

16-145

Tax Collector's Certification

CTY-513

Tax Deed Application Number
1600056

Date of Tax Deed Application
Apr 15, 2016

This is to certify that **U.S. BANK AS CUST FOR MAGNOLIA**, holder of **Tax Sale Certificate Number 2014 / 3032**, Issued the 1st Day of June, 2014 and which encumbers the following described property in the county of Escambia, State of Florida, to wit: **06-1302-000**

Cert Holder:
U.S. BANK AS CUST FOR MAGNOLIA
P.O. BOX 645290
CINCINNATI, OH 45264

Property Owner:
MELTON WILLIAM C LIFE EST &
DUKES MARY M TRUSTEE &
1200 W TEN MILE RD
CANTONMENT, FL 32533
LT 1 AND W1/2 OF LT 2 BLK 28 HAZLEHURST PLAT DB 55 P 262
SEC 17/31 T 2S R 30 OR 3608 P 640 CA 136

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, or if the certificate is held by the County, all appropriate fees have been deposited.

Certificates owned by applicant and filed in connection with this application:

Certificate Year/Number	Account Number	Sale Date	Face Amount of Certificate	Interest	Total
2014/3032	06-1302-000	06-01-2014	767.41	38.37	805.78

Certificates redeemed by applicant or included (County) in connection with this tax deed application:

Certificate Year/Number	Account Number	Sale Date	Face Amount of Certificate	Tax Collector's Fee	Interest	Total
2015/3256	06-1302-000	06-01-2015	808.42	6.25	40.42	855.09
2013/3395	06-1302-000	06-01-2013	776.13	6.25	38.81	821.19

Amounts Certified by Tax Collector (Lines 1-7):

Total Amount Paid

1. Total of all Certificates in Applicant's Possession and Cost of the Certificates Redeemed by Applicant	2,482.06
2. Total of Delinquent Taxes Paid by Tax Deed Applicant	0.00
3. Total of Current Taxes Paid by Tax Deed Applicant	787.90
4. Ownership and Encumbrance Report Fee	200.00
5. Tax Deed Application Fee	175.00
6. Total Interest Accrued by Tax Collector Pursuant to Section 197.542, F.S.	
7. Total (Lines 1 - 6)	3,644.96

Amounts Certified by Clerk of Court (Lines 8-15):

Total Amount Paid

8. Clerk of Court Statutory Fee for Processing Tax Deed	
9. Clerk of Court Certified Mail Charge	
10. Clerk of Court Advertising Charge	
11. Clerk of Court Recording Fee for Certificate of Notice	
12. Sheriff's Fee	
13. Interest Computed by Clerk of Court Pursuant to Section 197.542, F.S.	
14. Total (Lines 8 - 13)	
15. One-half Assessed Value of Homestead Property, if Applicable per F.S.	
16. Other Outstanding Certificates and Delinquent Taxes Not Included in this Application,	
17. Statutory (Opening) Bid; Total of Lines 7, 14, 15 (if applicable) and 16 (if	
18. Redemption Fee	6.25
19. Total Amount to Redeem	

Done this the 27th day of April, 2016 Janet Holley, Tax Collector of Escambia County

Date of Sale: August 1, 2016

By

Jonathan Johnson

*This certification must be surrendered to the Clerk of the Circuit Court no later than ten (10) days after this date.

06-1302-000 2014

FORM 512 NOTICE TO TAX COLLECTOR OF APPLICATION FOR TAX DEED

Application
Number
1600056

TO: Tax Collector of ESCAMBIA COUNTY: JANET HOLLEY

In accordance with the Florida Statutes, I,
U.S. BANK AS CUST FOR MAGNOLIA
P.O. BOX 645290
CINCINNATI, OH 45264

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

Certificate No.	Date	Legal Description
2014/ 3032	06-01-2014	LT 1 AND W1/2 OF LT 2 BLK 28 HAZLEHURST PLAT DB 55 P 262 SEC 17/31 T 2S R 30 OR 3608 P 640 CA 136

I agree to pay all delinquent taxes, redeem all outstanding tax 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 report 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.

Electronic signature on file

Applicant's Signature

04-15-2016

Date

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**

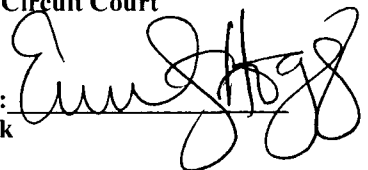
CLERK TO THE BOARD OF
COUNTY COMMISSIONERS
OFFICIAL RECORDS
COUNTY TREASURY
AUDITOR

**PAM CHILDERS, CLERK OF THE CIRCUIT COURT
Tax Certificate Redeemed From Sale
Account: 061302000 Certificate Number: 003032 of 2014**

Payor: JERRY MELTON 14000 STARBOARD DR SEMINOLE FL 33776 Date 05/09/2016

Clerk's Check #	5530096234	Clerk's Total	\$477.00
Tax Collector Check #	1	Tax Collector's Total	\$3,869.91
		Postage	\$60.00
		Researcher Copies	\$40.00
		Total Received	\$4,446.91 \$3,842.63

**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 # 2014 TD 003032
 Redeemed Date 05/09/2016**

Name JERRY MELTON 14000 STARBOARD DR SEMINOLE FL 33776

Clerk's Total = TAXDEED	\$477.00	
Due Tax Collector = TAXDEED	\$3,869.91	
Postage = TD2	\$60.00	\$3,842.63
ResearcherCopies = TD6	\$40.00	

• For Office Use Only

Date	Docket	Desc	Amount Owed	Amount Due	Payee Name
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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: 061302000 Certificate Number: 003032 of 2014

Redemption ☐ Yes ☒ No Application Date Interest Rate

	Final Redemption Payment ESTIMATED	Redemption Overpayment ACTUAL
	Auction Date 08/01/2016	Redemption Date 05/09/2016
Months	4	1
Tax Collector	\$3,644.96	\$3,644.96
Tax Collector Interest	\$218.70	\$54.67
Tax Collector Fee	\$6.25	\$6.25
Total Tax Collector	\$3,869.91	\$3,705.88 TC
Clerk Fee	\$130.00	\$130.00
Sheriff Fee	\$120.00	\$120.00
Legal Advertisement	\$200.00	\$200.00
App. Fee Interest	\$27.00	\$6.75
Total Clerk	\$477.00	\$456.75 CH
Postage	\$60.00	\$0.00
Researcher Copies	\$40.00	\$0.00
Total Redemption Amount	\$4,446.91	\$4,162.63 - 120 - 200 = \$3,842.63
Repayment Overpayment Refund Amount		\$284.28

Notes

Submit

Reset

Print Preview



Pam Childers

Clerk of the Circuit Court and Comptroller, Escambia County

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

May 12, 2016

US BANK AS CUST FOR MAGNOLIA
PO BOX 645290
CINCINNATI OH 45264

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.

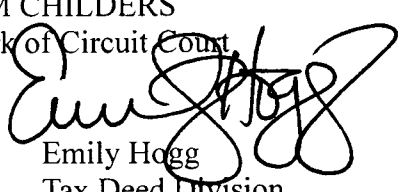
TAX CERT	APP FEES	INTEREST	TOTAL
2014 TD 001766	\$450.00	\$6.75	\$456.75
2014 TD 003032	\$450.00	\$6.75	\$456.75

TOTAL \$913.50

Very truly yours,

PAM CHILDERS
Clerk of Circuit Court

By:


Emily Hogg
Tax Deed Division

Southern Guaranty Title Company

4400 Bayou Boulevard, Suite 13B
Pensacola, Florida 32503
Telephone: 850-478-8121
Facsimile: 850-476-1437

16-145
Redeemed

OWNERSHIP AND ENCUMBRANCE REPORT

File No.: 12674

May 10, 2016

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 05-09-1996, through 05-09-2016, and said search reveals the following:

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

William C. Melton, life estate, (now deceased), Mary Marjorie Dukes, Trustee (deceased) for William C. Melton (deceased), Charles Leon Melton, Jerry Robert Melton and and Carol Melton Tanner

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: 

May 10, 2016

**OWNERSHIP AND ENCUMBRANCE REPORT
LEGAL DESCRIPTION**

File No.: 12674

May 10, 2016

Lot 1 and West 1/2 of Lot 2, Block 28, Hazlehurst, as per plat thereof, recorded in Deed Book 262, Page 55, of the Public Records of Escambia County, Florida

**OWNERSHIP AND ENCUMBRANCE REPORT
CONTINUATION PAGE**

File No.: 12674

May 10, 2016

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

1. MSBU Lien filed by Escambia County recorded in O.R. Book 4448, page 254, and O.R. Book 4317, page 26.
2. Taxes for the year 2013-2015 delinquent. The assessed value is \$44,894.00. Tax ID 06-1302-000.

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: rcsgrt@aol.com

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

CERTIFICATION: TITLE SEARCH FOR TDA

TAX DEED SALE DATE: 8-1-2016

TAX ACCOUNT NO.: 06-1302-000

CERTIFICATE NO.: 2014-3032

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
221 Palafox Place, 4th Floor/
X Notify Escambia County, 190 Governmental Center, 32502
 X Homestead for tax year.

Charles Leon Melton
Jerry Robert Melton
Carol Melton Tanner
c/o David Stephens
1200 W. Ten Mile Rd.
Cantonment, FL 32533

Jerry Robert Melton
14000 Starboard Dr.
Seminole, FL 34646

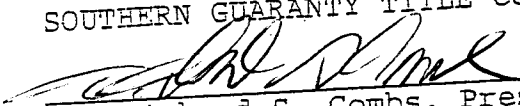
Charles Leon Melton
111603 Maple St.
Bloomington, CA 92316

Carol Melton Tanner
402 S. Aurora Ave.
Clearwater, FL 33575

Unknown Tenants
2711 W. Avery St.
Pensacola, FL 32505

Certified and delivered to Escambia County Tax Collector,
this 10th day of May, 2016.

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.

DEED OF CONVEYANCE

As the undersigned are the children and sole heirs of their father, FRED HARVIN MELTON, who died February 26, 1993, with his first wife and the mother of the undersigned, Cloria Bell Melton, having predeceased him on December 2nd, 1980, and, his second and surviving wife, not bearing him issue, Hazel S. Melton, having executed a Post Marital Agreement dated June 9th, 1983 waiving all rights of inheritance and said children, Mary Marjorie Dukes of 2965 Baronne St., Pensacola, Florida 32526, Charles Leon Melton of 111603 Maple St., Bloomington, California 92316, Jerry Robert Melton of 14000 Starboard Dr., Seminole, Florida 34646, William Clenon Melton of 2711 W. Avery St., Pensacola, Florida 32505 and Carol Melton Tanner of 402 S. Aurora Ave., Clearwater, Florida 33575, desire to settle among themselves the inheritance from their father by conveying and transferring the assets and real estates of said decedant and HEREBY CONVEY said properties as follows:

A. To Mary Marjorie Dukes, as Trustee for William Clenon Melton for his lifetime, then to his surviving brother and sisters unless sold by Trustee for the benefit of William Clenon Melton which she is hereby authorized to do and use the proceeds as she deems best as continuing Trustee, said property located in Escambia County, Florida, being

✓ Lot numbered One (1) and the West Half (W $\frac{1}{2}$) of Lot numbered Two (2) in Block numbered Twenty-eight (28) in the subdivision known as Hazlehurst, in a portion of Section 31, Township 2 South, Range 30 West in Escambia County, Florida, as shown on plat of said subdivision appearing of record at Page 262 of Deed Book 55 of the records of said County.

B. To Mary Marjorie Dukes, Charles Leon Melton, Jerry Robert Melton and Carol Melton Tanner, equally said property located in Escambia County, Florida, being

Lot fifteen, (15), Block C, Laurel Park, a subdivision of a portion of Section 16, Township 2 South, Range 30 West, Escambia County, Florida according to plat thereof, recorded in Plat Book 4, at Page 15, of the Public Records of Escambia County, Florida.

C. To Mary Marjorie Dukes as Trustee for William Clenon Melton for his lifetime, then to his surviving brother and sisters unless sold by Trustee for the benefit of William Clenon Melton which she is hereby authorized to do and use the proceeds as she deems best as continuing Trustee, said property located in Monroe County, Alabama, being all rights of William Clenon Melton in any mineral rights and royalties and ownership interest in assets including real estate of property inherited from Hasseltine Hanks with the real estate part described as follows:

The South half of the Southwest quarter, Section Thirteen (13), Township Five (5) North, Range Six (6) East. Also the following described tract or parcel of land: Commencing at the Southeast corner of the North half of Southwest quarter of Section Thirteen (13), Township Five (5) North, Range Six (6) East, and running 520 yards West, thence 193 yards North, thence 520 yards East, thence 193 yards South to the place of beginning. There is excepted herefrom the right-of-way of the railroad running across said lands

together with all and singular the tenements, hereditaments and appurtenances thereto belonging or in any wise appertaining, free from all exemptions and right of homestead.

D.S. PD. \$.70
DATE 7-7-94
JOE A. FLOWERS, COMPTROLLER
BY [Signature] D.C.
CERT. REG. #59-2048328-27-01

AS WITNESSES TO:

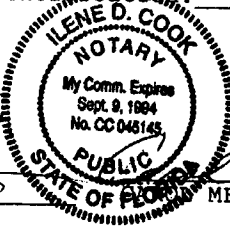
Maria L. Duper
Howard W. Denham

Mary Marjorie Dukes
MARY MARJORIE DUKES

State of Florida
County of Escambia

BEFORE ME, personally appeared MARY MARJORIE DUKES and signed and acknowledged signing the foregoing instrument, who did/did not take an oath this the 16th day of April, 1994. That the individual was personally known to me, or provided the following identification:

Ilene D. Cook
Notary Public
ILENE D. COOK
Commission #: CC045145
Commission Expires: 9-9-94
AS WITNESSES TO:



Jerry Robert Melton
Carol Melton Tanner



State of Florida
County of Pinellas

BEFORE ME, personally appeared CAROL MELTON TANNER, and signed and acknowledged signing the foregoing instrument, who did/did not take an oath this the 5 day of March, 1994. That the individual was personally known to me or provided the following identification: Florida Drivers License

Candace S. Hider
Notary Public
CANDACE S. HIDER

T 560 113 449700 EXP 12/30/96

AS WITNESSES TO:

Carol Melton Tanner

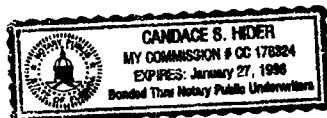
Jerry Robert Melton
JERRY ROBERT MELTON

State of Florida
County of Pinellas

BEFORE ME, personally appeared JERRY ROBERT MELTON, and signed and acknowledged signing the foregoing instrument, who did/did not take an oath this the 5 day of March, 1994. That the individual was personally known to me, or provided the following identification: Florida Drivers License

Candace S. Hider
Notary Public
CANDACE S. HIDER

H 435 436 39 289 EXP 8/14/93



AS WITNESSES TO:

Theresa A. Judge
Theresa A. Judge

Charles Leon Melton
CHARLES LEON MELTON

4-1-94

OR BK3608 Pg0642
INSTRUMENT 00141447

State of _____
County of _____

BEFORE ME, personally appeared CHARLES LEON MELTON, and signed and acknowledged signing the foregoing instrument, who did/did not take an oath this the _____ day of 1994. That the individual was personally known to me or provided the following identification: _____

Notary Public

AS WITNESSES TO:

William C. Melton
William C. Melton

WILLIAM CLENON MELTON

State of Florida
County of Escambia

Instrument 00141447
Filed and recorded in the
public records
JULY 7, 1994
at 09:06 A.M.
In Book and Page noted

above or hereon
and record verified
JOE A. FLOWERS,
COMPTROLLER
Escambia County,
Florida

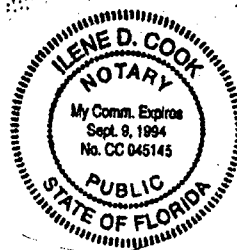
BEFORE ME, personally appeared WILLIAM CLENON MELTON, and signed and acknowledged signing the foregoing instrument, who did/did not take an oath this the 26th day of April 1994. That the individual was personally known to me or provided the following identification: _____

Ilene D. Cook
Notary Public

Ilene D. Cook

Commission #: CC045145

Commission Expires: 9-9-94



CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

No. 5193

State of CALIFORNIA
County of San Bernardino

On 04/01/94 before me, Theresa A. Judge, Notary Public
DATE NAME, TITLE OF OFFICER - E.G., "JANE DOE, NOTARY PUBLIC"

personally appeared **Charles Leon Melton**
NAME(S) OF SIGNER(S)

☒ I personally know the person(s) and proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.



Theresa A. Judge
SIGNATURE OF NOTARY

OPTIONAL SECTION

CAPACITY CLAIMED BY SIGNER

Though statute does not require the Notary to fill in the data below, doing so may prove invaluable to persons relying on the document.

☒ INDIVIDUAL
☐ CORPORATE OFFICER(S)

TITLE(S)
☐ PARTNER(S) ☐ LIMITED ☐ GENERAL
☐ ATTORNEY-IN-FACT
☐ TRUSTEE(S)
☐ GUARDIAN/CONSERVATOR
☐ OTHER: _____

SIGNER IS REPRESENTING:

NAME OF PERSON(S) OR ENTITY(ES)
Charles Leon Melton

THIS CERTIFICATE MUST BE ATTACHED TO THE DOCUMENT DESCRIBED AT RIGHT:

Though the data requested here is not required by law, it could prevent fraudulent reattachment of this form.

OPTIONAL SECTION

TITLE OR TYPE OF DOCUMENT Deed of Conveyance

NUMBER OF PAGES -3- DATE OF DOCUMENT 04/01/94

SIGNER(S) OTHER THAN NAMED ABOVE Mary Marjorie Dukes, Carol Melton Tanner, Larry Robert Melton, and William Clenon Melton

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

LOCAL FILE NO. 1095		FLORIDA CERTIFICATE OF DEATH		2010 051750	
1. DECEDENT'S NAME (First, Middle, Last, Suffix) Mary Marjorie Dukes		2. SEX Female			
3. DATE OF BIRTH (Month, Day, Year) December 6, 1932		4a. AGE-Last Birthday (Years) 77		4b. DECEASED DAY Months Days Hours Minutes	
5. SOCIAL SECURITY NUMBER 264-42-0245		7. BIRTHPLACE (City and State or Foreign Country) Monroe County, Alabama		8. COUNTY OF DEATH Escambia	
6. PLACE OF DEATH (Check only one) HOSPITAL: ☒ Baptist Hospital NON-HOSPITAL: ☐ Hospice facility ☐ Emergency Room/Outpatient ☐ Nursing Home/Long Term Care Facility ☐ Dead on Arrival ☐ Other (Specify)		10. FACILITY NAME (If not institution, give street address) Baptist Hospital		11a. CITY, TOWN, OR LOCATION OF DEATH Pensacola	
12. MARITAL STATUS (Specify) ☐ Married ☐ Married, but Separated ☒ Widowed ☐ Divorced ☐ Never Married		13. SURVIVING SPOUSE'S NAME (If wife, give maiden name)		11b. INSIDE CITY LIMITS? ☒ Yes ☐ No	
14a. RESIDENCE - STATE Florida		14b. COUNTY Escambia		14c. CITY, TOWN, OR LOCATION Pensacola	
14d. STREET ADDRESS 2965 Barone Street		14e. APT. NO.		14f. ZIP CODE 32526	
16a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) Realtor		16b. KIND OF BUSINESS/INDUSTRY Real Estate		14g. INSIDE CITY LIMITS? ☐ Yes ☒ No	
18. DECEDENT'S RACE (Specify the race/ethnic to indicate what decedent considered himself/herself to be. More than one race may be specified.) ☒ White ☐ Black or African American ☐ American Indian or Alaskan Native (Specify tribe) ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian (Specify) ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Is. (Specify) ☐ Other (Specify)					
17. DECEDENT OF HISPANIC OR LATIN ORIGIN? (Specify if decedent was of Hispanic or Mexican Origin.) ☐ Yes (If Yes, specify) ☒ No ☐ Mexican ☐ Puerto Rican ☐ Cuban ☐ Central/South American ☐ Other Hispanic (Specify) ☐ Haitian					
19. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) ☐ 8th or less ☐ High school but no diploma ☒ High school diploma or GED ☐ College but no degree ☐ College degree (Specify): ☐ Associate ☐ Bachelor's ☐ Master's ☐ Doctorate					
18. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No					
20. FATHER'S NAME (First, Middle, Last, Suffix) Fred Harvin Melton		21. MOTHER'S NAME (First, Middle, Maiden Surname) Cloria Bell Bodiford			
22a. INFORMANT'S NAME Keith Edward Stephens		22b. RELATIONSHIP TO DECEDENT Son		22c. INFORMANT'S MAILING - STATE Texas	
23a. CITY OR TOWN Waxahachie		23b. STREET ADDRESS 717 Dogwood Lane		23c. ZIP CODE 75165	
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Pensacola Memorial Gardens		25a. LOCATION - STATE Florida		25b. LOCATION - CITY OR TOWN Pensacola	
26a. METHOD OF DISPOSITION ☒ Burial ☐ Entombment ☐ Cremation ☐ Donation ☐ Removal from State ☐ Other (Specify)					
26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL OBTAINED? ☐ Yes ☐ No		27a. LICENSE NUMBER (of Licensee) F044298		27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>	
28. NAME OF FUNERAL FACILITY Pensacola Memorial Gardens and Funeral Home, Inc.					
28a. CITY OR TOWN Pensacola		28b. STREET ADDRESS 7433 Pine Forest Road		28c. ZIP CODE 32526	
29. CERTIFIER: ☒ 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. (Check one) ☐ 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 <i>[Signature]</i> PHYSICIAN'S SIGNATURE		31b. DATE SIGNED (month/day/year) 4/13/10		31c. TIME OF DEATH (24 hr.) 1045	
34a. LICENSE NUMBER (if Certified) ME104240		34b. CERTIFIER'S NAME Alexander Zimilevich, M.D.		35. NAME OF ATTENDING PHYSICIAN (If other than Certifier)	
36a. CERTIFYING - STATE Florida		36b. CITY OR TOWN Pensacola		36c. STREET ADDRESS 1000 West Moreno Street	
36d. ZIP CODE 32501		37. SUBREGISTRAR - Signature and Date <i>[Signature]</i>		38. DATE FILED BY REGISTRAR (Mo., Day, Yr.) APR 15 2010	

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

C. Meade G. Jr.

State Registrar

Date Issued: August 5, 2011

REQ: 26314444+



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DH FORM 1947 (08/04)

38131025

CERTIFICATION OF VITAL RECORD



* 3 8 1 3 1 0 2 5 *



STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

TYPE OR PRINT
IN BLACK INK

FILING
DATE

MAR 02 2005

CERTIFICATE OF DEATH STATE OF MISSISSIPPI

STATE FILE
NUMBER

123- 05-003881

DECEASED

Death occurred in
institution, see
INDBOOK, regarding
completion of
SUCCESSION items

RESIDENCE (Home,
or actual location
where rather than
mailing address)

DECEASED

INFORMANT

DISPOSITION

PRONOUNCEMENT

CERTIFIER

Mississippi State
Board of Health
Form No. 511
Revised 1-1-89

USE OF DEATH

Had Decedent
been Pregnant
within 90 Days
prior to Death?
☐ Yes ☐ No

1. NAME First Middle Last William C. Melton		2. SEX MALE	3a. HOUR OF DEATH 02:25 A.M.	3b. DATE OF DEATH (Month, Day, Year) FEBRUARY 25, 2005
4. RACE (Specify White, Black, American Indian, etc.) white	5a. AGE AT LAST BIRTHDAY 62 Years	ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY 5b. MOS 5c. DAYS 5d. HOURS 5e. MINS		6. DATE OF BIRTH (Month, Day, Year) July 12, 1942
7b. CITY OR TOWN OF DEATH GULFPORT	7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) GARDEN PARK MEDICAL CENTER #24G		7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA EMER. ROOM	7a. COUNTY OF DEATH Alabama
8. DECEDENT'S EDUCATION (Specify only highest grade completed) College	9. MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify) never married	10. SURVIVING SPOUSE (If wife, give maiden name) yes		11. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) yes
12. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) American	13. SOCIAL SECURITY NUMBER 266 62 2439	14. USUAL OCCUPATION (Kind of work done, most of working life) draftsman	15. KIND OF BUSINESS OR INDUSTRY construction	
16a. RESIDENCE-STATE Mississippi	16b. COUNTY Harrison	16c. CITY OR TOWN Gulfport	16d. INSIDE CITY LIMITS (Specify Yes or No) no	16e. STREET AND NUMBER OR RURAL LOCATION 2709 Angela Circle
17. FATHER-NAME First Middle Last Fred Harvin Melton		18. MOTHER-NAME First Middle Maiden Cloria Bell Rodiford		
19a. INFORMANT-NAME (Type or print) Mary M. Dukes		19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 2965 Baronne St., Pensacola, FL 32526		
20a. BURIAL, CREMATION, REMOVAL (Specify) burial		20b. CEMETERY, CREMATORY-NAME Pensacola Mem. Gdns.		20c. LOCATION (City and State) Pensacola, FL
21a. FUNERAL HOME-NAME AND MISSISSIPPI I.D. NUMBER Riemann Funeral Home 24 R		21b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) P.O. Drawer 1750, Gulfport, MS 39502		
22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print) DANIEL OVERBECK, M.D.		22b. PRONOUNCED DEAD (Month, Day, Year) ON FEBRUARY 25, 2005		22c. PRONOUNCED DEAD (Hour) AT 02:25 A.M.
23a. CERTIFIER-NAME (Type or print) GARY T. HARGROVE		23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) P.O. BOX 4036, GULFPORT, MS 39502		
24a. To the best of my knowledge death occurred due to the cause(s) and manner as stated. SIGNATURE [Signature] MO		24b. DATE SIGNED (Month, Day, Year) FEBRUARY 25, 2005		
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. SIGNATURE [Signature]		24f. TITLE HARRISON COUNTY CORONER		
24g. DATE SIGNED (Month, Day, Year) FEBRUARY 25, 2005				
25. PART I: IMMEDIATE CAUSE (Enter one cause only): (a) CORONARY ARTERY DISEASE (b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		Interval between onset and death		
26. PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in PART I: CONGESTIVE HEART FAILURE, HYPERTENSION		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) NOT		29b. DATE OF INJURY (Month, Day, Year) February 25, 2005		
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

MAR-2 2005

Judy Moulder
STATE REGISTRAR

WARNING:

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