

RECORD AND RETURN TO:

This document prepared without title
examination or legal opinion by:

Joel F. Foreman, Esq.
PO Box 550
Lake City, Florida 32056

Parcel Identification Number 20-4S-16-03079-005

Inst: 201912021997 Date: 09/19/2019 Time: 10:45AM
Page 1 of 1 B: 1394 P: 2578, P.DeWitt Cason, Clerk of Court
Columbia, County, By: BD
Deputy ClerkDoc Stamp-Deed: 0.70

ENHANCED LIFE ESTATE DEED

THIS DEED is made and executed this 13 day of September 2019 by **MILLARD F. BROWN**, an unmarried widowed man, whose mailing address is 191 SW Shady Oaks Way, Lake City, Florida 32024, hereinafter "Grantor", to **MILLARD F. BROWN**, an unmarried widowed man, whose mailing address is 191 SW Shady Oaks Way, Lake City, Florida 32024, for a Life Estate, without any liability for waste, with full power and authority to sell, convey, mortgage, lease or otherwise dispose of the property described below in fee simple, with or without consideration, without joinder by the remaindermen, and to keep absolutely any and all proceeds derived therefrom, and upon death of the life tenant, the remainder, if any, to his son, **BRUCE E. BROWN**, whose mailing address is 959 SE Rossi Road, Lake City, Florida 32025, hereinafter "Grantee".

WITNESSETH

That the Grantor, for and in consideration of the sum of Ten Dollars (\$10.00), love and affection, and other good and valuable consideration to said Grantor in hand paid by Grantee, the receipt whereof is hereby acknowledged, has granted, bargained, remised, and sold to the said Grantee, his successors, heirs and assigns, forever, the following described land, situate, lying and being in the County of Columbia, State of Florida, to wit:

LOT 5, BLOCK 2, SHADY OAKS ACRES, Unit 1, a subdivision according to a plat thereof on file in Plat Book 3, Page 94, in the public records of Columbia County, Florida as recorded in Official records Book 760, Page 61.

WITH A STREET ADDRESS OF:

191 SW Shady Oaks Way, Lake City, Florida 32024

Subject to easements, restrictions and reservations of record and taxes for this and subsequent years.

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

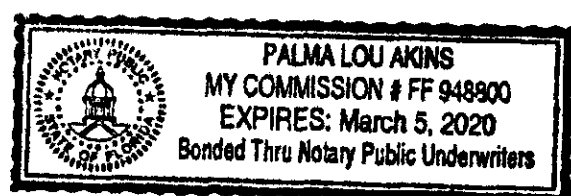
Signed, sealed, and delivered
in the presence of:

Lucy F. Osterlund
Carey C. Palmer

Millard F. Brown
MILLARD F. BROWN, Grantor

**THE STATE OF FLORIDA
COUNTY OF COLUMBIA**

The foregoing instrument was acknowledged before me this 13 day of September, 2019, by **MILLARD F. BROWN** who is personally known to me or produced ✓ as identification.



Palma Lou Akins
Notary Public, State of Florida
My Commission expires:

STATE OF FLORIDA

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

BUREAU of VITAL STATISTICS
CERTIFICATION OF DEATH

STATE FILE NUMBER: 2019150477

DATE ISSUED: SEPTEMBER 26, 2019

DECEDENT INFORMATION

NAME: MILLARD FRANKLIN BROWN

DATE OF DEATH: SEPTEMBER 22, 2019

SEX: MALE

SSN: 261-44-5118

AGE: 088 YEARS

DATE OF BIRTH: SEPTEMBER 12, 1931

BIRTHPLACE: UNION COUNTY, FLORIDA, UNITED STATES

PLACE OF DEATH: HOSPICE

FACILITY NAME OR STREET ADDRESS: VETERANS ADMINISTRATION HOSPITAL COLUMBIA

LOCATION OF DEATH: LAKE CITY, COLUMBIA COUNTY, 32025

RESIDENCE: 191 SW SHADY OAK WAY, LAKE CITY, FLORIDA 32024, UNITED STATES

COUNTY: COLUMBIA

OCCUPATION, INDUSTRY: SUPERVISOR, POLE MILL

EDUCATION: 9TH THRU 12TH GRADE; NO DIPLOMA

EVER IN U.S. ARMED FORCES? YES

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: WHITE

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE NAME: NONE

FATHER'S/PARENT'S NAME: FRANKLIN MILLARD BROWN

MOTHER'S/PARENT'S NAME: LEATIE CRAWFORD

Inst: 201912022621 Date: 09/27/2019 Time: 2:04PM
Page 1 of 1 B: 1395 P: 1082, P.DeWitt Cason, Clerk of Court
Columbia, County, By: PT
Deputy Clerk

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: THERESA BROWN OSTENDORF

RELATIONSHIP TO DECEDENT: DAUGHTER

INFORMANT'S ADDRESS: 982 SE ROSSI DRIVE, LAKE CITY, FLORIDA 32025, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: BRADLEY J WHEELER, F029657

FUNERAL FACILITY: GATEWAY-FOREST LAWN FUNERAL HOME & CREMATORY INC F040174
3596 S HWY 441, LAKE CITY, FLORIDA 32025

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: OLD PROVIDENCE BAPTIST CHURCH CEMETERY
LAKE BUTLER, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

TIME OF DEATH (24 HOUR): 1033

CERTIFIER'S NAME: KIMBERLEIGH WYNNE CAMPBELL

CERTIFIER'S LICENSE NUMBER: ME57424

NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): NOT APPLICABLE

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

DATE CERTIFIED: SEPTEMBER 24, 2019

CAUSE OF DEATH AND INJURY INFORMATION

MANNER OF DEATH: NATURAL

This portion is
CONFIDENTIAL

Per Florida Statute
382.003 & 382.025

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CONFIDENTIAL

Per Florida Statute
382.003 & 382.025

d.

PART II - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I:

AUTOPSY PERFORMED? NO

DATE OF SURGERY:

REASON FOR SURGERY:

PREGNANCY INFORMATION: NOT APPLICABLE

DATE OF INJURY: NOT APPLICABLE

LOCATION OF INJURY:

DESCRIBE HOW INJURY OCCURRED:

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?

DID TOBACCO USE CONTRIBUTE TO DEATH? YES

TIME OF INJURY (24 HOUR):

INJURY AT WORK?

PLACE OF INJURY:

IF TRANSPORTATION INJURY, STATUS OF DECEDENT:

TYPE OF VEHICLE:

STATE REGISTRAR

REQ: 2020892714

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 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. THIS DOCUMENT WILL NOT PRODUCE A COLOR COPY.

DH FORM 4947 (03-13)

CERTIFICATION OF VITAL RECORD

