

TAX COLLECTOR'S CERTIFICATION

**Application
Date / Number
Aug 19, 2013 / 130679**

This is to certify that the holder listed below of Tax Sale Certificate Number **2010 / 7896** , issued the **1st** day of **June, 2010**, and which encumbers the following described property located in the County of Escambia, State of Florida to wit: **Parcel ID Number: 10-3368-300**

Certificate Holder:
US BANK, AS C/F FL DUNDEE LIEN
LOCKBOX # 005191
PO BOX 645191
CINCINNATI, OHIO 45264

Property Owner:
WHALEY RICHARD W
5115 PLATEAU RD
PENSACOLA , FLORIDA 32507

Legal Description: 12-3S3-220
LTS 11 12 BLK 22 TREASURE HILL PARK PLAT OR 5153 P 45

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
2010	7896	06/01/10	\$443.71	\$0.00	\$137.00	\$580.71

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
2013	6546.0000	06/01/13	\$347.34	\$6.25	\$17.37	\$370.96
2012	7114.0000	06/01/12	\$413.37	\$6.25	\$86.55	\$506.17
2011	7656.0000	06/01/11	\$416.26	\$6.25	\$168.59	\$591.10

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

\$2,048.94
\$0.00
\$150.00
\$75.00
\$2,273.94
\$2,273.94
\$6.25

*Done this 19th day of August, 2013

TAX COLLECTOR, ESCAMBIA COUNTY, FLORIDA

By Jenna Stewart

Date of Sale: June 2, 2014

* 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,

**US BANK, AS C/F FL DUNDEE LIEN
LOCKBOX # 005191
PO BOX 645191
CINCINNATI, Ohio, 45264**

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

Certificate No.	Parcel ID Number	Date	Legal Description
7896	10-3368-300	06/01/2010	12-3S3-220 LTS 11 12 BLK 22 TREASURE HILL PARK PLAT OR 5153 P 45

2012 TAX ROLL

WHALEY RICHARD W
5115 PLATEAU RD
PENSACOLA , Florida 32507

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.

glfunl (Jacob Prince)
Applicant's Signature

08/19/2013
Date

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.: 10901

September 30, 2013

Escambia County Tax Collector

P.O. Box 1312

Pensacola, Florida 32569

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 09-30-1993, through 09-30-2013, and said search reveals the following:

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

Estate of Richard W. Whaley and Estate of Thomas J. Whaley

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: 

September 30, 2013

**OWNERSHIP AND ENCUMBRANCE REPORT
CONTINUATION PAGE**

File No.: 10901

September 30, 2013

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

1. Taxes for the year 2009-2012 delinquent. The assessed value is \$15,000.00. Tax ID 10-3368-300.

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.

**OWNERSHIP AND ENCUMBRANCE REPORT
LEGAL DESCRIPTION**

File No.: 10901

September 30, 2013

Lots 11 and 12, Block 22, Treasure Hill Park, a subdivision of a part of Section 12, Township 3 South, Range 32 West, Escambia County, Florida, according to Survey by Stephen Lee recorded in Deed Book 102, Page 286, of the Public Records of said County.

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: 06-02-2014

TAX ACCOUNT NO.: 10-3368-300

CERTIFICATE NO.: 2010-7896

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 tax year.

Estate of Richard W. Whaley
c/o Richard T. Whaley
5115 Plateau Rd.
Pensacola, FL 32507

Estate of Thomas J. Whaley
c/o Karyl Wetterberg
2874 Kings Lake Rd.
DeFuniak Springs, FL 32433

Certified and delivered to Escambia County Tax Collector,
this 2nd day of October, 2013.

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.

69
2200

Prepared by and return to:
WILLIAM E. FARRINGTON, II
Wilson, Harrell, Smith, Boles & Farrington, P.A.
307 South Palafox Street
Pensacola, Florida 32501
WHSB&F# 1-35169

OR BK 5153 P60045
Escambia County, Florida
INSTRUMENT 2003-104096

DEED DOC STRIPS PD @ ESC CO \$ 77.00
06/04/03 ERNIE LEE MAGANA, CLERK
By: Ernie Lee Magana

RCD Jun 04, 2003 10:52 am
Escambia County, Florida

ERNIE LEE MAGANA
Clerk of the Circuit Court
INSTRUMENT 2003-104096

Parcel I.D. Number: 12-3S-32-2000-011-022

WARRANTY DEED

KNOW ALL MEN BY THESE PRESENTS, That **Danny W. Leroy and Mary Susan Leroy, husband and wife**, Grantors, for and in consideration of the sum of Ten Dollars (\$10.00) cash in hand paid, and other good and valuable consideration, the receipt whereof is hereby acknowledged, do/does hereby grant, bargain, sell, convey and warrant unto **Thomas J. Whaley and Richard W. Whaley, as Joint Tenants with Rights of Survivorship**, whose address is 5198 Viking Rd Pensacola Florida 32507; Grantees, Grantee's heirs, executors, administrators and assigns, forever, the following described property, situated in the County of Escambia, State of Florida, to-wit:

Lots 11 and 12 in Block 22, Treasure Hill Park, a subdivision of a part of Section 12, Township 3 South, Range 32 West, in Escambia County, Florida, according to Survey by Stephen Lee dated May 1924 and recorded in Deed Book 102 at Page 286 of the records of said County.

Title was neither examined nor insured by the preparer of this instrument.

and the Grantor does hereby fully warrant the title to said land and will defend the same against lawful claims of all persons whomsoever. Subject to taxes for current year and to valid easements and restrictions of record affecting the above property, if any, which are not hereby reimposed. Subject also to oil, gas and mineral reservations of record.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 14th Day of May, 2003.

Signed, Sealed and Delivered in the presence of:

Sign: [Signature]
Print: LISA DURANT

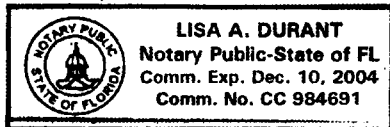
Sign: [Signature]
Print: J Hudson

[Signature]
Danny W. Leroy

[Signature]
Mary Susan Leroy

STATE OF FLORIDA
COUNTY OF ESCAMBIA

The foregoing instrument was acknowledged before me this 14th Day of May, 2003, by **Danny W. Leroy and Mary Susan Leroy, husband and wife, who is/are personally known to me or who produced** _____ as identification and did not take an oath.



Sign: [Signature]
Print: _____
NOTARY PUBLIC
My Commission Expires: _____
My Commission Number: _____

STATE OF FLORIDA

OFFICE of VITAL STATISTICS
 CERTIFIED COPY

FLORIDA CERTIFICATE OF DEATH

TYPE IN
 EMPANENMENT
 BLACK INK

LOCAL FILE NO. 915

1. DECEDENT'S NAME (First, Middle, Last, Suffix) Richard Walter Whaley 2. SEX Male

3. DATE OF BIRTH (Month, Day, Year) May 16, 1925 4a. AGE - Last Birthday (Years) 82 4b. UNDER 1 YEAR Months 0 Days 0 4c. UNDER 1 DAY Hours 0 Minutes 0 5. DATE OF DEATH (Month, Day, Year) February 9, 2008

6. SOCIAL SECURITY NUMBER [REDACTED] 7. BIRTH-PLACE (City and State or Foreign Country) Atlantic City, New Jersey 8. COUNTY OF DEATH Escambia

9. PLACE OF DEATH (Check only one) HOSPITAL: Inpatient Emergency Room/Outpatient Dead on Arrival
 NON-HOSPITAL: Hospice Facility Nursing Home/Long Term Care Facility Decedent's Home Other (Specify)

10. FACILITY NAME (if not institution, give street address) Joyce Goldenberg Hospice Facility 11a. CITY, TOWN, OR LOCATION OF DEATH Pensacola 11b. INSIDE CITY LIMITS? Yes No

12. MARITAL STATUS (Specify) Married Married, but Separated Widowed Divorced Never Married 13. SURVIVING SPOUSE'S NAME (if wife, give maiden name)

14a. RESIDENCE - STATE Florida 14b. COUNTY Escambia 14c. CITY, TOWN, OR LOCATION Pensacola

14d. STREET ADDRESS 5115 Plateau Road 14e. APT. NO. [REDACTED] 14f. ZIP CODE 32507 14g. INSIDE CITY LIMITS? Yes No

15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.)
 Do not use "Retired" Owner and Operator 15b. KIND OF BUSINESS/INDUSTRY Dry Cleaning

16. 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 Isl. (Specify) Other (Specify)

17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.) Yes (if Yes, specify) No Mexican Puerto Rican Cuban Central/South American Other Hispanic (Specify) Haitian

18. 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's Bachelor's Master's Doctorate

19. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes No

20. FATHER'S NAME (First, Middle, Last, Suffix) J Russell Whaley 21. MOTHER'S NAME (First, Middle, Maiden Surname) Anna Murtaugh

22a. INFORMANT'S NAME Richard T Whaley 22b. RELATIONSHIP TO DECEDENT Son 22c. INFORMANT'S MAILING - STATE Florida

23a. CITY OR TOWN Pensacola 23b. STREET ADDRESS 5115 Plateau Road 23c. ZIP CODE 32507-

24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Union Cemetery 25a. LOCATION - STATE New Jersey 25b. LOCATION - CITY OR TOWN Mays Landing

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 GRANTED? Yes No 27a. LICENSE NUMBER (of Licensee) F046910 27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH [Signature]

28. NAME OF FUNERAL FACILITY Faith Chapel Funeral Home, Inc. 29a. FACILITY'S MAILING - STATE Florida

29b. CITY OR TOWN Pensacola 29c. STREET ADDRESS 100 Beverly Parkway 29d. ZIP CODE 32505-

30. 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 [Signature] 31b. DATE SIGNED (m/m/yyyy) 2/12/2008 32. TIME OF DEATH (24 hr.) 1045 33. MEDICAL EXAMINER'S CASE NUMBER

34. LICENSE NUMBER (of Certifier) ME78255 34a. CERTIFIER'S NAME Nirmal B. Singh, M.D. 35. NAME OF ATTENDING PHYSICIAN (if other than Certifier)

36a. CERTIFIER'S - STATE Florida 36b. CITY OR TOWN Pensacola 36c. STREET ADDRESS 10075 Millview Rd 36d. ZIP CODE 32514

37. SUBREGISTRAR - Signature and Date [Signature] 38a. LOCAL REGISTRAR - Signature [Signature] 38b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) FEB 15 2008

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

Jeanie L. Carpenter
 CHIEF DEPUTY REGISTRAR

FEB 15 2008

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.
 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)

24335087

CERTIFICATION OF VITAL RECORD



* 2 4 3 3 5 0 8 7 *

STATE OF FLORIDA

THIS DOCUMENT IS VOID IF ALTERED OR ERASED

THIS DOCUMENT IS VOID IF ALTERED OR ERASED

OFFICE of VITAL STATISTICS

FLORIDA CERTIFICATE OF DEATH

LOCAL FILE NO. 1987

1. DECEDENT'S NAME (First, Middle, Last, Suffix) Thomas Joel Whaley						2. SEX Male				
3. DATE OF BIRTH (Month, Day, Year) February 4, 1959			4a. AGE-Last Birthday (Years) 50		4b. UNDER 1 YEAR Months Days		4c. UNDER 1 DAY Hours Minutes		5. DATE OF DEATH (Month, Day, Year) July 4, 2009	
6. SOCIAL SECURITY NUMBER			7. BIRTHPLACE (City and State or Foreign Country) Somerspoint, New Jersey			8. COUNTY OF DEATH Escambia				
9. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival NON-HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)										
10. FACILITY NAME (If not institution, give street address) Baptist Hospital						11a. CITY, TOWN, OR LOCATION OF DEATH Pensacola			11b. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
12. MARITAL STATUS (Specify) <input type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Never Married						13. SURVIVING SPOUSE'S NAME (If wife, give maiden name)				
14a. RESIDENCE - STATE Florida			14b. COUNTY Escambia			14c. CITY, TOWN, OR LOCATION Pensacola			14d. ZIP CODE 32507	
14a. STREET ADDRESS 5198 Viking Road						14b. APT. NO.		14c. ZIP CODE 32507		14d. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) Self-employed Carpenter						15b. KIND OF BUSINESS/INDUSTRY Maintenance Company				
16. DECEDENT'S RACE (Specify the race/ethnicity to indicate what decedent considered himself/herself to be. More than one race may be specified.) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Specify tribe) <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) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Is. (Specify) <input type="checkbox"/> Other (Specify)										
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent uses of Hispanic or Haitian Origin.) <input type="checkbox"/> Yes (If Yes, specify) <input checked="" type="checkbox"/> No <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central/South American <input type="checkbox"/> Other Hispanic (Specify) <input type="checkbox"/> Haitian										
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) <input type="checkbox"/> 8th or less <input type="checkbox"/> High school but no diploma <input checked="" type="checkbox"/> High school diploma or GED College but no degree <input type="checkbox"/> College degree (Specify): <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate										19. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
20. FATHER'S NAME (First, Middle, Last, Suffix) Richard Walter Whaley						21. MOTHER'S NAME (First, Middle, Maiden Surname) Jacqueline Chard				
22a. INFORMANT'S NAME Karyl Wetterberg						22b. RELATIONSHIP TO DECEDENT Executor			22c. INFORMANT'S MAILING - STATE Florida	
22b. CITY OR TOWN DeFuniak Springs			23c. STREET ADDRESS 2874 Kings Lake Road				23d. ZIP CODE 32433			
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Pensacola Crematory						25a. LOCATION - STATE Florida			25b. LOCATION - CITY OR TOWN Pensacola	
26a. METHOD OF DISPOSITION <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)										
26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						27a. LICENSE NUMBER (of Licensee) FO 43626		27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		
28. NAME OF FUNERAL FACILITY Trahan Family Fuenral Home						29a. FACILITY'S MAILING - STATE Florida				
28b. CITY OR TOWN Pensacola			28c. STREET ADDRESS 419 Yoakum Court				28d. ZIP CODE 32505			
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. (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) PHYSICIAN'S SIGNATURE AND TITLE			31b. DATE SIGNED (mm/dd/yyyy) 07/09/2009		32. TIME OF DEATH (24 hr.) 2228		33. MEDICAL EXAMINER'S CASE NUMBER			
34a. LICENSE NUMBER (of Certifier) W50558140			34b. CERTIFIER'S NAME Dr. Norman Holman			35. NAME OF ATTENDING PHYSICIAN (if other than Certifier)				
36a. CERTIFIER'S - STATE Florida			36b. CITY OR TOWN Pensacola			36c. STREET ADDRESS 14 West Jordan Street, Suite 1-J			36d. ZIP CODE 32501	
37. SUBREGISTRAR - Signature and Date						38a. LOCAL REGISTRAR - Signature		38b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) JUL 14 2009		

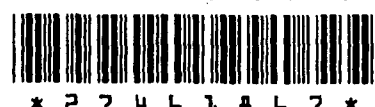
VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

Janis A. 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.
 THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT.

WARNING:



DH FORM 1946 (04-10)

CERTIFICATION OF VITAL RECORD



STATE OF FLORIDA
COUNTY OF ESCAMBIA

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

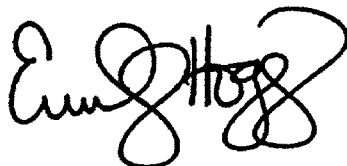
CERTIFICATE # 07896 of 2010

I, PAM CHILDERS, CLERK OF THE CIRCUIT COURT OF ESCAMBIA COUNTY, FLORIDA, do hereby certify that I did on May 1, 2014, mail a copy of the foregoing Notice of Application for Tax Deed, addressed to:

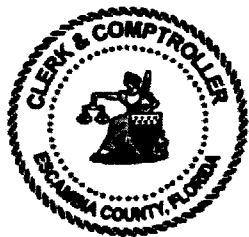
RICHARD W WHALEY C/O RICHARD T WHALEY 5115 PLATEAU RD PENSACOLA, FL 32507	EST OF THOMAS J WHALEY C/O KARYL WETTERBERY 2874 KINGS LAKE RD DEFUNIAK SPRINGS FL 32433
--	---

WITNESS my official seal this 1st day of May 2014.

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 June 2, 2014, 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 US BANK AS C/F FL DUNDEE LIEN holder of Tax Certificate No. 07896, issued the 1st day of June, A.D., 2010 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:

LTS 11 12 BLK 22 TREASURE HILL PARK PLAT OR 5153 P 45

SECTION 12, TOWNSHIP 3 S, RANGE 32 W

TAX ACCOUNT NUMBER 103368300 (14-403)

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

RICHARD W WHALEY

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 **first** Monday in the month of June, which is the **2nd day of June 2014**.

Dated this 1st day of May 2014.

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

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 June 2, 2014, 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 US BANK AS C/F FL DUNDEE LIEN holder of Tax Certificate No. 07896, issued the 1st day of June, A.D., 2010 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:

LTS 11 12 BLK 22 TREASURE HILL PARK PLAT OR 5153 P 45

SECTION 12, TOWNSHIP 3 S, RANGE 32 W

TAX ACCOUNT NUMBER 103368300 (14-403)

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

RICHARD W WHALEY

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 first Monday in the month of June, which is the 2nd day of June 2014.

Dated this 1st day of May 2014.

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.

Post Property:

5125 PLEATEAU RD 32507



PAM CHILDERS
CLERK OF THE CIRCUIT COURT
ESCAMBIA COUNTY, FLORIDA

By:
Emily Hogg
Deputy Clerk

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Personal Services:

RICHARD W WHALEY
C/O RICHARD T WHALEY
5115 PLATEAU RD
PENSACOLA, FL 32507

PAM CHILDERS
CLERK OF THE CIRCUIT COURT
ESCAMBIA COUNTY, FLORIDA



By:
Emily Hogg
Deputy Clerk

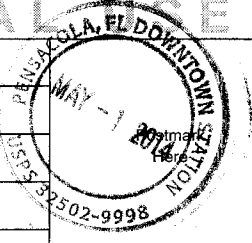
7013 2630 0000 0141 6994

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Postage	\$.49
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.49



Sent To EST OF THOMAS J WHALEY [14-403]
 C/O KARYL WETTERBERY
 2874 KINGS LAKE RD
 DEFUNIAK SPRINGS FL 32433

Street, Ap or PO Box
City, State

PS Form 3800, October 2009

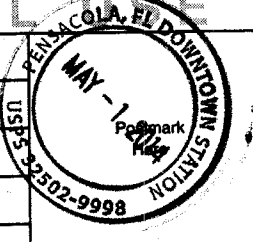
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OFFICIAL USE

Postage	\$.49
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.49



Sent To RICHARD W WHALEY [14-403]
 C/O RICHARD T WHALEY
 5115 PLATEAU RD
 PENSACOLA, FL 32507

Street, Ap or PO Box
City, State

PS Form 3800, October 2009

16/ 67896

10/7896

SENDER: COMPLETE	ACTION ON DELIVERY
<ul style="list-style-type: none">■ 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.	A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to: EST OF THOMAS J WHALEY [14-403] C/O KARYL WETTERBERY 2874 KINGS LAKE RD DEERUNIAK SPRINGS FL 32433	B. Received by (Printed Name) C. Date of Delivery Wetterbery
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No
PS Form 3811, July 2013	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

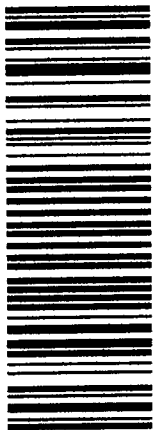
7013 2630 0000 0141 6994

Domestic Return Receipt

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PAM CHILDERS
CLERK OF THE CIRCUIT COURT & C
OFFICIAL RECORDS DIVI

221 Palafox Place
P.O. Box 333
Pensacola, FL 32591-0333



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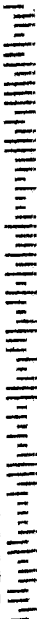
CLERK OF THE CIRCUIT COURT
ESCROW DEPARTMENT
MAY 12 2014

RICHARD W WHALEY [14 NIXIE
C/O RICHARD T WHAL
5115 PLATEAU RD
PENSACOLA, FL 3250

322 FE 1009 0005/09/14

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 325910333333 *2087-07020-01-39



10/7896



Pam Childers

Clerk of the Circuit Court and Comptroller, Escambia County

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

December 31, 2015

Richard W. Whaley
c/o Richard T. Whaley
5115 Pleateau Rd
Pensacola FL 32507

Property: Excess Surplus funds from a Tax Deed Sale – TDA 2010 TD 07896

Surplus Amount: **\$531.38**

Dear Addressee,

Escambia County is holding the above Surplus Funds resulting from a Tax Deed Sale held on JUNE 2, 2014 and identified as belonging to you either as the owner and/or lienholder to the real property which was sold at the tax deed sale. If we do not receive a response from you within the next 30 days, we will turn this property over to the Florida Department of State's Unclaimed Property Division pursuant to Chapter 717 of the Florida Statutes.

If you wish to claim these monies, ensure your correct address is provided, sign this form and return it along with the attached "Affidavit of Claim" to: Escambia County Clerk of Circuit Court and Comptroller, Tax Deed Division, 221 Palafox Place, Ste 110, Pensacola FL 32502. If you have any questions you may contact the Clerk's Tax Deed Division at (850) 595-3793.

Unclaimed Property/ Tax Deeds
Clerk of Circuit Court and Comptroller
Escambia County

By:  _____, Deputy Clerk

Owner/Lienholder Signature

Date Signed



Pam Childers

Clerk of the Circuit Court and Comptroller, Escambia County

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

December 31, 2015

Est of Thomas J Whaley
c/o Karyl Wetterbery
2874 Kings Lake Rd
Defuniak Springs FL 32433

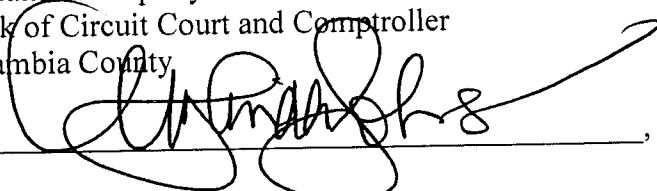
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Unclaimed Property/ Tax Deeds
Clerk of Circuit Court and Comptroller
Escambia County

By:  _____, Deputy Clerk

Owner/Lienholder Signature

Date Signed

IN THE CIRCUIT COURT OF THE FIRST JUDICIAL CIRCUIT
IN AND FOR ESCAMBIA COUNTY, FLORIDA

IN THE MATTER OF UNCLAIMED FUNDS
IN THE REGISTRY OF THE COURT OF
ESCAMBIA COUNTY, FLORIDA


ORDER OF DIRECTION REGARDING UNCLAIMED FUNDS

Pam Childers, the Clerk of the Circuit Court for Escambia County, Florida, stipulates that certain Court Registry funds itemized in Attachment A, attached hereto, shall be remitted to the Florida Department of Financial Services, Bureau of Unclaimed Property, Reporting Section. The right to withdraw said funds has been adjudicated or is not in dispute, and the money remained so deposited in the Court Registry of Escambia County, Florida, for more than one year and unclaimed by the person entitled thereto. It is therefore,

ORDERED that the all cases as itemized in Attachment A involving Court Registry funds in the amount of \$ 90,484.17, be remitted in compliance with Section 717.113, Florida Statutes, and it is hereby,

ORDERED that a copy of this Order be filed in the action in which the money was originally deposited, and this Order shall be noted in the progress docket in the action of each case listed in Attachment A.

DONE AND ORDERED this 15th day of April, 2016, in Pensacola, Escambia County, Florida.



Edward P. Nickinson, III – Administrative Judge