

This Instrument Prepared by & return to:

Name: NANCY MURPHY, an employee of  
TITLE OFFICES, LLC  
Address: 1089 SW MAIN BLVD.  
LAKE CITY, FLORIDA 32025  
04Y-03087NM  
Parcel I.D. #: 09750-004

Inst: 2004012578 Date: 05/28/2004 Time: 12:35  
Doc Stamp-Deed : 0.70  
MK DC, P. DeWitt Cason, Columbia County B: 1016 P: 2880

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

**THIS WARRANTY DEED** Made the 8th day of April, A.D. 2004, by RALPH G. GRAHAM AND ANNIE R. GRAHAM, HUSBAND AND WIFE, hereinafter called the grantor, to RALPH G. GRAHAM AND ANNIE R. GRAHAM HUSBAND AND WIFE and KEVIN M. GRAHAM, married, JOINT TENANTS WITH RIGHTS OF SURVIVORSHIP whose post office address is RT 2, BOX 5146, LAKE CITY, FL 32024, hereinafter called the grantees:

(Wherever used herein the terms "grantor" and "grantees" include all the parties to this instrument, singular and plural, 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 consideration, receipt whereof is hereby acknowledged, does hereby grant, bargain, sell, alien, remise, release, convey and confirm unto the grantees all that certain land situate in Columbia County, State of FLORIDA, viz:

SECTION 23, TOWNSHIP 6 SOUTH, RANGE 17 EAST: THAT PORTION OF THE N3/4 OF W1/2 LYING SOUTH OF OLD FT. WHITE AND WORTHINGTON SPRINGS ROAD (SR 18), LESS AND EXCEPT THE WEST 32 ACRES THEREOF.

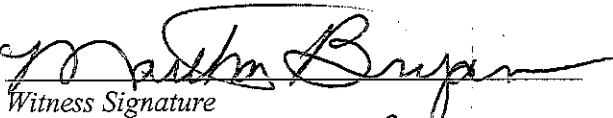
**Together** with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

**To Have and to Hold** the same in fee simple forever.

And the grantor hereby covenants with said grantees that he is lawfully seized of said land in fee simple; that he has good right and lawful authority to sell and convey said land, and hereby fully 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, 2003.

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

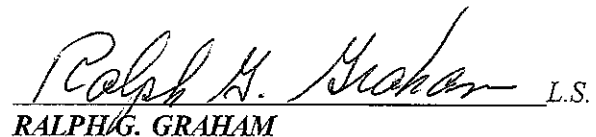
Signed, sealed and delivered in the presence of:

  
Witness Signature

MARTHA BRYAN  
Printed Name

  
Witness Signature

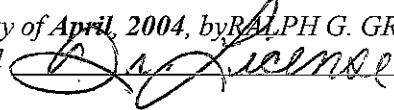
Nancy A. Murphy  
Printed Name

 L.S.  
RALPH G. GRAHAM

Address: Rt 2 Box 5146 Lake City, FL 32024

  
ANNIE R. GRAHAM

STATE OF FLORIDA  
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this 8th day of April, 2004, by RALPH G. GRAHAM AND ANNIE R. GRAHAM, who is known to me or who has produced  as identification.

  
Notary Public  
My commission expires \_\_\_\_\_



Martha Bryan  
MY COMMISSION # DD232534 EXPIRES  
August 10, 2007  
BONDED THRU TROY FAIR INSURANCE, INC.

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: [REDACTED]

DATE ISSUED: [REDACTED]

## DECEDENT INFORMATION

DATE FILED: [REDACTED]

NAME: ANNIE REGENIA GRAHAM

SEX: FEMALE

[REDACTED] YEARS

BIRTHPLACE: LAKE CITY, FLORIDA, UNITED STATES

PLACE OF DEATH: DECEDENT'S HOME

[REDACTED]

[REDACTED]

[REDACTED]

OCCUPATION, INDUSTRY: HOMEMAKER, OWN HOME

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] ES

COUNTY: COLUMBIA

## SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

[REDACTED]

[REDACTED]

MOTHER'S/PARENT'S NAME: CLARA TERRELL

## INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

RELATIONSHIP TO DECEDENT: SON

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

## CERTIFIER INFORMATION

## CAUSE OF DEATH AND INJURY INFORMATION

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

UNKNOWN

UNKNOWN

c.

d.

[REDACTED] TIME OF INJURY (24 HOUR)

INJURY AT WORK?

PLACE OF INJURY:

[REDACTED]

[REDACTED]

[REDACTED] STATE REGISTRAR

REQ: 2025258928

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.



\* 6 0 8 6 2 9 9 3 \*

DH FORM 1947 (03-13)

CERTIFICATION OF VITAL RECORD



## OFFICE of VITAL STATISTICS

CERTIFIED COPY

AMENDED

## CERTIFICATION OF DEATH

STATE FILE NUMBER: 2012208039

DATE ISSUED: April 18, 2012

## DECEDENT INFORMATION

STATE FILE DATE: April 2, 2012

NAME: RALPH GONZALO GRAHAM

SEX: MALE

## SURVIVING SPOUSE, RESIDENCE, AND DECEDENT HISTORY INFORMATION

Chinese Filipino Native Hawaiian Japanese Korean  
Vietnamese Other Asian  
Other Unknown

## PARENTS AND INFORMANT INFORMATION

## PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

## CERTIFIER INFORMATION

NAME OF ATTENDING PHYSICIAN (if other than Certifier): NOT APPLICABLE

## CAUSE OF DEATH AND INJURY INFORMATION

NOT APPLICABLE

TIME OF INJURY (24-hr):

INJURY AT WORK?

Type of Vehicle:

, State Registrar

REQ: 2012661219

## 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)



52067668

CERTIFICATION OF VITAL RECORD



\* 5 2 0 6 7 6 6 8 \*

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED