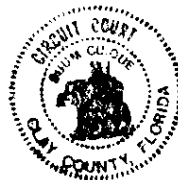


2
10.50
.70



Book: 1568
Page: 0678
Rec: 07/28/95
09:36 A.M.
File# 9522475
John Keene
Clerk Of Courts
Clay County, FL
FEE: \$10.50
DOC: \$0.70

RE # 14-05-24-006368-000-00

RETURN TO GRANTEE

This instrument was prepared by:
J. F. LEONARD, ATTORNEY AT LAW
10420 Lava Turne Road
Jacksonville, Florida 32218

Warranty Deed

THIS INDENTURE, Made this

27th

day of July

, A. D. 19 95 BETWEEN

LEE R. ELLIS, unmarried
10968 Wingate Road, Jacksonville, Florida 32218

grantor, and

LEE R. ELLIS AND ALVIN D. ELLIS, as joint tenants with full right
of survivorship

Post office address: 10968 Wingate Road, Jacksonville, Florida 32218 grantee.

WITNESSETH: That the said grantor, for and in consideration of the sum of \$ 10.00 , to him in hand
paid by the said grantee, the receipt whereof is hereby acknowledged, has granted, bargained and sold to
the said grantee, his heirs and assigns forever, the following described land, situate, lying and being in the
County of Clay , State of Florida, to wit:

Part of Lot 7, as recorded in Deed Book 67, Page 523, and O. R.
Volume 551, Page 304, except part recorded in O. R. Volume 551,
Page 306, of the current public records of Clay County, Florida. ✓

As to the interest of Lois Hood Holmes see death certificate
attached.

Consideration for this deed Love and Affection between brothers.

And the said grantor does hereby fully warrant the title to said land, and will defend the same against the
lawful claims of all persons whomsoever.

(When used herein the terms "grantor" and "grantee" shall be construed to include, masculine, feminine, singular
or plural as the context permits or requires and shall include heirs, personal representatives, successors or assigns.)

IN WITNESS WHEREOF, the said grantor has hereunto set his hand and seal the day and year first above
written.

SIGNED AND SEALED IN OUR PRESENCE:

J. F. Leonard

Lorrie G. Kelly

Lee R. Ellis

(SEAL)

(SEAL)

(SEAL)

(SEAL)

STATE OF FLORIDA

COUNTY OF Duval

} ss.

Before me personally appeared Lee R. Ellis, unmarried

known to me to
be the person described in who executed the foregoing instrument, who acknowledged before me that
he executed the same, that I relied upon the driver's license of the above-named person and
that an oath (was)(was not) taken.

WITNESS my hand and official seal in the County and State aforesaid this 27th day of July ,
A.D. 1995.

(NOTARIAL SEAL)

Notary Signature



Printed Notary

J. F. LEONARD

MY COMMISSION # CC 167175 EXPIRES
January 7, 1996
BONDED THRU TROY FAIR INSURANCE, INC.

OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH
FLORIDA

LOCAL FILE NO.

1 DECEDENT'S NAME FIRST Lois		MIDDLE H.		LAST Holmes		2 SEX Female	
3 DATE OF DEATH (Month, Day, Year) July 10, 1995		4 SOCIAL SECURITY NUMBER [REDACTED]		5a AGE Last Birthday (years) 81		5b UNDER 1 YEAR Months: Days: Hours: Minutes: 0	
6 DATE OF BIRTH (Month, Day, Year) February 12, 1914		7 BIRTHPLACE (City and State or Foreign Country) Quitman, Georgia		8 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) No		9a INSIDE CITY LIMITS? (Yes or No) Yes	
9a PLACE OF DEATH (Check only one, see instructions on other side) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> 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) 10968 Wingate Road		9d CITY, TOWN, OR LOCATION OF DEATH Jacksonville		9e COUNTY OF DEATH Duval	
10a DECEDENT'S USUAL OCCUPATION Beautician		10b KIND OF BUSINESS/INDUSTRY Beauty Salon		11 MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify) Married		12 SURVIVING SPOUSE (If wife, give maiden name) Wallace R. Holmes	
13a RESIDENCE — STATE Florida		13b COUNTY Duval		13c CITY, TOWN, OR LOCATION Jacksonville		13d STREET AND NUMBER 10968 Wingate Road	
13e INSIDE CITY LIMITS? (Yes or No) Yes		13f ZIP CODE 32218		14 WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes — If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:		15 RACE — American Indian, Black, White, etc. Specify White	
16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8 College (1-4 or 5+) 0		17 FATHER'S NAME (First, Middle, Last) George Louis Hood		18 MOTHER'S NAME (First, Middle, Maiden Surname) Jennie Lee Grice			
19a INFORMANT'S NAME (Type/Print) Wallace R. Holmes		19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10968 Wingate Road, Jacksonville, Florida 32218					
20a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input 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) Evergreen Cemetery		20c LOCATION — City or Town, State Jacksonville, Florida			
21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Corey Kerlin</i>		21b LICENSE NUMBER (of Licensee) 2251		21c NAME AND ADDRESS OF FACILITY Corey-Kerlin Funeral Home 1426 Rowe Ave., Jacksonville, FL 32208			
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>George A. Schoonover, MD</i>		22b DATE SIGNED (Mo., Day, Yr.) 7/13/95		22c HOUR OF DEATH 11:15 P. M.		22d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
23a 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) <i>George A. Schoonover, MD</i>		23b DATE SIGNED (Mo., Day, Yr.)		23c HOUR OF DEATH M		23d PRONOUNCED DEAD (Mo., Day, Yr.)	
23e PRONOUNCED DEAD (Hour) M							
24 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) George A. Schoonover, MD, 1842 Hickman Road, Jacksonville, Florida 32216		25a SUBREGISTRAR — SIGNATURE AND DATE <i>Sharon G. Nibbel</i>		25b LOCAL REGISTRAR — SIGNATURE <i>Sharon G. Nibbel Deputy</i>		25c DATE REGISTERED JUL 14 1995	

26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter only the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

IMME disea. result	THIS SECTION DELETED		Approximate Interval Between Onset and Death
	PER F.S. 382.008 and		
	F.S. 382.025.		
	rd		

26 PART II		30a IF SURGERY IS MENTIONED IN PART I or II ENTER CONDITION FOR WHICH IT WAS PERFORMED		30b DATE OF SURGERY (Mo., Day, Year)	
31 PROBABLE MANNER OF DEATH (Specify): Natural, accident, suicide, homicide, or undetermined.		32a DATE OF INJURY (Month, Day, Year)		32b TIME OF INJURY M	
32c INJURY AT WORK? (Yes or No)		32d DESCRIBE HOW INJURY OCCURRED			
32e PLACE OF INJURY — At home, farm, street, factory, etc. (Specify)		32f LOCATION (Street and Number or Rural Route Number, City or Town, State)			

July 14, 1995

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY:

Sharon G. Nibbel
Chief Deputy Registrar

State Registrar

WARNING:

ANY REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW. DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH LINES AND SECURITY WATERMARK ON BACK AND COLORED BACKGROUND AND GOLD EMBOSSED GREAT SEAL OF THE STATE OF FLORIDA ON FRONT. ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.

5329605

HRS FORM 1564A (6-93)



CERTIFICATION OF VITAL RECORD