

**TAX COLLECTOR'S CERTIFICATION**

**Application  
Date / Number  
May 19, 2014 / 140383**

This is to certify that the holder listed below of Tax Sale Certificate Number **2012 / 6846.0000** , issued the **1st day of June, 2012**, and which encumbers the following described property located in the County of Escambia, State of Florida to wit: **Parcel ID Number: 10-2151-600**

**Certificate Holder:**  
BLACKWELL EDDIE TTEE BLACKWELL LIVING TRUST  
723 OVERBROOK DRIVE  
FORT WALTON BEAC, FLORIDA 32547

**Property Owner:**  
PRIDE ROBERT E JR & BETTY J  
10921 MANATEE DR  
PENSACOLA , FLORIDA 32507

**Legal Description:**  
BEG AT NW COR OF LT 9 N 58 DEG 27 MIN E ALG N LI OF LT 130 31/100 FT TO NE COR OF LT SELY ALG E LI OF LT 108 36/100 FT S 76 DEG 21 MIN 45 SEC W 138 2 ...  
**See attachment for full legal description.**

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
2012	6846.0000	06/01/12	\$288.05	\$0.00	\$99.38	\$387.43

**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	6312.0000	06/01/13	\$272.58	\$6.25	\$21.12	\$299.95
2011	7370.0000	06/01/11	\$276.09	\$6.25	\$149.09	\$431.43

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 (2013)
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

\$1,118.81
\$0.00
\$253.65
\$250.00
\$75.00
\$1,697.46
\$1,697.46
\$6.25

\*Done this 19th day of May, 2014

TAX COLLECTOR, ESCAMBIA COUNTY, FLORIDA

By Brian John

Date of Sale: January 5, 2015

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

FORM 513  
(r.12/00)

**TAX COLLECTOR'S CERTIFICATION**

**APPLICATION DATE**

5/19/2014

**FULL LEGAL DESCRIPTION**  
**Parcel ID Number: 10-2151-600**

May 23, 2014  
Tax Year: 2011  
Certificate Number: 6846.0000

BEG AT NW COR OF LT 9 N 58 DEG 27 MIN E ALG N LI OF LT 130 31/100 FT TO NE COR OF LT SELY ALG E LI OF  
LT 108 36/100 FT S 76 DEG 21 MIN 45 SEC W 138 24/100 FT TO W LI OF LT N 36 DEG 57 MIN 30 SEC W ALG W LI 65  
88/100 FT TO POB OR 4536 P 1108 PART OF LT 9 BLK 3 1ST ADDN SEAGLADES S/D PB 4 P 90

### Notice to Tax Collector of Application for Tax Deed

**TO: Tax Collector of Escambia County**

In accordance with Florida Statutes, I,

**BLACKWELL EDDIE TTEE BLACKWELL LIVING TRUST  
723 OVERBROOK DRIVE  
FORT WALTON BEAC, Florida, 32547**

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>
6846.0000	10-2151-600	06/01/2012	BEG AT NW COR OF LT 9 N 58 DEG 27 MIN E ALG N LI OF LT 130 31/100 FT TO NE COR OF LT SELY ALG E LI OF LT 108 36/100 FT S 76 DEG 21 MIN 45 SEC W 138 24/100 FT TO W LI OF LT N 36 DEG 57 MIN 30 SEC W ALG W LI 65 88/100 FT TO POB OR 4536 P 1108 PART OF LT 9 BLK 3 1ST ADDN SEAGLADES S/D PB 4 P 90

**2013 TAX ROLL**

PRIDE ROBERT E JR & BETTY J  
10921 MANATEE DR  
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.

ejbgator (EDDIE BLACKWELL)

Applicant's Signature

05/19/2014

Date

# Southern Guaranty Title Company

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

15-051

## OWNERSHIP AND ENCUMBRANCE REPORT

File No.: 11626

October 13, 2014

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 10-13-1994, through 10-13-2014, and said search reveals the following:

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

Estate of Robert E. Pride, Jr. and Betty J. Pride

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: 

October 13, 2014

**OWNERSHIP AND ENCUMBRANCE REPORT  
LEGAL DESCRIPTION**

File No.: 11626

October 13, 2014

**233S312100091003 - Full Legal Description**

BEG AT NW COR OF LT 9 N 58 DEG 27 MIN E ALG N LI OF LT 130 31/100 FT TO NE COR OF LT SELY ALG E LI  
OF LT 108 36/100 FT S 76 DEG 21 MIN 45 SEC W 138 24/100 FT TO W LI OF LT N 36 DEG 57 MIN 30 SEC W ALG  
W LI 65 88/100 FT TO POB OR 4536 P 1108 PART OF LT 9 BLK 3 1ST ADDN SEAGLADES S/D PB 4 P 90

**OWNERSHIP AND ENCUMBRANCE REPORT  
CONTINUATION PAGE**

File No.: 11626

October 13, 2014

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

1. Taxes for the year 2010-2013 delinquent. The assessed value is \$14,660.00. Tax ID 10-2151-600.

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: 1-5-2015

TAX ACCOUNT NO.: 10-2151-600

CERTIFICATE NO.: 2012-6846

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

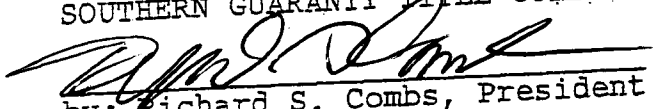
- X Notify City of Pensacola, P.O. Box 12910, 32521  
 X Notify Escambia County, 190 Governmental Center, 32502  
 X Homestead for \_\_\_\_\_ tax year.

Beneficiaries and Heirs of the Estates of  
Robert E. Pride, Jr. and Betty J. Pride  
10921 Manatee Dr.  
Pensacola, FL 32507

Apparent Heirs of the above estates:  
Robert Earl Pride III  
David Henry Pride  
Barton Drew Pride  
10921 Manatee Dr.  
Pensacola, FL 32507

Certified and delivered to Escambia County Tax Collector,  
this 13th day of October, 2014.

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.

M/S.  
17.00  
17.70  
17.70

This instrument prepared by:  
Mark R. Whittaker  
17 West Cervantes Street  
Pensacola, Florida 32501

OR BK 4536 PG1 108  
Escambia County, Florida  
INSTRUMENT 00-716619

DEED DOC STAMPS PD & EST. CD \$ 0.70  
03/21/00 ERIC LEE WISNER, CLERK  
By: *[Signature]*

**WARRANTY DEED**

STATE OF FLORIDA  
COUNTY OF ESCAMBIA

THIS INDENTURE, made this 17<sup>th</sup> day of March, 2000 by BRIAN J. BAGGARLY, KIMBERLY D. BAGGARLY and JOSEPH G. CRABTREE, as Personal Representative of the Estate of Frances J. Blackmon, GRANTORS, whose post office address is 5008 Spring Creek Lane, Atlanta, GA 30350 and ROBERT E. PRIDE, JR. and BETTY J. PRIDE, husband and wife, GRANTEES, whose post office address is 10921 Manatee Drive, Pensacola, Florida 32507, and whose social security numbers are [REDACTED] respectively.

WITNESSETH: That said Grantors, for and in consideration of the sum of TEN AND 00/100 (\$10.00) and other good and valuable considerations to said Grantors in hand paid by said Grantees, the receipt whereof is hereby acknowledged, have granted, bargained, and sold to the said Grantees, their heirs, legal representatives, successors and assigns forever, the following described real property, situate, lying and being in the County of Escambia, State of Florida, to wit:

That portion of Lot 9, Block 3, 1<sup>st</sup> Addition to Seaglades subdivision, according to plat filed in plat book 4, at page 90, of the records of Escambia County, Florida, described as follows: Beginning at the Northwest corner of said lot, thence North 58°27' East along the North line of said lot, a distance of 130.31 feet to the Northeast corner of said lot; Thence southeasterly along the East line of said lot, 108.36 feet; thence South 76°21'45" West, 138.24 feet to a point in the West line of said lot; thence North 36°57'30" West, along said West line 65.88 feet to the point of beginning.

PARCEL IDENTIFICATION NUMBER: 23 3S 12100 091 003

THIS INSTRUMENT WAS PREPARED WITHOUT BENEFIT OF TITLE EXAMINATION OR TITLE INSURANCE FROM A LEGAL DESCRIPTION PROVIDED BY THE GRANTOR.

SUBJECT TO taxes for the current and subsequent years, zoning ordinances, restrictions, reservations, limitations and easements of record.

The grantors covenant that the above-described property is not their homestead.

Said Grantors, BRIAN J. BAGGARLY and KIMBERLY D. BAGGARLY, hereby fully warrant title to said land, and will defend the same against the lawful claims of all persons



whomsoever. Grantor, JOSEPH G. CRABTREE, hereby covenants that in all things preliminary to and in and about the sale and this conveyance and the laws of Florida have been followed and complied with in all respects.

In Witness Whereof, GRANTORS have hereunto set their hands and seals this 17<sup>th</sup> day of March, 2000.

Signed, sealed and delivered  
in the presence of:

[Signature]  
Printed Name: William G. Farmer

[Signature] L.S.  
BRIAN J. BAGGARLY

[Signature]  
Printed Name: Wendell C. Woods

[Signature]  
Printed Name: William G. Farmer

[Signature]  
KIMBERLY D. BAGGARLY

[Signature]  
Printed Name: Wendell C. Woods

[Signature]  
Printed Name: KAREN VICKREY

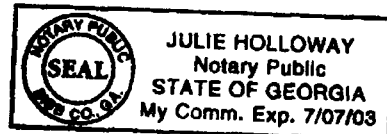
[Signature]  
JOSEPH G. CRABTREE

[Signature]  
Printed Name: MARY LONG

STATE OF GEORGIA  
COUNTY OF Bibb

The foregoing instrument was acknowledged before me this 14<sup>th</sup> day of March, 2000 by Brian J. Baggarly ( ) who is personally known to me or ( ) who has produced \_\_\_\_\_ as identification

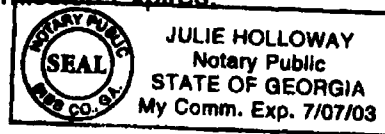
[Signature]  
NOTARY PUBLIC  
Printed Name: Julie Holloway  
My Commission Expires:



STATE OF GEORGIA  
COUNTY OF Bibb

The foregoing instrument was acknowledged before me this 17<sup>th</sup> day of March, 2000 by Kimberly D. Baggarty ( ) who is personally known to me or ( ) who has produced \_\_\_\_\_ as identification

Julie Holloway  
NOTARY PUBLIC  
Printed Name: Julie Holloway  
My Commission Expires:



STATE OF FLORIDA  
COUNTY OF ESCAMBIA

The foregoing instrument was acknowledged before me this 17<sup>th</sup> day of March, 2000 by JOSEPH G. CRABTREE ( ) who is personally known to me or ( ) who has produced personally known as identification

Clara Autumn Zornes  
NOTARY PUBLIC  
Printed Name: CLARA AUTUMN ZORNES  
My Commission Expires:



RCD Mar 21, 2000 11:40 am  
Escambia County, Florida  
Ernie Lee Magaha  
Clerk of the Circuit Court  
INSTRUMENT 00-716619

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH 0 3 0 1 9 5 ' 8 0  
FLORIDA

LOCAL FILE NO. 4088

1. DECEDENT'S NAME FIRST: Robert MIDDLE: Earl LAST: Pride, Jr.		2. SEX Male	
3. DATE OF DEATH (Month, Day, Year) February 14, 2003		4. SOCIAL SECURITY NUMBER [REDACTED]	
5a. AGE - Last Birthday (Years) 73		5b. UNDER 1 YEAR Months: Days: Hours: Minutes:	
6. DATE OF BIRTH (Month, Day, Year) July 22, 1929		7. BIRTHPLACE (City and State or Foreign Country) Mobile, Alabama	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) Yes		9a. PLACE OF DEATH (Check only one: see instructions on other side) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)	
9c. FACILITY NAME (If not institution, give street and number) Baptist Hospital		9b. INSIDE CITY LIMITS? (Yes or No) Yes	
9d. CITY, TOWN, OR LOCATION OF DEATH Pensacola		9e. COUNTY OF DEATH Escambia	
10a. DECEDENT'S USUAL OCCUPATION Owner/Operator		10b. KIND OF BUSINESS/INDUSTRY Electrical Wholesale Dealer	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Betty Jean Helton	
13a. RESIDENCE - STATE Florida		13b. COUNTY Escambia	
13c. CITY, TOWN, OR LOCATION Pensacola		13d. STREET AND NUMBER 10921 Manatee Drive	
13e. INSIDE CITY LIMITS? (Yes or No) No		13f. ZIP CODE 32507	
14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) No		15. RACE - American Indian, Black, White, etc. Specify: White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary: College (1-4 or 5+): 0-12 2		17. FATHER'S NAME (First, Middle, Last) Robert Earl Pride	
18. MOTHER'S NAME (First, Middle, Maiden Surname) Freida May Parks		19a. INFORMANT'S NAME (Type/Print) Robert E. Pride III	
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 306 West 80th Street Apt. 6-E New York, New York 10024		20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)	
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Southeastern Crematory		20c. LOCATION - City or Town, State Pensacola, Florida	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Charles Smith</i>		21b. LICENSE NUMBER (of Licensee) EE4647	
21c. NAME AND ADDRESS OF FACILITY Oak Lawn Funeral Home 32506 619 New Warrington Road Pensacola, Florida		22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title) <i>Ernie Lee Magaha, MD</i>	
22b. DATE SIGNED (Mo., Day, Yr) 2/17/2003		22c. HOUR OF DEATH 5:30 A M	
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated. (Signature and Title)	
23a. DATE SIGNED (Mo., Day, Yr)		23b. HOUR OF DEATH	
23c. MEDICAL EXAMINER'S CASE #		24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) MANNING HANLINE, JR., MD, 1717 NORTH E STREET, PENSACOLA, FL 32501	
25a. SUBREGISTRAR - SIGNATURE AND DATE		25b. LOCAL REGISTRAR - SIGNATURE <i>Ernie Lee Magaha</i>	
25c. DATE REGISTERED FEB 18 2003			

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

*Ernie Lee Magaha*, State Registrar

Date Issued: DEC 28 2007

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.



24320429

CERTIFICATION OF VITAL RECORD



\* 2 4 3 2 0 4 2 9 \*

DH FORM 1946 (08-04)

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

F07064433  
SVC

2005 156920

CAL FILE NO. 3142

FLORIDA CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last, Suffix) <b>Betty Jean Pride</b>		2. SEX <b>Female</b>	
3. DATE OF BIRTH (Month, Day, Year) <b>February 25, 1933</b>		4. AGE Last Birthday (Years) <b>72</b>	
5. UNDER 1 YEAR Months <b>72</b>		6. UNDER 1 DAY Hours <b>72</b>	
7. BIRTHPLACE (City and State or Foreign Country) <b>Foley, Alabama</b>		8. COUNTY OF DEATH <b>Escambia</b>	
9. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> <b>Baptist Hospital</b> 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)		5. DATE OF DEATH (Month, Day, Year) <b>December 6, 2005</b>	
10. FACILITY NAME (If not institution, give street address) <b>Baptist Hospital</b>		11a. CITY, TOWN, OR LOCATION OF DEATH <b>Pensacola</b>	
12. MARITAL STATUS (Specify) <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) <b>None</b>	
14a. RESIDENCE - STATE <b>Florida</b>		14b. COUNTY <b>Escambia</b>	
14c. STREET ADDRESS <b>10921 Manatee Drive</b>		14d. CITY, TOWN, OR LOCATION <b>Pensacola</b>	
14e. APT. NO. <b>None</b>		14f. ZIP CODE <b>32507</b>	
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) <b>Home Maker</b>		15b. KIND OF BUSINESS/INDUSTRY <b>Own Home</b>	
16. DECEDENT'S RACE (Specify the race/ancestry 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 was of Hispanic or Haitian Origin.) <input checked="" type="checkbox"/> Yes (If Yes, specify) <input 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"/> Haitian			
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) <input checked="" 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 type="checkbox"/> Master's <input type="checkbox"/> Doctorate			
20. FATHER'S NAME (First, Middle, Last, Suffix) <b>Henry Louis Helton</b>		21. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Lola Morris</b>	
22a. INFORMANT'S NAME <b>Robert Pride</b>		22b. RELATIONSHIP TO DECEDENT <b>Son</b>	
22c. CITY OR TOWN <b>New York</b>		22d. INFORMANT'S MAILING - STATE <b>New York</b>	
22e. STREET ADDRESS <b>306 West 80th Street</b>		22f. ZIP CODE <b>10024</b>	
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Pine Rest Cemetery</b>		25a. LOCATION - STATE <b>Alabama</b>	
25b. LOCATION - CITY OR TOWN <b>Foley</b>		26. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)	
27a. LICENSE NUMBER (of Licensee) <b>FL 4649</b>		27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <b>John D. ...</b>	
28. NAME OF FUNERAL FACILITY <b>Oak Lawn Funeral Home</b>		29. FACILITY'S MAILING - STATE <b>Florida</b>	
29a. CITY OR TOWN <b>Pensacola</b>		29b. STREET ADDRESS <b>619 New Warrington Road</b>	
29c. ZIP CODE <b>32506</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. (Check one) <input type="checkbox"/> Medical Examiner - On the basis of examination, 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 <b>PHYSICIAN: HUMEDA M. O</b>		31b. DATE SIGNED (mm/dd/yyyy) <b>12-09-2005</b>	
31c. LICENSE NUMBER (of Certifier) <b>ME 75791</b>		31d. TIME OF DEATH (24 hr.) <b>0412</b>	
31e. CERTIFIER'S NAME <b>Humera Humeda, M.D.</b>		32. MEDICAL EXAMINER'S CASE NUMBER	
32a. CERTIFIER'S STATE <b>Florida</b>		32b. NAME OF ATTENDING PHYSICIAN (if other than Certifier)	
32c. CITY OR TOWN <b>Pensacola</b>		32d. STREET ADDRESS <b>1717 North "E" Street Suite 403</b>	
32e. ZIP CODE <b>32501</b>		33. DATE FILED BY REGISTRAR (Mo., Day, Yr.) <b>DEC 13 2005</b>	
37. SUBREGISTRAR - Signature and Date <b>[Signature]</b>		38. LOCAL REGISTRAR - Signature <b>[Signature]</b>	

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

DEC 28 2007



C. Frank ...  
State Registrar

WARNING:

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DH FORM 1947 (06/04)

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CERTIFICATION OF VITAL RECORD



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2008-CP-195  
'A'

**LAST WILL AND TESTAMENT  
OF  
BETTY J PRIDE**

I, BETTY J PRIDE, of PENSACOLA, Florida, revoke my former Wills and Codicils and declare this to be my Last Will and Testament.

**ARTICLE I  
IDENTIFICATION OF FAMILY**

I am married to ROBERT EARL PRIDE JR and all references in this Will to spouse references to ROBERT EARL PRIDE JR.

The names of my children are:  
ROBERT EARL PRIDE III  
DAVID HENRY PRIDE  
BARTON DREW PRIDE

All references in this Will to "my children" are references to the above-named children.

ERNEE LEE MAGAHA  
CLERK OF CIRCUIT COURT  
ESCAMBIA COUNTY, FL  
2008 JAN 25 P 4: 28  
PROBATE DIVISION  
FILED & RECORDED

**ARTICLE II  
PAYMENT OF DEBTS AND EXPENSES**

I direct that my just debts, funeral expenses and expenses of last illness be first paid from my estate.

**ARTICLE III  
DISPOSITION OF PROPERTY**

*A. Residuary Estate.* I direct that my residuary estate be distributed to my spouse, ROBERT EARL PRIDE JR. If my spouse does not survive me, my residuary estate shall be distributed to my child(ren) in equal shares. If a child of mine does not survive me, such deceased child's share shall be distributed in equal shares to the children of such deceased child who survive me, by right of representation. If a child of mine does not survive me and has no children who survive me, such deceased child's share shall be distributed in equal shares to my other children, if any, or to their respective children by right of representation. If no child of mine survives me, and if none of my deceased children are survived by children, my residuary estate shall be distributed to my heirs-at-law, their identities and respective shares to be determined under the laws of the State of Florida, then in effect, as if I had died intestate at the time fixed for distribution under this provision.

**ARTICLE IV  
NOMINATION OF EXECUTOR**

I nominate ROBERT EARL PRIDE III, of PENSACOLA, Florida, and DAVID HENRY PRIDE, of PENSACOLA, Florida, as Co-Executors, without bond or security. If one of the above nominees does not serve for any reason, the remaining nominee shall serve as sole Executor without bond or security.

Case: 2008 CP 000195



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Dkt: CPWILL Pg#: 4 ✓

Initials: B.P.

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**ARTICLE V  
EXECUTOR POWERS**

My Executor, in addition to other powers and authority granted by law or necessary or appropriate for proper administration, shall have the right and power to lease, sell, mortgage, or otherwise encumber any real or personal property that may be included in my estate, without order of court and without notice to anyone.

**ARTICLE VI  
MISCELLANEOUS PROVISIONS**

*A. Paragraph Titles and Gender.* The titles given to the paragraphs of this Will are inserted for reference purposes only and are not to be considered as forming a part of this Will in interpreting its provisions. All words used in this Will in any gender shall extend to and include all genders, and any singular words shall include the plural expression, and vice versa, specifically including "child" and "children", when the context or facts so require, and any pronouns shall be taken to refer to the person or persons intended regardless of gender or number.

*B. Liability of Fiduciary.* No fiduciary who is a natural person shall, in the absence of fraudulent conduct or bad faith, be liable individually to any beneficiary of my estate, and my estate shall indemnify such natural person from any and all claims or expenses in connection with or arising out of that fiduciary's good faith actions or nonactions as the fiduciary, except for such actions or nonactions which constitute fraudulent conduct or bad faith.

*C. Beneficiary Disputes.* If any bequest requires that the bequest be distributed between or among two or more beneficiaries, the specific items of property comprising the respective shares shall be determined by such beneficiaries if they can agree, and if not, by my Executor.

IN WITNESS WHEREOF, I have subscribed my name below, this 30<sup>th</sup> day of January, 2023.

Betty J Pride  
BETTY J PRIDE

We, the undersigned, hereby certify that the above instrument, which consists of 4 pages, including the page(s) which contain the witness signatures, was signed in our sight and presence by BETTY J PRIDE (the "Testator"), who declared this instrument to be his/her Last Will and Testament and we, at the Testator's request and in the Testator's sight and presence, and in the sight and presence of each other, do hereby subscribe our names as witnesses on the date shown above.

Witness Signature: John David Bullock  
Name: JOHN DAVID BULLOCK  
City: PENSACOLA  
State: Florida

Initials: BJP

Florida Self-Proving Clause

STATE OF FLORIDA

COUNTY OF Escambia

We, BETTY J PRIDE, JOHN DAVID BULLOCK and STACEY READE the Testator and the witnesses, respectively, whose names are signed to the attached or foregoing instrument, having been sworn, declared to the undersigned officer that the Testator, in the presence of witnesses, signed the instrument as his/her last Will (codicil), that he/she (signed) (or directed another to sign for him/her), and that each of the witnesses, in the presence of the Testator and in the presence of each other, signed the Will (codicil) as a witness.

Betty J. Pride  
BETTY J PRIDE  
(Testator)

Witness Signature: John David Bullock  
Name: JOHN DAVID BULLOCK  
City: PENSACOLA  
State: Florida

Witness Signature: Stacey Reade  
Name: STACEY READE  
City: PENSACOLA  
State: Florida

Subscribed and sworn to before me by BETTY J PRIDE, the Testator who is personally known to me or who has produced \_\_\_\_\_ (type of identification) as identification, and by JOHN DAVID BULLOCK a witness who is personally known to me or who has produced \_\_\_\_\_ (type of identification) as identification, and by STACEY READE a witness who is personally known to me or who has produced \_\_\_\_\_ (type of identification) as identification, on January 30<sup>th</sup> 2003.

Dianne Bullock  
(Signature of Notary Public)  
(Print, type, or stamp commissioned name of Notary Public)  
My Commission Expires: May 27, 2008



Initials: B.P.

Witness Signature:

Stacey Reade

Name:  
City:  
State:

STACEY READE  
PENSACOLA  
Florida