

FORM NOTICE TO TAX COLLECTOR OF APPLICATION FOR TAX DEED  
512

Application  
Number  
1600056

TO: Tax Collector of ESCAMBIA COUNTY: JANET HOLLEY

In accordance with the Florida Statutes, U.S. BANK AS CUST FOR MAGNOLIA  
I, 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

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

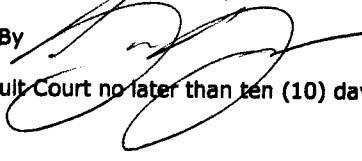
**Amounts Certified by Clerk of Court (Lines 8-15):**

**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



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

**Tax Deed - Redemption Calculator**  
**Account: 061302000 Certificate Number: 003032 of 2014**

Redemption  Yes   
 Application Date   
 Interest Rate

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

Notes: ACTUAL SHERIFF \$240.00  
 5/2/16 CALLED JERRY MELTON 727-542-6454, TOLD HIM IT WOULD  
 \$3842.63, IF PAID IN MAY, ALSO EMAILED IT TO

**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



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

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

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

**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	<b>\$3,842.63</b>
Postage = <del>FD2</del>	\$60.00	
ResearcherCopies = <del>TD6</del>	\$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

**PAM CHILDERS**  
 CLERK OF THE CIRCUIT COURT  
 ARCHIVES AND RECORDS  
 CHILDSUPPORT  
 CIRCUIT CIVIL  
 CIRCUIT CRIMINAL  
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**BRANCH OFFICES**  
**ARCHIVES AND RECORDS**  
**JUVENILE DIVISION**  
**CENTURY**

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

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

**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	<del>\$4,446.91</del> <b>\$3,842.63</b>

**PAM CHILDERS**  
 Clerk of the Circuit Court

Received By:  
 Deputy Clerk

A handwritten signature in black ink, appearing to be "Eun J. Ho", written over a horizontal line.

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 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
		<b>TOTAL</b>	<b>\$913.50</b>

Very truly yours,

PAM CHILDERS  
Clerk of Circuit Court

By:

  
Emily Hogg  
Tax Deed Division

# STATE OF MISSISSIPPI

## MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

TYPE OR PRINT  
 WITH BLACK INK

FILING  
 DATE

MAR 02 2005

**CERTIFICATE OF DEATH**  
 STATE OF MISSISSIPPI

STATE FILE  
 NUMBER

123-05-003881

DECEASED

1. NAME First Middle Last 2 SEX 3a HOUR OF DEATH 3b. DATE OF DEATH (Month, Day, Year)  
 William C. Melton MALE 02:25 A.M. FEBRUARY 25, 2005

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

4. RACE (Specify White, Black, American Indian, etc.) 5a. AGE AT LAST BIRTHDAY 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) 7a. COUNTY OF DEATH  
 white 62 Years July 12, 1942 HARRISON

7b. CITY OR TOWN OF DEATH 7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) 7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA 8. STATE OF BIRTH  
 GULFPORT GARDEN PARK MEDICAL CENTER #24G EMER. ROOM Alabama

9. DECEDENT'S EDUCATION (Specify only highest grade completed) 10. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. SURVIVING SPOUSE (If wife, give maiden name) 12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No)  
 Elem/High School College never married

13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) 14. SOCIAL SECURITY NUMBER 15a. USUAL OCCUPATION (Kind of work done most of working life) 15b. KIND OF BUSINESS OR INDUSTRY  
 American 266 62 2439 draftsman construction

RESIDENCE (Home, or actual location, or mailing address)

16a. RESIDENCE-STATE 16b. COUNTY 16c. CITY OR TOWN 16d. INSIDE CITY LIMITS (Specify Yes or No) 15e. STREET AND NUMBER OR RURAL LOCATION  
 Mississippi Harrison Gulfport no 2709 Angela Circle

PARENTS

17. FATHER-NAME First Middle Last 18. MOTHER-NAME First Middle Maiden  
 Fred Harvin Melton Gloria Bell Rodiford

INFORMANT

19a. INFORMANT-NAME (Type or print) 19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)  
 Mary M. Dukes 2965 Baronne St., Pensacola, FL 32526

DISPOSITION

20a. BURIAL, CREMATION, REMOVAL (Specify) 20b. CEMETERY, CREMATORY-NAME 20c. LOCATION (City and State) 21a. EMBALMER-SIGNATURE AND NUMBER  
 burial Pensacola Mem. Gdns. Pensacola, FL Charles Ellers 1001  
 21b. FUNERAL HOME-NAME AND MISSISSIPPI I.D. NUMBER 21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)  
 Riemann Funeral Home 24 R P.O. Drawer 1750, Gulfport, MS 39502

ANNOUNCEMENT

22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print) 22b. PRONOUNCED DEAD (Month, Day, Year) | 22c. PRONOUNCED DEAD (Hour) AT  
 DANIEL OVERBECK, M.D. ON FEBRUARY 25, 2005 AT 02:25 A.M.

CERTIFIER

23a. CERTIFIER-NAME (Type or print) 23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)  
 GARY T. HARGROVE P.O. BOX 4036, GULFPORT, MS 39502

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

This section to be completed by physician if NOT a medical examiner 24a. To the best of my knowledge death occurred due to the cause(s) and manner as stated. SIGNATURE MO 24b. DATE SIGNED (Month, Day, Year) 24c. STATE LICENSE NUMBER 24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)  
 This section to be completed by medical examiner ONLY 24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE 24f. TITLE HARRISON COUNTY CORONER 24g. DATE SIGNED (Month, Day, Year) FEBRUARY 25, 2005

MODE OF DEATH

25. PART I: IMMEDIATE CAUSE (Enter one cause only):  
 DEATH CAUSED BY: (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):  
 Conditions, if any, which gave rise to immediate cause stating the underlying cause last

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

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  
 Use if death NOT due to natural causes: 29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify) 29b. DATE OF INJURY (Month, Day, Year) 29c. HOUR OF INJURY m. 29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED  
 29e. INJURY AT WORK (Yes or No) 29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.) 29g. LOCATION Street or route number City or town State

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

MAR -2 2005

*Judy Moulder*  
 Judy Moulder  
 STATE REGISTRAR

**WARNING:**

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



STATE OF FLORIDA

OFFICE of VITAL STATISTICS  
CERTIFIED COPY

FLORIDA CERTIFICATE OF DEATH

2010 051750

LOCAL FILE NO. 1095

1. DECEDENT'S NAME (First, Middle, Last, Suffix) <b>Mary Marjorie Dukes</b>			2. SEX <b>Female</b>	
3. DATE OF BIRTH (Month, Day, Year) <b>December 6, 1932</b>		4a. AGE-Last Birthday (Years) <b>77</b>		4b. UNDER 1 YEAR Months <b>00</b> Days <b>00</b> Hours <b>00</b> Minutes <b>00</b>
5. DATE OF DEATH (Month, Day, Year) <b>April 11, 2010</b>		6. SOCIAL SECURITY NUMBER <b>264-42-0245</b>		
7. BIRTHPLACE (City and State or Foreign Country) <b>Monroe County, Alabama</b>		8. COUNTY OF DEATH <b>Escambia</b>		
9. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input 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"/> Other (Specify)				
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			11b. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
13. SURVIVING SPOUSE'S NAME (If wife, give maiden name)			14a. CITY, TOWN, OR LOCATION <b>Pensacola</b>	
14b. RESIDENCE - STATE <b>Florida</b>		14c. COUNTY <b>Escambia</b>		14d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
14e. STREET ADDRESS <b>2965 Barone Street</b>		14f. APT. NO.	14g. ZIP CODE <b>32526</b>	14h. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) <b>Realtor</b>			15b. KIND OF BUSINESS/INDUSTRY <b>Real Estate</b>	
16. DECEDENT'S RACE (Specify the race/ethnic 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 LATIN ORIGIN? (Specify if decedent was of Hispanic or Mexican 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)				
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 <input type="checkbox"/> U.S. ARMED FORCES <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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
19. FATHER'S NAME (First, Middle, Last, Suffix) <b>Fred Harvin Melton</b>		21. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Cloria Bell Bodiford</b>		
22a. INFORMANT'S NAME <b>Keith Edward Stephens</b>		22b. RELATIONSHIP TO DECEDENT <b>Son</b>		22c. INFORMANT'S MAILING - STATE <b>Texas</b>
23a. CITY OR TOWN <b>Waxahachie</b>		23b. STREET ADDRESS <b>717 Dogwood Lane</b>		23c. ZIP CODE <b>75165</b>
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Pensacola Memorial Gardens</b>		25a. LOCATION - STATE <b>Florida</b>		25b. LOCATION - CITY OR TOWN <b>Pensacola</b>
26a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input 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 OBTAINED? <input type="checkbox"/> Yes <input type="checkbox"/> No		27a. LICENSE NUMBER (of License) <b>F044298</b>		27b. SIGNATURE OF FUNERAL SERVICE LICENSEE (BY PERSON ACTING AS SUCH) <i>[Signature]</i>
28. NAME OF FUNERAL FACILITY <b>Pensacola Memorial Gardens and Funeral Home, Inc.</b>			28a. FACILITY'S MAILING - STATE <b>Florida</b>	
28b. CITY OR TOWN <b>Pensacola</b>		28c. STREET ADDRESS <b>7433 Pine Forest Road</b>		28d. ZIP CODE <b>32526</b>
29. 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) <i>[Signature]</i>		31b. DATE SIGNED (month/day/year) <b>4/13/10</b>		31c. TIME OF DEATH (24 Hr.) <b>1045</b>
31d. LICENSE NUMBER (of Certifier) <b>ME104240</b>		31e. CERTIFIER'S NAME <b>Alexander Zimilevich, M.D.</b>		31f. NAME OF ATTENDING PHYSICIAN (if other than Certifier)
32a. CERTIFIER'S - STATE <b>Florida</b>		32b. CITY OR TOWN <b>Pensacola</b>		32c. STREET ADDRESS <b>1000 West Moreno Street</b>
32d. ZIP CODE <b>32501</b>		37. SUBREGISTRAR - Signature and Date <i>[Signature]</i> <b>APR 15 2010</b>		

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

*C. Meade G. Jj*, State Registrar

Date Issued: August 5, 2011

REQ: 26314444+



WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.



DH FORM 1947 (08/04)

38131025

CERTIFICATION OF VITAL RECORD



\* 3 8 1 3 1 0 2 5 \*



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:

Maurice L. Dupes  
Howard W. Denham

William C. Melton  
WILLIAM CLENON MELTON

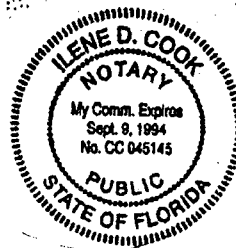
State of Florida  
County of Escambia

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

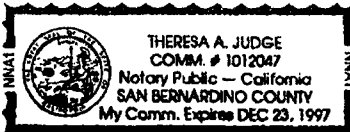
No. 5193

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) or  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(IES)  
\*\*Charles Leon Melton\*\*

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

TITLE OR TYPE OF DOCUMENT Deed of Conveyance

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

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

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

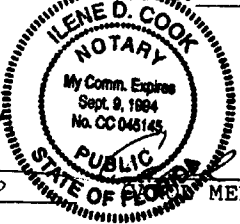
AS WITNESSES TO:

Maria L. Dupes  
Mary Marjorie Dupes  
MARY MARJORIE DUKES  
Howard W. Deham

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  
Melton Tanner  
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:

Candace S. Hider  
Notary Public  
CANDACE S. HIDER  
Florida Drivers License  
T 560 113 449700 EXP 12/30/96

AS WITNESSES TO:

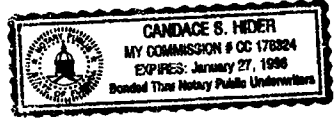
Candace S. Hider  
Jerry Robert Melton  
JERRY ROBERT MELTON

Carol Melton Tanner

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:

Candace S. Hider  
Notary Public  
CANDACE S. HIDER  
Florida Drivers License  
H 435 436 39 289 Exp 8/14/93



609  
2-2-10

Prepared by:  
BARNE J. MORAIN  
Attorney - at - law  
113 N. Palafox St.  
Pensacola, Florida

OR BK3608 Pg0640  
INSTRUMENT 00141447

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 decendant 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 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

# SOUTHERN GUARANTY TITLE COMPANY

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

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

Email: rcsgt@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

- Notify City of Pensacola, P.O. Box 12910, 32521  
221 Palafox Place, 4th Floor/  
  Notify Escambia County, 190 Governmental Center, 32502  
  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

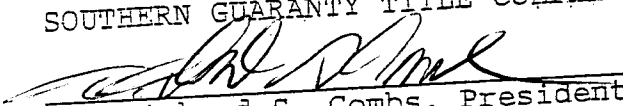
Charles Leon Melton  
111603 Maple St.  
Bloomington, CA 92316

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.

**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.

**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**

**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