

**TAX COLLECTOR'S CERTIFICATION**

**Application  
Date / Number**  
Jun 29, 2015 / 150185

This is to certify that the holder listed below of Tax Sale Certificate Number **2013 / 325.0000**, issued the **1st day of June, 2013**, and which encumbers the following described property located in the County of Escambia, State of Florida to wit: **Parcel ID Number: 01-4362-393**

**Certificate Holder:**

GTURN LLC AND GHETT TL LLC PAR CITIBANK, N.A., AS  
4747 EXECUTIVE DR., STE 510  
SAN DIEGO, CALIFORNIA 92121

**Property Owner:**

HUMPHREY JAMES C  
9606 SUNNEHANNA BLVD  
PENSACOLA, FLORIDA 32514

**Legal Description:**

LT 12 BLK B WOODLANDS S/D PB 9 P 56 OR 3468 P 863 OR 5536 P 1698 OR 6405 P 1777 OR 6712 P 1201

has surrendered same in my office and made written application for tax deed in accordance with Florida Statutes. I certify that the following tax certificates, interest, ownership and encumbrance report fee, and Tax Collector's fees have been paid:

**CERTIFICATES OWNED BY APPLICANT AND FILED IN CONNECTION WITH THIS TAX DEED APPLICATION:**

| Cert. Year | Certificate Number | Date of Sale | Face Amt   | T/C Fee | Interest | Total      |
|------------|--------------------|--------------|------------|---------|----------|------------|
| 2013       | 325.0000           | 06/01/13     | \$2,302.86 | \$0.00  | \$115.14 | \$2,418.00 |

**CERTIFICATES REDEEMED BY APPLICANT OR INCLUDED (COUNTY) IN CONNECTION WITH THIS APPLICATION:**

| Cert. Year | Certificate Number | Date of Sale | Face Amt   | T/C Fee | Interest | Total      |
|------------|--------------------|--------------|------------|---------|----------|------------|
| 2015       | 379.0000           | 06/01/15     | \$2,236.33 | \$6.25  | \$111.82 | \$2,354.40 |
| 2014       | 306.0000           | 06/01/14     | \$2,231.74 | \$6.25  | \$111.59 | \$2,349.58 |

1. Total of all Certificates in Applicant's Possession and Cost of the Certificates Redeemed by Applicant or Included (County)
2. Total of Delinquent Taxes Paid by Tax Deed Application
3. Total of Current Taxes Paid by Tax Deed Applicant
4. Ownership and Encumbrance Report Fee
5. Tax Deed Application Fee
6. Total Certified by Tax Collector to Clerk of Court
7. Clerk of Court Statutory Fee
8. Clerk of Court Certified Mail Charge
9. Clerk of Court Advertising Charge
10. Sheriff's Fee
11. \_\_\_\_\_
12. Total of Lines 6 thru 11
13. Interest Computed by Clerk of Court Per Florida Statutes.....(   %)
14. One-Half of the assessed value of homestead property. If applicable pursuant to section 197.502, F.S.
15. Statutory (Opening) Bid; Total of Lines 12 thru 14
16. Redemption Fee
17. Total Amount to Redeem

|             |
|-------------|
| \$7,121.98  |
| \$0.00      |
|             |
| \$200.00    |
| \$125.00    |
| \$7,446.98  |
|             |
|             |
|             |
|             |
| \$7,446.98  |
|             |
| \$81,775.50 |
|             |
| \$6.25      |
|             |

\*Done this 29th day of June, 2015

TAX COLLECTOR, ESCAMBIA COUNTY, FLORIDA

By \_\_\_\_\_

Date of Sale: \_\_\_\_\_

9/8/15

\* This certification must be surrendered to the Clerk of the Circuit Court no later than ten days after this date.

## Notice to Tax Collector of Application for Tax Deed

**TO: Tax Collector of Escambia County**

In accordance with Florida Statutes, I,

**GTURN LLC AND GHETT TL LLC PAR CITIBANK,  
N.A., AS  
4747 EXECUTIVE DR., STE 510  
SAN DIEGO, California, 92121**

holder of the following tax sale certificate hereby surrender same to the Tax Collector and make tax deed application thereon:

| <b>Certificate No.</b> | <b>Parcel ID Number</b> | <b>Date</b> | <b>Legal Description</b>                                                                             |
|------------------------|-------------------------|-------------|------------------------------------------------------------------------------------------------------|
| 325.0000               | 01-4362-393             | 06/01/2013  | LT 12 BLK B WOODLANDS S/D PB 9 P 56<br>OR 3468 P 863 OR 5536 P 1698 OR 6405<br>P 1777 OR 6712 P 1201 |

**2014 TAX ROLL**

HUMPHREY JAMES C  
9606 SUNNEHANNA BLVD  
PENSACOLA , Florida 32514

I agree to pay all delinquent taxes, redeem all outstanding certificates not in my possession, pay any omitted taxes, and pay current taxes, if due, covering the land, and pay any interest earned (a) on tax certificates not in my possession, (b) on omitted taxes or (c) on delinquent taxes. I also agree to pay all Tax Collector's fees, ownership and encumbrance reports costs, Clerk of the Court costs, charges and fees and Sheriff's costs, if applicable. Attached is the above-mentioned tax sale certificate on which this application is based and all other certificates of the same legal description which are in my possession.

jsherpa (John Lemkey)  
Applicant's Signature

06/29/2015  
Date



# Chris Jones Escambia County Property Appraiser

Real Estate  
Search

Tangible Property  
Search

Sale  
List

Amendment 1/Portability  
Calculations

[Back](#)

← Navigate Mode ☒ Account ☐ Reference →

[Printer Friendly Version](#)

## General Information

**Reference:** 061S304401012002  
**Account:** 014362393  
**Owners:** HUMPHREY JAMES C  
**Mail:** 9606 SUNNEHANNA BLVD  
 PENSACOLA, FL 32514  
**Situs:** 9606 SUNNEHANNA BLVD 32514  
**Use Code:** SINGLE FAMILY RESID   
**Taxing Authority:** COUNTY MSTU  
**Tax Inquiry:** [Open Tax Inquiry Window](#)

Tax Inquiry link courtesy of Janet Holley  
 Escambia County Tax Collector

## Assessments

| Year | Land     | Imprv     | Total     | Cap Val   |
|------|----------|-----------|-----------|-----------|
| 2014 | \$38,000 | \$138,598 | \$176,598 | \$163,551 |
| 2013 | \$38,000 | \$123,134 | \$161,134 | \$161,134 |
| 2012 | \$38,000 | \$125,558 | \$163,558 | \$163,558 |

[Disclaimer](#)

[Amendment 1/Portability Calculations](#)

## Sales Data

| Sale Date  | Book | Page | Value    | Type | Official Records (New Window) |
|------------|------|------|----------|------|-------------------------------|
| 09/08/2010 | 6712 | 1201 | \$100    | OT   | <a href="#">View Instr</a>    |
| 12/10/2008 | 6405 | 1777 | \$100    | QC   | <a href="#">View Instr</a>    |
| 09/2004    | 5536 | 1698 | \$100    | OT   | <a href="#">View Instr</a>    |
| 11/1993    | 3468 | 863  | \$89,900 | WD   | <a href="#">View Instr</a>    |
| 03/1992    | 3144 | 56   | \$29,400 | QC   | <a href="#">View Instr</a>    |
| 07/1981    | 1561 | 241  | \$94,500 | WD   | <a href="#">View Instr</a>    |

Official Records Inquiry courtesy of Pam Childers  
 Escambia County Clerk of the Circuit Court and  
 Comptroller

## 2014 Certified Roll Exemptions

HOMESTEAD EXEMPTION

## Legal Description

LT 12 BLK B WOODLANDS S/D PB 9 P 56 OR 3468 P 863  
 OR 5536 P 1698 OR 6405 P 1777 OR 6712 P 1201

## Extra Features

METAL BUILDING  
 POOL  
 POOL SCREEN

## Parcel Information

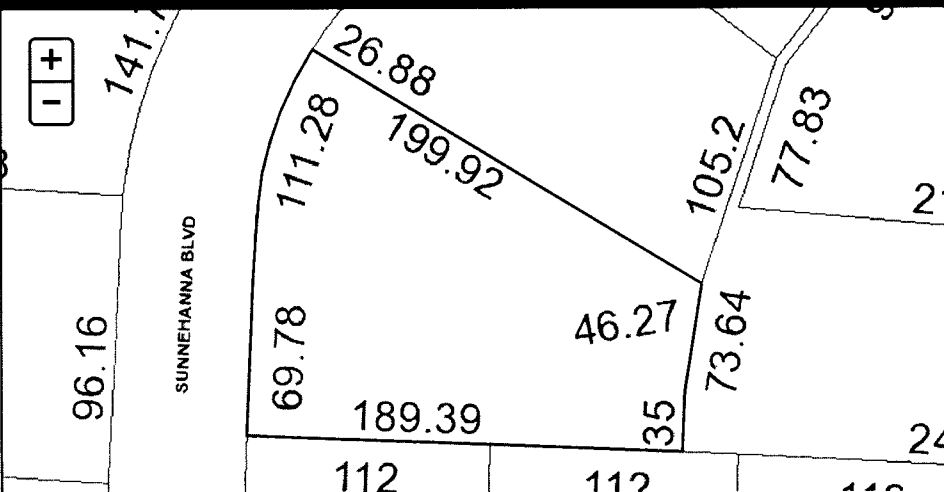
[Launch Interactive Map](#)

**Section Map Id:**  
 06-1S-30-1

**Approx. Acreage:**  
 0.5800

**Zoned:**   
 MDR

**Evacuation & Flood Information**  
[Open Report](#)



[View Florida Department of Environmental Protection\(DEP\) Data](#)

## Buildings

Address: 9606 SUNNEHANNA BLVD, Year Built: 1980, Effective Year: 1980

## Structural Elements

DECOR/MILLWORK-ABOVE AVERAGE  
 DWELLING UNITS-1  
 EXTERIOR WALL-BRICK-FACE/VENEER

EXTERIOR WALL-SIDING-LAP.AAVG  
FLOOR COVER-CARPET  
FOUNDATION-SLAB ON GRADE  
HEAT/AIR-CENTRAL H/AC  
INTERIOR WALL-DRYWALL-PLASTER  
NO. PLUMBING FIXTURES-6  
NO. STORIES-1  
ROOF COVER-COMPOSITION SHG  
ROOF FRAMING-GABL/HIP COMBO  
STORY HEIGHT-0  
STRUCTURAL FRAME-WOOD FRAME

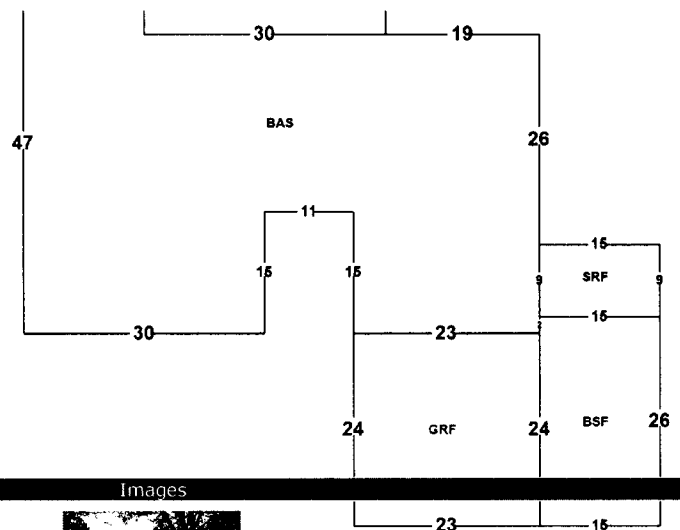
 Areas - 3730 Total SF

BASE AREA - 2353

BASE SEMI FIN - 390

GARAGE FIN - 552

SUN ROOM FIN - 435



3/19/02

The primary use of the assessment data is for the preparation of the current year tax roll. No responsibility or liability is assumed for inaccuracies or errors.

Last Updated:07/09/2015 (tc.11089)

# **Southern Guaranty Title Company**

4400 Bayou Boulevard, Suite 13B

Pensacola, Florida 32503

Telephone: 850-478-8121

Facsimile: 850-476-1437

## **OWNERSHIP AND ENCUMBRANCE REPORT**

File No.: 12195

July 7, 2015

Escambia County Tax Collector  
P.O. Box 1312  
Pensacola, Florida 32591

Pursuant to your request, the Company has caused a search to be made of the Public Records of Escambia County, Florida, solely as revealed by records maintained from 07-07-1995, through 07-07-2015, and said search reveals the following:

1. THE GRANTEE(S) OF THE LAST DEED(S) OF RECORD IS:

James C. Humphrey

2. The land covered by this Report is:

LEGAL DESCRIPTION IS ATTACHED HERETO AND MADE A PART HEREOF

3. The following unsatisfied mortgages, liens and judgments affecting the land covered by this Report appear of record:

SEE CONTINUATION PAGE ATTACHED HERETO AND MADE A PART HEREOF

4. Taxes:

SEE CONTINUATION PAGE ATTACHED HERETO AND MADE A PART HEREOF

The foregoing report is prepared and furnished for information only, is not intended to constitute or imply any opinion, warranty, guaranty, insurance, or similar assurance as to the status of title, and no determination has been made of the authenticity of any instrument described or referred to herein. The name search for the purposes of determining applicable judgments and liens is limited to the apparent record owner(s) shown herein. No attempt has been made to determine whether the land is subject to liens or assessments which are not shown as existing liens by the public records. The Company's liability hereunder shall not exceed the cost of this Report, or \$1,000.00 whichever is less.

THIS REPORT SHALL NOT BE USED FOR THE ISSUANCE OF TITLE INSURANCE.

Southern Guaranty Title Company

By: 

July 7, 2015

**OWNERSHIP AND ENCUMBRANCE REPORT  
LEGAL DESCRIPTION**

File No.: 12195

July 7, 2015

**Lot 12, Block B, The Woodlands, as per plat thereof, recorded in Plat Book 9, Page 56, of the Public Records of Escambia County, Florida**

**OWNERSHIP AND ENCUMBRANCE REPORT  
CONTINUATION PAGE**

File No.: 12195

July 7, 2015

UNSATISFIED MORTGAGES, LIENS AND JUDGMENTS AFFECTING THE LAND COVERED BY THIS REPORT THAT APPEAR OF RECORD:

1. That certain mortgage executed by Shirley Hall Humphrey in favor of Compass Bank dated 05/01/2006 and recorded 05/25/2006 in Official Records Book 5913, page 1808 of the public records of Escambia County, Florida, in the original amount of \$50,000.00.
2. Taxes for the year 2012-2014 delinquent. The assessed value is \$176,598.00. Tax ID 01-4362-393.

PLEASE NOTE THE FOLLOWING:

- A. Subject to current year taxes.
- B. Taxes and assessments due now or in subsequent years.
- C. Subject to Easements, Restrictions and Covenants of record.
- D. Encroachments, overlaps, boundary line disputes, and any other matters which would be disclosed by an accurate survey and inspection of the premises.
- E. Oil, gas and mineral or any other subsurface rights of any kind or nature.

# SOUTHERN GUARANTY TITLE COMPANY

4400 BAYOU BLVD., SUITE 13-B, CORDOVA SQUARE  
PENSACOLA, FLORIDA 32503

TEL. (850) 478-8121 FAX (850) 476-1437

Email: rcsgr@aol.com

Janet Holley  
Escambia County Tax Collector  
P.O. Box 1312  
Pensacola, FL 32596

CERTIFICATION: TITLE SEARCH FOR TDA

TAX DEED SALE DATE: 9-8-2015

TAX ACCOUNT NO.: 01-4362-393

CERTIFICATE NO.: 2013-325

In compliance with Section 197.256, Florida Statutes, the following is a list of names and addresses of those persons, firms and/or agencies having legal interest in or claim against the above described property. The above referenced tax sale certificate is being submitted as proper notification of tax deed sale.

YES NO

      X   Notify City of Pensacola, P.O. Box 12910, 32521

      X   Notify Escambia County, 190 Governmental Center, 32502

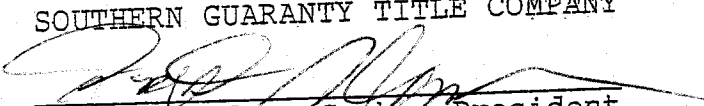
  X       Homestead for 2014 tax year.

James C. Humphrey  
9606 Sunnehanna Blvd.  
Pensacola, FL 32514

Compass Bank  
P.O. Box 10343  
Birmingham, AL 35203

Certified and delivered to Escambia County Tax Collector,  
this 7th day of July, 2015.

SOUTHERN GUARANTY TITLE COMPANY

  
by: Richard S. Combs, President

NOTE: The above listed addresses are based upon current information available, but said addresses are not guaranteed to be true or correct.

Prepared by:

Jason A. Waddell  
1108-A North 12th Avenue  
Pensacola, FL 32501

When recorded return to:

Jason A. Waddell  
1108-A North 12th Avenue  
Pensacola, FL 32501

(Space above this line reserved for recording office use only)

**QUIT-CLAIM DEED**

**1. IDENTIFICATION OF GRANTOR**

Grantor's name and address is: Shirley Hall Humphrey  
9606 Sunnehanna Blvd.  
Pensacola, FL 32514

The word "I" or "me" as hereafter used means the Grantor.

**2. IDENTIFICATION OF GRANTEE**

Grantee's name and address is: Shirley Hall Humphrey  
9606 Sunnehanna Blvd.  
Pensacola, FL 32514

The word "you" as hereafter used means the Grantee.

**3. MEANINGS OF TERMS**

The terms "I," "me," "you," "grantor," and "grantee," shall be non-gender specific ((i) masculine, (ii) feminine, or (iii) neuter, such as corporations, partnerships or trusts), singular or plural, as the context permits or requires, and include heirs, personal representatives, successors or assigns where applicable and permitted.

**4. DESCRIPTION OF REAL PROPERTY CONVEYED**

Property hereby conveyed (the "Real Property") is described as follows:

Lot 12, Block "B", THE WOODLANDS, a subdivision of a portion of the Southeast ¼ of Section 6, Township 1 South, Range 30 West, Escambia County, Florida, according to Plat of said subdivision recorded in Plat Book 9 at Page 56 of the Public Records of said County.

The Property Appraiser's Parcel Identification Number is 061S304401012002

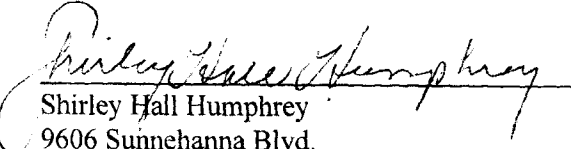
**5. CONSIDERATION**

Good and valuable consideration plus the sum of Ten Dollars (\$10.00) received by me from you.

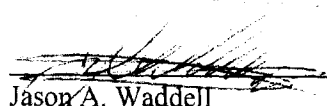
**6. CONVEYANCE OF REAL PROPERTY**

For the consideration described in Paragraph 5, I hereby convey, remise (give up a claim), and quit-claim (transfer without warranty) a life estate, without any liability for waste, with full power and authority in her to sell, convey, mortgage, lease and otherwise dispose of the property described below in fee simple, with or without consideration and without joinder by the remaindermen, and to keep absolutely any and all proceeds derived therefrom. Further, the Grantor(s) reserves the right to change remaindermen at any time without consent of remaindermen. Upon death of the life tenant, title shall be in the name of James C. Humphrey.

Executed on December 10, 2008

  
Shirley Hall Humphrey  
9606 Sunnehanna Blvd.  
Pensacola, FL 32514

Signed in the presence of:

  
Jason A. Waddell  
1108-A N. 12th Avenue  
Pensacola, FL 32501  
Witness

Signed in the presence of:

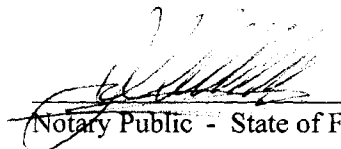
  
Shayne Johnson  
1108-A N. 12th Avenue  
Pensacola, FL 32501  
Witness

STATE OF FLORIDA  
COUNTY OF ESCAMBIA

The foregoing instrument was acknowledged before me this 10<sup>th</sup> day of December 2008, by Shirley Hall Humphrey, who is personally known to me or has produced Florida Drivers License as identification.



JASON A. WADDELL  
MY COMMISSION # DD 534193  
EXPIRES: May 27, 2010  
Bonded Thru Budget Notary Services

  
Notary Public - State of Florida

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

LOCAL FILE NO. 2499 FLORIDA CERTIFICATE OF DEATH

|                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. DECEDENT'S NAME (First, Middle, Last, Suffix)<br><b>Shirley Hall Humphrey</b>                                                                                                                                                                                                                                                                                                                                                                |  | 2. SEX<br><b>Female</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| 3. DATE OF BIRTH (Month, Day, Year)<br><b>August 28, 1922</b>                                                                                                                                                                                                                                                                                                                                                                                   |  | 4. AGE Last Birthday (Years)<br><b>88</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| 5. DATE OF DEATH (Month, Day, Year)<br><b>August 30, 2010</b>                                                                                                                                                                                                                                                                                                                                                                                   |  | 6. SOCIAL SECURITY NUMBER<br><b>[REDACTED]</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| 7. BIRTHPLACE (City and State or Foreign Country)<br><b>Columbus, Ohio</b>                                                                                                                                                                                                                                                                                                                                                                      |  | 8. COUNTY OF DEATH<br><b>Escambia</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| 9. PLACE OF DEATH (Check only one)<br>HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival<br>NON-HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input checked="" type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify)<br><b>Rehabilitation Center</b> |  | 10. FACILITY NAME (If not institution, give street address)<br><b>Haven of Our Lady of Peace</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 11. CITY, TOWN, OR LOCATION OF DEATH<br><b>Pensacola</b>                                                                                                                                                                                                                                                                                                                                                                                        |  | 11b. INSIDE CITY LIMITS?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| 12. MARITAL STATUS (Specify)<br><input type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married                                                                                                                                                                                                           |  | 13. SURVIVING SPOUSE'S NAME (If wife, give maiden name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| 14a. RESIDENCE - STATE<br><b>Florida</b>                                                                                                                                                                                                                                                                                                                                                                                                        |  | 14b. COUNTY<br><b>Escambia</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| 14c. CITY, TOWN, OR LOCATION<br><b>Pensacola</b>                                                                                                                                                                                                                                                                                                                                                                                                |  | 14d. STREET ADDRESS<br><b>9606 Sunnehanna Boulevard</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| 14e. APT. NO.<br><b>[REDACTED]</b>                                                                                                                                                                                                                                                                                                                                                                                                              |  | 14f. ZIP CODE<br><b>32514</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| 14g. INSIDE CITY LIMITS?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                 |  | 15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. Do not use "Retired")<br><b>Minister</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| 15b. KIND OF BUSINESS/INDUSTRY<br><b>Religion</b>                                                                                                                                                                                                                                                                                                                                                                                               |  | 16. DECEDENT'S RACE (Specify the race/ethnicity to indicate what decedent considered himself/herself to be. More than one race may be specified.)<br><input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Specify tribe)<br><input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify)<br><input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Isl. (Specify) <input type="checkbox"/> Other (Specify) |  |
| 17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian origin)<br><input type="checkbox"/> Yes (If Yes, specify) <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                    |  | 18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.)<br><input type="checkbox"/> 8th or less <input type="checkbox"/> High school but no diploma <input type="checkbox"/> High school diploma or GED <input type="checkbox"/> College but no degree <input type="checkbox"/> College degree (Specify) <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input checked="" type="checkbox"/> Master's <input type="checkbox"/> Doctorate                                                                                                                                                                                                                                                                                                 |  |
| 19. WAS DECEDENT EVER IN U.S. ARMED FORCES?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                              |  | 20. FATHER'S NAME (First, Middle, Last, Suffix)<br><b>Stanley Rinz</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| 21. MOTHER'S NAME (First, Middle, Maiden Surname)<br><b>Ruth Hall</b>                                                                                                                                                                                                                                                                                                                                                                           |  | 22a. INFORMANT'S NAME<br><b>Jim Humphrey</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| 22b. RELATIONSHIP TO DECEDENT<br><b>Son</b>                                                                                                                                                                                                                                                                                                                                                                                                     |  | 22c. INFORMANT'S MAILING - STATE<br><b>Florida</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| 23a. CITY OR TOWN<br><b>Pensacola</b>                                                                                                                                                                                                                                                                                                                                                                                                           |  | 23b. STREET ADDRESS<br><b>9606 Sunnehanna Boulevard</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| 23c. ZIP CODE<br><b>32514</b>                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 24. PLACE OF DISPOSITION (Name of cemetery, cremation, or other place)<br><b>Faith Chapel Funeral Home</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| 25a. LOCATION - STATE<br><b>Florida</b>                                                                                                                                                                                                                                                                                                                                                                                                         |  | 25b. LOCATION - CITY OR TOWN<br><b>Cantonment</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| 25c. METHOD OF DISPOSITION<br><input type="checkbox"/> Burial <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)                                                                                                                                                                          |  | 26. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| 27a. LICENSE NUMBER (if Licensee)<br><b>F045220</b>                                                                                                                                                                                                                                                                                                                                                                                             |  | 27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH<br><b>[Signature]</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| 28. NAME OF FUNERAL FACILITY<br><b>Faith Chapel Funeral Home North</b>                                                                                                                                                                                                                                                                                                                                                                          |  | 29a. FACILITY'S MAILING - STATE<br><b>Florida</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| 29b. CITY OR TOWN<br><b>Cantonment</b>                                                                                                                                                                                                                                                                                                                                                                                                          |  | 29c. STREET ADDRESS<br><b>1000 Highway 29 South</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| 29d. ZIP CODE<br><b>32537</b>                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 30. CERTIFIER <input checked="" type="checkbox"/> 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.<br>(Check one) <input type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| 31a. (Signature and Title of Certifier)<br><b>[Signature]</b>                                                                                                                                                                                                                                                                                                                                                                                   |  | 31b. DATE SIGNED (month/day/year)<br><b>09/01/2010</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| 31c. TIME OF DEATH (24 hr)<br><b>0740</b>                                                                                                                                                                                                                                                                                                                                                                                                       |  | 32. MEDICAL EXAMINER'S CASE NUMBER<br><b>[REDACTED]</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| 33a. LICENSE NUMBER (if Certifier)<br><b>ME17078</b>                                                                                                                                                                                                                                                                                                                                                                                            |  | 33b. CERTIFIER'S NAME<br><b>T. C. Holmes</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| 33c. NAME OF ATTENDING PHYSICIAN (If other than Certifier)                                                                                                                                                                                                                                                                                                                                                                                      |  | 34a. CERTIFIER'S STATE<br><b>FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| 34b. CITY OR TOWN<br><b>Pensacola</b>                                                                                                                                                                                                                                                                                                                                                                                                           |  | 34c. STREET ADDRESS<br><b>1900 Summit Blvd</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| 34d. ZIP CODE<br><b>32503</b>                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 35. SUBREGISTRAR - Signature and Date<br><b>[Signature]</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| 36. LOCAL REGISTRAR - Signature<br><b>[Signature]</b>                                                                                                                                                                                                                                                                                                                                                                                           |  | 37. DATE FILED BY REGISTRAR (Mo., Day, Yr.)<br><b>SEP 08 2010</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |

*Jessie L. Carpenter*  
CHIEF DEPUTY REGISTRAR

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.  
WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA ON THE FRONT, AND THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.



DH FORM 1946 (08-04)

26626405

CERTIFICATION OF VITAL RECORD



\* 2 6 6 2 6 4 0 5 \*

FF

**RECORDATION REQUESTED BY:**

Compass Bank  
PENSACOLA NORTH DAVIS  
8701 NORTH DAVIS HIGHWAY  
PENSACOLA, FL 32504

**WHEN RECORDED MAIL TO:**



Record and Return To:  
Fiserv Lending Solutions  
8808 N. John Rhodes Blvd  
HUMPHREY, SHIRLEY HA Melbourne, FL 32934

HUMPHREY, SHIRLEY HA Melbourne, FL 32934

4355760001253485

This Mortgage prepared by:

Name: CONNIE WASHINGTON, Document Preparer  
Company: Compass Bank  
Address: P.O. Box 10343, Birmingham, AL 35203

6650036

515



\*06500004355760001049321TSYS0745\*

**MORTGAGE**

**FOR USE WITH SECURED REVOLVING CREDIT AGREEMENT**

**MAXIMUM LIEN.** The total amount of indebtedness secured by this Mortgage may decrease or increase from time to time, but the maximum amount of principal indebtedness which may be outstanding at any one time shall not exceed \$50,000.00, plus interest, and amounts expended or advanced by Lender for the payment of taxes, levies or insurance on the Property, and interest on such amounts.

**THIS MORTGAGE** dated May 1, 2006, is made and executed between SHIRLEY HALL HUMPHREY, A SINGLE WOMAN, WHOSE ADDRESS IS 9606 SUNNEHANNA BLVD PENSACOLA FL 32514 (referred to below as "Grantor") and Compass Bank, whose address is 8701 NORTH DAVIS HIGHWAY, PENSACOLA, FL 32504 (referred to below as "Lender").

**GRANT OF MORTGAGE.** For valuable consideration, Grantor mortgages to Lender all of Grantor's right, title, and interest in and to the following described real property, together with all existing or subsequently erected or affixed buildings, improvements and fixtures; all easements, rights of way, and appurtenances; all water, water rights, watercourses and ditch rights (including stock in utilities with ditch or irrigation rights); and all other rights, royalties, and profits relating to the real property, including without limitation all minerals, oil, gas, geothermal and similar matters, (the "Real Property") located in Escambia County, State of Florida:

**LOT 12, BLOCK "B", THE WOODLANDS, A SUBDIVISION OF A PORTION OF THE SOUTHEAST 1/4 OF SECTION 6, TOWNSHIP 1 SOUTH, RANGE 30 WEST, ESCAMBIA COUNTY, FLORIDA, ACCORDING TO PLAT OF SAID SUBDIVISION RECORDED IN PLAT BOOK 9 AT PAGE 56 OF THE PUBLIC RECORDS OF SAID COUNTY.**

The Real Property or its address is commonly known as 9606 SUNNEHANNA BLVD, PENSACOLA, FL 32514.

**CROSS-COLLATERALIZATION.** In addition to the Credit Agreement, this Mortgage secures all obligations, debts and liabilities, plus interest thereon, of Grantor to Lender, or any one or more of them, as well as all claims by Lender against Grantor or any one or more of them, whether now existing or hereafter arising, whether related or unrelated to the purpose of the Credit Agreement, whether voluntary or otherwise, whether due or not due, direct or indirect, determined or undetermined, absolute or contingent, liquidated or unliquidated whether Grantor may be liable individually or jointly with others, whether obligated as guarantor, surety, accommodation party or otherwise, and whether recovery upon such amounts may be or hereafter may become barred by any statute of limitations, and whether the obligation to repay such amounts may be or hereafter may become otherwise unenforceable. If the Lender is required to give notice of the right to cancel under Truth in Lending in connection with any additional loans, extensions of credit and other liabilities or obligations of Grantor to Lender, then this Mortgage shall not secure additional loans or obligations unless and until such notice is given.

**REVOLVING LINE OF CREDIT.** This Mortgage secures the indebtedness including, without limitation, a revolving line of credit under which, upon request by Grantor, Lender, within twenty (20) years from the date of this Mortgage, may make future advances to Grantor. Such future advances, together with interest thereon, are secured by this Mortgage. Such advances may be made, repaid, and remade from time to time, subject to the limitation that the total outstanding balance owing at any one time, not including finance charges on such balance at a fixed or variable rate or sum as provided in the Credit Agreement, any temporary overages, other charges, and any amounts expended or advanced as provided in either the indebtedness paragraph or this paragraph, shall not exceed the Credit Limit as provided in the Credit Agreement. It is the intention of Grantor and Lender that this Mortgage secures the balance outstanding under the Credit Agreement from time to time from zero up to the Credit Limit as provided in the Credit Agreement and any intermediate balance.

Grantor presently assigns to Lender all of Grantor's right, title, and interest in and to all present and future leases of the Property and all Rents from the Property. In addition, Grantor grants to Lender a Uniform Commercial Code security interest in the Personal Property and Rents.

**THIS MORTGAGE, INCLUDING THE ASSIGNMENT OF RENTS AND THE SECURITY INTEREST IN THE RENTS AND PERSONAL PROPERTY, IS GIVEN TO SECURE (A) PAYMENT OF THE INDEBTEDNESS AND (B) PERFORMANCE OF EACH OF GRANTOR'S AGREEMENTS AND OBLIGATIONS UNDER THE CREDIT AGREEMENT WITH THE CREDIT LIMIT OF \$50,000.00, THE RELATED DOCUMENTS, AND THIS MORTGAGE. THIS MORTGAGE IS GIVEN AND ACCEPTED ON THE FOLLOWING TERMS:**

**PAYMENT AND PERFORMANCE.** Except as otherwise provided in this Mortgage, Grantor shall pay to Lender all amounts secured by this Mortgage as they become due and shall strictly perform all of Grantor's obligations under this Mortgage.

**POSSESSION AND MAINTENANCE OF THE PROPERTY.** Grantor agrees that Grantor's possession and use of the Property shall be governed by the following provisions:

**Possession and Use.** Until Grantor's interest in any or all of the Property is foreclosed, Grantor may (1) remain in possession and

**MORTGAGE  
(Continued)**

Loan No: 4355760001049321

Page 7

GRANTOR ACKNOWLEDGES HAVING READ ALL THE PROVISIONS OF THIS MORTGAGE, AND GRANTOR AGREES TO ITS TERMS.

GRANTOR:

x *Shirley Hall Humphrey*  
SHIRLEY HALL HUMPHREY

WITNESSES:

x *Aundrea Bullock*

x *[Signature]* 150

**INDIVIDUAL ACKNOWLEDGMENT**

STATE OF

*Florida*

COUNTY OF

*Escambia*

The foregoing instrument was acknowledged before me this 1 day of May, 2006  
by SHIRLEY HALL HUMPHREY, who is personally known to me or who has produced as  
identification and did / did not take an oath.

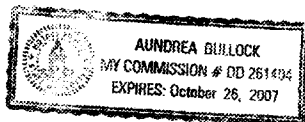
*Aundrea Bullock*  
(Signature of Person Taking Acknowledgment)

*Aundrea Bullock*  
(Name of Acknowledger Typed, Printed or Stamped)

(Title or Rank)

*FSR*

(Serial Number, if any)



**STATE OF FLORIDA  
COUNTY OF ESCAMBIA**

**CERTIFICATE OF NOTICE OF MAILING  
NOTICE OF APPLICATION FOR TAX DEED**

**CERTIFICATE # 00325 of 2013**

I, PAM CHILDERS, CLERK OF THE CIRCUIT COURT OF ESCAMBIA COUNTY, FLORIDA, do hereby certify that I did on August 6, 2015, mail a copy of the foregoing Notice of Application for Tax Deed, addressed to:

|                                                                     |                                                     |
|---------------------------------------------------------------------|-----------------------------------------------------|
| JAMES C HUMPHREY<br>9606 SUNNEHANNA BLVD<br>PENSACOLA, FL 32514     | COMPASS BANK<br>PO BOX 10343<br>BIRMINGHAM AL 35203 |
| SHIRLEY HALL HUMPHREY<br>9606 SUNNEHANNA BLVD<br>PENSACOLA FL 32514 |                                                     |

WITNESS my official seal this 6th day of August 2015.



PAM CHILDERS  
CLERK OF THE CIRCUIT COURT  
ESCAMBIA COUNTY, FLORIDA

By:  
Emily Hogg  
Deputy Clerk

## WARNING

THERE ARE UNPAID TAXES ON PROPERTY WHICH YOU OWN OR IN WHICH YOU HAVE A LEGAL INTEREST. THE PROPERTY WILL BE SOLD AT PUBLIC AUCTION ON September 8, 2015, UNLESS THE TAXES ARE PAID. SHOULD YOU NEED FURTHER INFORMATION CONTACT THE CLERK OF THE CIRCUIT COURT IMMEDIATELY AT THE COUNTY COURTHOUSE IN PENSACOLA, FLORIDA, OR CALL 850-595-3793.

## NOTICE OF APPLICATION FOR TAX DEED

NOTICE IS HEREBY GIVEN, That GTURN LLC AND GHETT TL LLC holder of Tax Certificate No. 00325, issued the 1st day of June, A.D., 2013 has filed same in my office and has made application for a tax deed to be issued thereon. Said certificate embraces the following described property in the County of Escambia, State of Florida, to wit:

LT 12 BLK B WOODLANDS S/D PB 9 P 56 OR 3468 P 863 OR 5536 P 1698 OR 6405 P 1777 OR 6712 P 1201

SECTION 06, TOWNSHIP 1 S, RANGE 30 W

TAX ACCOUNT NUMBER 014362393 (15-561)

The assessment of the said property under the said certificate issued was in the name of

JAMES C HUMPHREY

Unless said certificate shall be redeemed according to law, the property described therein will be sold to the highest bidder at public auction at 9:00 A.M. on the second Tuesday in the month of September, which is the 8th day of September 2015.

Dated this 6th day of August 2015.

In accordance with the AMERICANS WITH DISABILITIES ACT, if you are a person with a disability who needs special accommodation in order to participate in this proceeding you are entitled to the provision of certain assistance. Please contact Emily Hogg not later than seven days prior to the proceeding at Escambia County Government Complex, 221 Palafox Place Ste 110, Pensacola FL 32502. Telephone: 850-595-3793.



PAM CHILDERS  
CLERK OF THE CIRCUIT COURT  
ESCAMBIA COUNTY, FLORIDA

By:  
Emily Hogg  
Deputy Clerk

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### Personal Services:

**JAMES C HUMPHREY**  
9606 SUNNEHANNA BLVD  
PENSACOLA, FL 32514

PAM CHILDERS  
CLERK OF THE CIRCUIT COURT  
ESCAMBIA COUNTY, FLORIDA



By:  
Emily Hogg  
Deputy Clerk

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### Post Property:

9606 SUNNEHANNA BLVD 32514



PAM CHILDERS  
CLERK OF THE CIRCUIT COURT  
ESCAMBIA COUNTY, FLORIDA

By:  
Emily Hogg  
Deputy Clerk

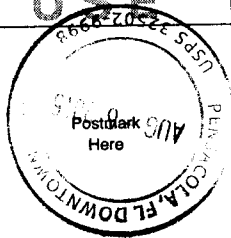
05PT 1850 1101 0001 3490 7014

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For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

|                                                   |         |
|---------------------------------------------------|---------|
| Postage                                           | \$ .48  |
| Certified Fee                                     | 3.45    |
| Return Receipt Fee<br>(Endorsement Required)      | 2.80    |
| Restricted Delivery Fee<br>(Endorsement Required) |         |
| Total Postage & Fees                              | \$ 6.73 |



Sent To  
 Street & Ap  
 or PO Box  
 City, State,

COMPASS BANK [15-561]  
 PO BOX 10343  
 BIRMINGHAM AL 35203

PS Form 3

uctions

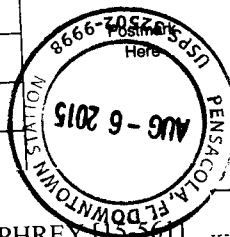
05PT 1850 1101 0001 3490 7014

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|                                                   |         |
|---------------------------------------------------|---------|
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| Certified Fee                                     | 3.45    |
| Return Receipt Fee<br>(Endorsement Required)      | 2.80    |
| Restricted Delivery Fee<br>(Endorsement Required) |         |
| Total Postage & Fees                              | \$ 6.73 |



Sent To

Street &  
 or PO B  
 City, St

SHIRLEY HALL HUMPHREY [15-561]  
 9606 SUNNEHANNA BLVD  
 PENSACOLA FL 32514

PS Form

uctions

13/325

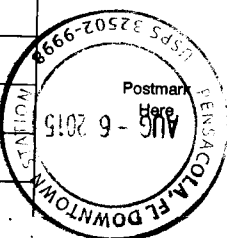
05PT 1850 1101 0001 3490 7014

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|                                                   |         |
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Sent To

Street &  
 or PO B  
 City, St

JAMES C HUMPHREY [15-561]  
 9606 SUNNEHANNA BLVD  
 PENSACOLA, FL 32514

PS Form

uctions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

COMPASS BANK [15-561]  
PO BOX 10343  
BIRMINGHAM AL 35203

**COMPLETE THIS SECTION IN DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Print Name)

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

☐ No

If YES, enter delivery address below.

AUG 10 2015

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™

☐ Registered Mail ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7014 3490 0001 1101 1850

PS Form 3811, July 2013

Domestic Return Receipt

13/325

ESCAMBIA COUNTY SHERIFF'S OFFICE  
ESCAMBIA COUNTY, FLORIDA

**NON-ENFORCEABLE RETURN OF SERVICE**

15- 561

**Document Number:** ECSO15CIV035372NON

**Agency Number:** 15-010865

**Court:** TAX DEED

**County:** ESCAMBIA

**Case Number:** CERT NO 00325 2013

**Attorney/Agent:**

PAM CHILDERS  
CLERK OF COURT  
TAX DEED

**Plaintiff:** IN RE: JAMES C HUMPHREY

**Defendant:**

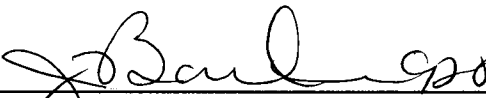
**Type of Process:** NOTICE OF APPLICATION FOR TAX DEED

Received this Writ on 8/6/2015 at 9:33 AM and served same at 9:11 AM on 8/10/2015 in ESCAMBIA COUNTY, FLORIDA,  
by serving POST PROPERTY , the within named, to wit: , .

POSTED TO PROPERTY PER INSTRUCTIONS FROM CLERKS OFFICE.

DAVID MORGAN, SHERIFF  
ESCAMBIA COUNTY, FLORIDA

By: \_\_\_\_\_



J. BARTON, CPS

Service Fee: \$40.00

Receipt No: BILL

Printed By: NDSCHERER

**WARNING**

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**SECTION 06, TOWNSHIP 1 S, RANGE 30 W**

**TAX ACCOUNT NUMBER 014362393 (15-561)**

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Dated this 6th day of August 2015.

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**Post Property:**

**9606 SUNNEHANNA BLVD 32514**

**PAM CHILDERS  
CLERK OF THE CIRCUIT COURT  
ESCAMBIA COUNTY, FLORIDA**



By:  
Emily Hogg  
Deputy Clerk

RECEIVED  
AUG - 6 A 9:33  
CLERK OF THE CIRCUIT COURT  
ESCAMBIA COUNTY, FLORIDA

ESCAMBIA COUNTY SHERIFF'S OFFICE  
ESCAMBIA COUNTY, FLORIDA

15-561

**NON-ENFORCEABLE RETURN OF SERVICE**

**Document Number:** ECSO15CIV035402NON

**Agency Number:** 15-010832

**Court:** TAX DEED

**County:** ESCAMBIA

**Case Number:** CERT #00325 2013

**Attorney/Agent:**

PAM CHILDERS  
CLERK OF COURT  
TAX DEED

**Plaintiff:** IN RE: JAMES C HUMPHREY

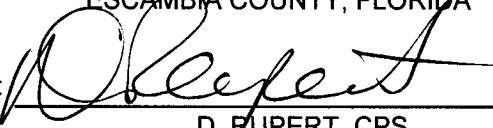
**Defendant:**

**Type of Process:** NOTICE OF APPLICATION FOR TAX DEED

Individual

Received this Writ on 8/6/2015 at 9:31 AM and served same on JAMES C HUMPHREY , at 2:06 PM on 8/6/2015 in ESCAMBIA COUNTY, FLORIDA, by delivering a true copy of this Writ together with a copy of the initial pleadings, if any, with the date and hour of service endorsed thereon by me.

DAVID MORGAN, SHERIFF  
ESCAMBIA COUNTY, FLORIDA

By: 

D. RUPERT, CPS

Service Fee: \$40.00  
Receipt No: BILL

Printed By: JLBRYANT

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**LT 12 BLK B WOODLANDS S/D PB 9 P 56 OR 3468 P 863 OR 5536 P 1698 OR 6405 P 1777 OR 6712 P 1201**

**SECTION 06, TOWNSHIP 1 S, RANGE 30 W**

**TAX ACCOUNT NUMBER 014362393 (15-561)**

The assessment of the said property under the said certificate issued was in the name of

**JAMES C HUMPHREY**

Unless said certificate shall be redeemed according to law, the property described therein will be sold to the highest bidder at public auction at 9:00 A.M. on the **second Tuesday** in the month of September, which is the **8th day of September 2015**.

Dated this 6th day of August 2015.

In accordance with the AMERICANS WITH DISABILITIES ACT, if you are a person with a disability who needs special accommodation in order to participate in this proceeding you are entitled to the provision of certain assistance. Please contact Emily Hogg not later than seven days prior to the proceeding at Escambia County Government Complex, 221 Palafox Place Ste 110, Pensacola FL 32502. Telephone: 850-595-3793.

### Personal Services:

**JAMES C HUMPHREY**  
9606 SUNNEHANNA BLVD  
PENSACOLA, FL 32514

**PAM CHILDERS**  
CLERK OF THE CIRCUIT COURT  
ESCAMBIA COUNTY, FLORIDA



By:  
Emily Hogg  
Deputy Clerk

**RECEIVED**  
 2015 AUG -6 A 9:31  
 CLERK OF THE CIRCUIT COURT  
 ESCAMBIA COUNTY, FL

**CERTIFIED MAIL**

**PAM CHILDERS**  
Clerk of the Circuit Court & Co-  
Official Records  
221 Palafox Place, Suite 1  
Pensacola, FL 32502



7014 3490 0001 1101 1843

neopost  
08/06/2015  
**US POSTAGE**  
\$06.73  
ZIP 32502  
041L11221084

NV-13  
8-7-13

JAMES C HUMPHREY [15-561]  
9606 SUNNEHANNA BLVD  
PENSACOLA, FL 32514

522 DE 1009 0006/28/15

RETURN TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD

BC: 32502582799 \*2187-03909-06-43

3250205827

9251433333 RD

**CERTIFIED MAIL**

**PAM CHILDERS**  
Clerk of the Circuit Court & Comp  
Official Record:  
221 Palafox Place, Suite 110  
Pensacola, FL 32502



7014 3490 0001 1101 1847

neopost  
08/06/2015  
**US POSTAGE**  
\$06.73  
ZIP 32502  
041L11221084

NV-13  
8-7-13

SHIRLEY HALL HUMPHREY [15-561]  
9606 SUNNEHANNA BLVD  
PENSACOLA FL 32514

522 DE 1009 0006/28/15

RETURN TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD

BC: 32502583333 \*2187-03873-06-43

3250205833

9251433333 RD

13/ 325

**PAM CHILDERS**  
CLERK OF THE CIRCUIT COURT  
ARCHIVES AND RECORDS  
CHILDSUPPORT  
CIRCUIT CIVIL  
CIRCUIT CRIMINAL  
COUNTY CIVIL  
COUNTY CRIMINAL  
DOMESTIC RELATIONS  
FAMILY LAW  
JURY ASSEMBLY  
JUVENILE  
MENTAL HEALTH  
MIS  
OPERATIONAL SERVICES  
PROBATE  
TRAFFIC



**COUNTY OF ESCAMBIA  
OFFICE OF THE  
CLERK OF THE CIRCUIT COURT**

**BRANCH OFFICES  
ARCHIVES AND RECORDS  
JUVENILE DIVISION  
CENTURY**

CLERK TO THE BOARD OF  
COUNTY COMMISSIONERS  
OFFICIAL RECORDS  
COUNTY TREASURY  
AUDITOR

**PAM CHILDERS, CLERK OF THE CIRCUIT COURT  
Tax Certificate Redeemed From Sale  
Account: 014362393 Certificate Number: 000325 of 2013**

**Payor: COMPASS BANK PO BOX 10566 BIRMINGHAM AL 35296      Date 09/02/2015**

|                       |           |                       |            |
|-----------------------|-----------|-----------------------|------------|
| Clerk's Check #       | 400823010 | Clerk's Total         | \$492.20   |
| Tax Collector Check # | 1         | Tax Collector's Total | \$7,788.34 |
|                       |           | Postage               | \$20.22    |
|                       |           | Researcher Copies     | \$5.00     |
|                       |           | Total Received        | \$8,305.76 |

**PAM CHILDERS**  
Clerk of the Circuit Court

Received By: \_\_\_\_\_  
Deputy Clerk

**Escambia County Government Complex • 221 Palafox Place Ste 110 • PENSACOLA, FLORIDA 32502  
(850) 595-3793 • FAX (850) 595-4827 • <http://www.clerk.co.escambia.fl.us>**

**PAM CHILDERS**  
 CLERK OF THE CIRCUIT COURT  
 ARCHIVES AND RECORDS  
 CHILDSUPPORT  
 CIRCUIT CIVIL  
 CIRCUIT CRIMINAL  
 COUNTY CIVIL  
 COUNTY CRIMINAL  
 DOMESTIC RELATIONS  
 FAMILY LAW  
 JURY ASSEMBLY  
 JUVENILE  
 MENTAL HEALTH  
 MIS  
 OPERATIONAL SERVICES  
 PROBATE  
 TRAFFIC



**COUNTY OF ESCAMBIA  
 OFFICE OF THE  
 CLERK OF THE CIRCUIT COURT**

**BRANCH OFFICES  
 ARCHIVES AND RECORDS  
 JUVENILE DIVISION  
 CENTURY**

CLERK TO THE BOARD OF  
 COUNTY COMMISSIONERS  
 OFFICIAL RECORDS  
 COUNTY TREASURY  
 AUDITOR

**Case # 2013 TD 000325**

**Redeemed Date 09/02/2015**

**Name COMPASS BANK PO BOX 10566 BIRMINGHAM AL 35296**

|                             |            |
|-----------------------------|------------|
| Clerk's Total = TAXDEED     | \$492.20   |
| Due Tax Collector = TAXDEED | \$7,788.34 |
| Postage = TD2               | \$20.22    |
| ResearcherCopies = TD6      | \$5.00     |

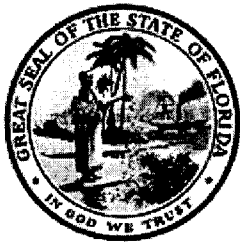
• For Office Use Only

| Date | Docket | Desc | Amount Owed | Amount Due | Payee Name |
|------|--------|------|-------------|------------|------------|
|------|--------|------|-------------|------------|------------|

**FINANCIAL SUMMARY**

No Information Available - See Dockets

|                    |                |               |        |       |           |           |
|--------------------|----------------|---------------|--------|-------|-----------|-----------|
| Search Property    | Property Sheet | Lien Holder's | Redeem | Forms | Courtview | Benchmark |
| Redeemed From Sale |                |               |        |       |           |           |



**PAM CHILDERS  
CLERK OF THE CIRCUIT COURT  
ESCAMBIA COUNTY, FLORIDA**

**Tax Deed - Redemption Calculator**

**Account: 014362393 Certificate Number: 000325 of 2013**

Redemption Yes ▾ Application Date 06/29/2015 Interest Rate 18%

|                         | Final Redemption Payment ESTIMATED  | Redemption Overpayment ACTUAL      |
|-------------------------|-------------------------------------|------------------------------------|
|                         | Auction Date 09/08/2015             | Redemption Date 09/02/2015         |
| Months                  | 3                                   | 3                                  |
| Tax Collector           | \$7,446.98                          | \$7,446.98                         |
| Tax Collector Interest  | \$335.11                            | \$335.11                           |
| Tax Collector Fee       | \$6.25                              | \$6.25                             |
| Total Tax Collector     | \$7,788.34                          | \$7,788.34 TC                      |
| Clerk Fee               | \$130.00                            | \$130.00                           |
| Sheriff Fee             | \$120.00                            | \$120.00                           |
| Legal Advertisement     | \$221.00                            | \$221.00                           |
| App. Fee Interest       | \$21.20                             | \$21.20                            |
| Total Clerk             | \$492.20                            | \$492.20 C I F                     |
| Postage                 | \$20.22                             | \$20.22                            |
| Researcher Copies       | \$5.00                              | \$5.00                             |
| Total Redemption Amount | \$8,305.76                          | \$8,305.76                         |
|                         | Repayment Overpayment Refund Amount | \$0.00 <del>\$40.00</del> redeemed |

ACTUAL SHERIFF \$80.00

7/28/15 LEAH, DAUGHTER OF OWNER CALLED FOR A QUOTE. EBH

Notes 7/31/15 Jacob Humphrey (son of owner) called for quote. hsm



**Submit**

**Reset**

**Print Preview**



Compass Bank  
P.O. Box 10566  
Birmingham, Alabama 35296

September 1, 2015

Escambia Clerk of Court  
Attn: Tax Deed  
221 Pala Fox Place, Suite 110  
Pensacola, FL 32502

Re: Account Number 01-4362-393  
James C. Humphrey  
Property Address: 9606 Sunnehanna Blvd, Pensacola, FL 32514

To whom it may concern;

Enclosed you will find Check #400823010 dated 09/01/15 in the amount of \$8,305.76.  
Funds are being submitted to pay past due taxes for years 2012, 2013 & 2014.

If you have any questions, please call me at either of the numbers listed below.

Thank you,

A handwritten signature in black ink that reads "Tammy D. Surles". The signature is fluid and cursive, with a large loop at the end.

Tammy D. Surles  
Mortgage Default/Foreclosure Specialist  
205-238-2714 or 877-279-8198  
E-mail: [Tammy.Surles@bbvacompass.com](mailto:Tammy.Surles@bbvacompass.com)  
Fax no: 205-524-0480

THE ESCAMBIA SUN-PRESS, LLC  
PUBLISHED WEEKLY SINCE 1948



(Warrington) Pensacola, Escambia County, Florida

STATE OF FLORIDA

County of Escambia

Before the undersigned authority personally appeared

MICHAEL P. DRIVER

who is personally known to me and who on oath says that he is Publisher of The Escambia Sun Press, a weekly newspaper published at (Warrington) Pensacola in Escambia County, Florida; that the attached copy of advertisement, being a

NOTICE in the matter of SALE

09/08/2015 - TAX CERTIFICATE # 00325

in the CIRCUIT Court  
was published in said newspaper in the issues of

AUGUST 6, 13, 20, 27, 2015

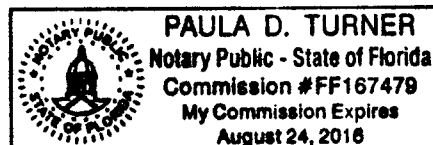
Affiant further says that the said Escambia Sun-Press is a newspaper published at (Warrington) Pensacola, in said Escambia County, Florida, and that the said newspaper has heretofore been continuously published in said Escambia County, Florida each week and has been entered as second class mail matter at the post office in Pensacola, in said Escambia County, Florida, for a period of one year next preceding the first publication of the attached copy of advertisement; and affiant further says that he has neither paid nor promised any person, firm or corporation any discount, rebate, commission or refund for the purpose of securing this advertisement for publication in the said newspaper.

PUBLISHER

Sworn to and subscribed before me this 27TH DAY OF  
AUGUST A.D., 2015

PAULA D. TURNER

NOTARY PUBLIC



NOTICE OF APPLICATION FOR  
TAX DEED

NOTICE IS HEREBY GIVEN, That GTURN LLC AND GHETT TL LLC holder of Tax Certificate No. 00325, issued the 1st day of June, A.D., 2013 has filed same in my office and has made application for a tax deed to be issued thereon. Said certificate embraces the following described property in the County of Escambia, State of Florida, to wit:

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P 56 OR 3468 P 863 OR 5536 P 1698  
OR 6405 P 1777 OR 6712 P 1201

SECTION 06, TOWNSHIP 1 S,  
RANGE 30 W

TAX ACCOUNT NUMBER 014362393  
(15-561)

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Dated this 6th day of August 2015.

In accordance with the AMERICANS WITH DISABILITIES ACT, if you are a person with a disability who needs special accommodation in order to participate in this proceeding you are entitled to the provision of certain assistance. Please contact Emily Hogg not later than seven days prior to the proceeding at Escambia County Government Complex, 221 Palafox Place Ste 110, Pensacola FL 32502. Telephone: 850-595-3793.

PAM CHILDERS  
CLERK OF THE CIRCUIT COURT  
ESCAMBIA COUNTY, FLORIDA  
(SEAL)

By: Emily Hogg  
Deputy Clerk  
oaw-4w-08-06-13-20-27-2015



# Pam Childers

Clerk of the Circuit Court and Comptroller, Escambia County

Clerk of Courts • County Comptroller • Clerk of the Board of County Commissioners • Recorder •

September 10, 2015

COMPASS BANK  
PO BOX 10566  
BIRMINGHAM AL 35296

Dear Redeemer,

The records of this office show that an application for a tax deed had been made on the property represented by the numbered certificate listed below. The property was redeemed by you. A refund of unused fees/interest is enclosed.

If you have any questions, please feel free to give me a call.

CERTIFICATE NUMBER

REFUND

2013 TD 000325

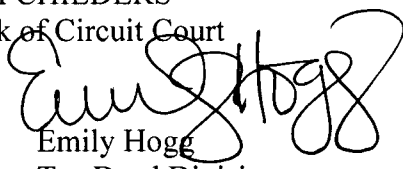
\$40.00

**TOTAL \$40.00**

Very truly yours,

PAM CHILDERS  
Clerk of Circuit Court

By:

  
Emily Hogg  
Tax Deed Division



# Pam Childers

Clerk of the Circuit Court and Comptroller, Escambia County

Clerk of Courts • County Comptroller • Clerk of the Board of County Commissioners • Recorder •

September 10, 2015

GHETT TL LLC AND GTURN LLC PAR CITIBANK NA AS  
4747 EXECUTIVE DR STE 510  
SAN DIEGO CA 92121

Dear Certificate Holder:

The records of this office show that an application for a tax deed had been made on the property represented by the numbered certificate listed below. The property redeemed prior to sale; therefore your application fees are now refundable.

| TAX CERT       | APP FEES | INTEREST | TOTAL    |
|----------------|----------|----------|----------|
| 2013 TD 001317 | \$471.00 | \$21.20  | \$492.20 |
| 2013 TD 003852 | \$471.00 | \$21.20  | \$492.20 |
| 2013 TD 000325 | \$471.00 | \$21.20  | \$492.20 |

**TOTAL \$1,476.60**

Very truly yours,

PAM CHILDERS  
Clerk of Circuit Court

By:

  
Emily Hogg  
Tax Deed Division