024942**

TYPE OR PRINT WITH BLACK INK

FILING DATE **DEC 05 2008**

DECEASED	1. NAME First: Linda Middle: Onita Last: Brelaud			2 SEX Female	3a HOUR OF DEATH 06:06 in	3b DATE OF DEATH (Month, Day, Year) November 11, 2008	
	4 RACE (Specify White, Black, American Indian, etc.) White		5a AGE AT LAST BIRTHDAY 57 Years	5b MOS 5c DAYS 5d HOURS 5e MINS	6 DATE OF BIRTH (Month, Day, Year) December 29, 1950		
If death occurred in an institution, see HANDBOOK, regarding completion of RESIDENCE items	7b CITY OR TOWN OF DEATH Hattiesburg		7c HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) Forrest General Hospital 18-F		7d IF IN HOSP. OR INST SPECIFY INPT. OUTPT. EMER. RM. OR DOA Inpt.		
	8 STATE OF BIRTH Alabama		9 DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/High School College		10 MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify) Widowed		
For RESIDENCE items, enter actual location of home rather than mailing address	11 SURVIVING SPOUSE (If wife, give maiden name) No		12 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) No		13 ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) American		
	14 SOCIAL SECURITY NUMBER 587-34-5059		15a USUAL OCCUPATION (Kind of work done most of working life) Homemaker		15b KIND OF BUSINESS OR INDUSTRY Own Home		
PARENTS	16a RESIDENCE—STATE Mississippi			16b COUNTY Lamar		16c CITY OR TOWN Lumberton	
	16d INSIDE CITY LIMITS? (Specify Yes or No) No			16e STREET AND NUMBER OR RURAL LOCATION 12 R.L. Anderson Road			
17 FATHER—NAME First: Clark Middle: Webster Last: Taylor			18 MOTHER—NAME First: Avie Middle: May Maiden: Jiles				
INFORMANT	19a INFORMANT—NAME (Type or print) Linda Graham			19b MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) P.O. Box 1715 Purvis, Mississippi 39475			
DISPOSITION	20a BURIAL, CREMATION, REMOVAL (Specify) Burial		20b CEMETERY, CREMATORY—NAME Cherished Acres		20c LOCATION (City and State) Purvis, MS		
	21a EMBALMER—SIGNATURE AND NUMBER <i>Blair J's 866</i>		21b FUNERAL HOME—NAME AND MISSISSIPPI I D NUMBER Moore Funeral Home 18M				
PRONOUNCEMENT	22a PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) Edward S. Shoemaker, R.N., P.C.S.			22b PRONOUNCED DEAD (Month, Day, Year) ON 11-11-2008		22c PRONOUNCED DEAD (Hour) AT 06:06 m	
	23a CERTIFIER—NAME (Type or print) Douglas E. Benedict, Jr.			23b MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) P.O. Box 1564 Hattiesburg, MS 39403-1564			
Mississippi State Board of Health Form No. 511 Revised 1-1-89	24a. To the best of my knowledge death occurred due to the cause(s) and manner as stated SIGNATURE		24b. DATE SIGNED (Month, Day, Year)		24c. STATE LICENSE NUMBER		
	24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated <i>[Signature]</i>		24f. TITLE Forrest County CMEI 18-F-1		
	24g. DATE SIGNED (Month, Day, Year) November 28, 2008		27. AUTOPSY (Yes or No) No		28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) Yes		
	29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)		29b. DATE OF INJURY (Month, Day, Year)		29c. HOUR OF INJURY (m)		
29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED		29e. INJURY AT WORK (Yes or No)		29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)			
29g. LOCATION		Street or route number		City or town State			

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

Exhibit
A

Judy Moulder

Judy Moulder
STATE REGISTRAR

WARNING:

A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

IF THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER THIS IS WATERMARKED PAPER DO NOT ACCEPT WITHOUT FIRST HOLDING TO LIGHT TO VERIFY WATERMARK

10/21/08 Last Will & Testament
of
Gunda Breland

Be it known, that I, Gunda O. Breland is of sound mind at the time of this writing of last will and testament.

Gunda Abraham shall be the executor of my estate. It is my wish and I hereby leave and transfer my 3 acres more or less of land to James Anthony Breland.

The mobile home in which I reside shall also go to James Anthony Breland and he shall assume liability on the remaining mortgage.

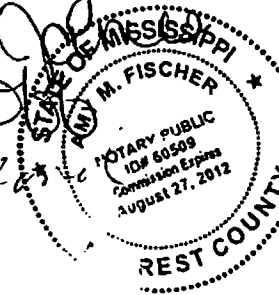
All my personal belongings inside and outside shall be divided and shared by James Anthony Breland with all the other children.

4

Frank Doper currently residing in the mobile home shall have 45 days in which to vacate the premises and remove his personal belongings, unless Anthony Breland states otherwise

Concerning my guns, Glenfield 22 Auto, New England 12g Single shot, New England 20g Single shot, 12ga. Long Thong Single shot, and a muzzle loader all go to games Anthony Breland. The guns are currently being stored by Morris Aug. They need to be delivered to Sean Aug. Morris can use them during hunting season. They are to be shared by Sean Aug and Morris Aug until Anthony Breland gets off probation.

Frank Doper



Subscribed and sworn to before me in my
Presence, this 21 day of October
2008, a Notary Public in and for the
County of Forest State of MS
[Signature]
(Signature) Notary Public
My commission expires 8/27, 2008