

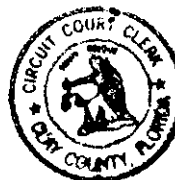
~~Return To:~~

Name: Alvin D. Ellis

Address: 11321 Lorence Ave.

Jacksonville, Florida 32218

Book: **1920**  
Page: **1579**  
Rec: **03/08/2001**  
**12:22 PM**  
File# **200109535**  
James B. Jett  
Clerk Of Courts  
Clay County, FL  
FEE: **\$15.00**  
DOC: **\$0.70**



2  
✓ This instrument Prepared By:

North Jax Legal Clinic

9885-2 Lem Turner Road

Jacksonville, Florida 32208

(904) 768-4357

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

## WARRANTY DEED

This Warranty Deed, Made this 6<sup>th</sup> day of March 2001, by LEE R. ELLIS and ALVIN D. ELLIS, joint tenants with full rights of survivorship, hereinafter called the Grantor, to ALVIN D. ELLIS and CRAIG S. CONKLIN, , joint tenants with full rights of survivorship, whose post office is 11321 Lorence Ave., Jacksonville Florida, 32218, hereinafter called the Grantee.

(Wherever used herein the terms "Grantor" and "Grantee" include all the parties to this instrument and the heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires).

Witnesseth, That the Grantor, for and in consideration of the sum of \$ 10.00 and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the Grantee all that certain land, situate in Clay County, State of Florida, viz:

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.

Together, with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining. To Have and to Hold, the same in fee simple forever.

And the Grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land, and hereby warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 200\_\_.

In Witness Whereof, the said Grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in the presence of:

Witness Signature (as to first Grantor)

Printed Name

Witness Signature (as to first Grantor)

Printed Name

*John H. Wells*

Witness Signature (as to Co-Grantor, if any)

*John H. Wells*

Printed Name

*Lorraine D. Wells*

Witness Signature (as to Co-Grantor, if any)

*Lorraine D. Wells*

Printed Name

(deceased)

Grantor Signature  
LEE R. ELLIS

Printed Name

Post Office Address

*Alvin D. Ellis*

Co-Grantor Signature (if any)

ALVIN D. ELLIS

Printed Name

11321 Lorence Ave., Jacksonville, Florida  
32218

Post Office Address

**STATE OF FLORIDA  
COUNTY OF DUVAL**

I hereby Certify that on this day, before me, an Officer duly authorized to administer oaths and take acknowledgments, personally appeared LEE R. ELLIS (deceased) and ALVIN D. ELLIS known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that he executed the same, and an oath was not taken. Said person is \_\_\_ personally known to me \_\_\_XX\_\_\_ Said person provided the following type of identification: Florida Drives Lic. E420-004-30-429-0.

Witness my hand and official seal in the County and State last aforesaid this 6<sup>th</sup> day of March 2001.

*Lorraine D. Wells*

Notary Signature

Lorraine D. Wells

Printed Name



## OFFICE of VITAL STATISTICS

CERTIFIED COPY

99 5799

CERTIFICATE OF DEATH  
FLORIDA

LOCAL FILE NO.

|  |  |  |  |   |   |   |
|--|--|--|--|---|---|---|
| 1 DECEDENT'S NAME  |  | FIRST<br><b>Lee</b>  | MIDDLE<br><b>Roy</b>   | LAST<br><b>Ellis</b>  | 2 SEX<br><b>Male</b>  |   |
| 3 DATE OF DEATH (Month, Day, Year)<br><b>Found on<br/>October 19, 1999</b>   |  | 4 SOCIAL SECURITY NUMBER<br><b>[REDACTED]</b>  |  | 5a AGE - Last Birthday (years)<br><b>70</b>                           | 5b UNDER 1 YEAR<br>Months: <b>0</b> Days: <b>0</b>  | 5c UNDER 1 Day<br>Hours: <b>0</b> Minutes: <b>0</b>   |
| 6 DATE OF BIRTH (Month, Day, Year)<br><b>January 7, 1929</b>   |  | 7 BIRTHPLACE (City and State or Foreign Country)<br><b>Ft. Pierce, Florida</b>   |  |   | 8 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No)<br><b>Yes</b>   |   |
| 9a PLACE OF DEATH (Check only one - see instructions on other side)<br>HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input checked="" type="checkbox"/> Other (Specify): <b>Residence</b> |  |  |  | 9b INSIDE CITY LIMITS? (Yes or No)<br><b>Yes</b>                      |   |   |
| 9c FACILITY NAME (If not institution, give street and number)<br><b>10968 Wingate Road</b>   |  |  |  | 9d CITY, TOWN, OR LOCATION OF DEATH<br><b>Jacksonville</b>            |   | 9e COUNTY OF DEATH<br><b>Duval</b>  |
| 10a DECEDENT'S USUAL OCCUPATION<br><b>Lab Technician</b>   | 10b KIND OF BUSINESS/INDUSTRY<br><b>Hospital</b> | 11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)<br><b>Never Married</b>  |  | 12 SURVIVING SPOUSE (If wife, give maiden name)                       |   |   |
| 13a RESIDENCE - STATE<br><b>Florida</b>  | 13b COUNTY<br><b>Duval</b>                       | 13c CITY, TOWN, OR LOCATION<br><b>Jacksonville</b>   |  | 13d STREET AND NUMBER<br><b>10968 Wingate Road</b>                    |   |   |
| 13e INSIDE CITY LIMITS? (Yes or No)<br><b>Yes</b>  | 13f ZIP CODE<br><b>32218</b>                     | 14 WAS DECEDENT OF HISPANIC OR ITALIAN ORIGIN? (Specify No or Yes - If yes, specify Mexican, Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes<br><b>Specify</b> |  | 15 RACE - American Indian, Black, White, etc. Specify<br><b>White</b> | 16 DECEDENT'S EDUCATION (Specify only highest grade completed)<br>Elementary/Secondary: <b>12</b> College: <b>4</b> |   |
| 17 FATHER'S NAME (First, Middle, Last)<br><b>Riley Underwood Ellis</b>   |  |  | 18 MOTHER'S NAME (First, Middle, Maiden Surname)<br><b>Lois Hood</b>   |   |   |   |
| 19a INFORMANT'S NAME (Type/Print)<br><b>Alvin Ellis</b>  |  | 19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)<br><b>11321 Lorence Ave., Jacksonville, Florida 32218</b>   |  |   |   |   |
| 20a METHOD OF DISPOSITION<br><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)<br><b>Evergreen Cemetery</b>  |  | 20c LOCATION - City or Town, State<br><b>Jacksonville, Florida</b>    |   |   |
| 21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH<br><b>Dennis Johnston</b>   |  | 21b LICENSE NUMBER (of Licensee)<br><b>3995</b>  | 21c NAME AND ADDRESS OF FACILITY<br><b>Corey-Kerlin Funeral Homes, P.A.<br/>1426 Rowe Ave., Jacksonville, FL 32208</b> |   |   |   |
| 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)<br><b>[Signature]</b>  |  | 22b DATE SIGNED (Mo., Day, Yr.)<br><b>Oct 21, 1999</b>   |  | 22c HOUR OF DEATH<br><b>Unknown</b>                                   |   | 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)<br><b>[Signature]</b> |
| 22d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)<br><b>Margaret Ariza, M.D.<br/>Deputy Chief Medical Examiner</b>   |  | 22e LOCAL REGISTRAR - SIGNATURE AND DATE<br><b>[Signature] Oct 21, 1999</b>  |  | 22f LOCAL REGISTRAR - SIGNATURE<br><b>[Signature]</b>                 |   | 22g DATE REGISTERED<br><b>OCT 21 1999</b>   |

CONFIDENTIAL INFORMATION