

Confirmation Statement for the mobile homes on parcel 03041-002.

Property Owners:

Earl Hopper & Sally Huggins & David Hopper (as Joint Tenants with Right of Survivorship)
619 SW Legion Drive, Lake City, FL 32024

Owners Statement:

1. There are currently two mobile homes on my parcel 03041-002. One mobile home has been there since the 1980's and the second mobile home since the spring of 1997.
2. In 2005 one of the two mobile homes was replaced by permit 23674 to Sally Huggins, which is still on the property.
3. Now we want to replace the second mobile home on this property, application 46816 for Candice Huggins, who is the Grand-Daughter of Sally Huggins.
4. There will still be only two mobile homes on this property.

By signing this statement, we also give authorization and allow Candice Huggins to place a mobile home on parcel 03041-002.

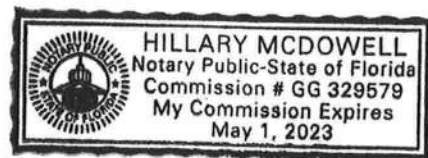
<u>Death Cert. Attached</u>	Earl Hopper
<u>Sally Huggins</u>	Sally Huggins
<u>David B. Hopper</u>	David Hopper

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me by means of [] physical presence or [] online notarization, this 8-1-2020 by _____,

who is personally [] known to me or [] who has produced DRIVERS LICENSE as identification.

<u>Hillary McDowell</u>	Notary Signature
<u>Hillary McDowell</u>	Printed Name
	(Serial or Stamp)



Confirmation Statement for the mobile homes on parcel 03041-002.

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Building Department Located information:

*Ariel's confirm there are currently 2 mobile home on this property.

*Property records show a 1988 mobile home on the property.

*Permit records (23674) show the replacement of a mobile home with a letter stating that this home had been there in 1997.

*See the attached letter from Sally Huggins dates September 28, 2005.

*If correct, both mobile homes were grandfathered in on parcel 03041-002.

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: 2020098152

DATE ISSUED: JUNE 11, 2020

DECEDENT INFORMATION

DATE FILED: JUNE 10, 2020

NAME: EARL GRAY HOPPER

DATE OF DEATH: JUNE 5, 2020

SEX: MALE

SSN: [REDACTED]

AGE: 095 YEARS

DATE OF BIRTH: [REDACTED]

BIRTHPLACE: KENTON, TENNESSEE, UNITED STATES

PLACE OF DEATH: DECEDENT'S HOME

FACILITY NAME OR STREET ADDRESS: 643 SW LEGION DR

LOCATION OF DEATH: LAKE CITY, COLUMBIA COUNTY, 32024

RESIDENCE: 643 SW LEGION DR, LAKE CITY, FLORIDA 32024, UNITED STATES

COUNTY: COLUMBIA

OCCUPATION, INDUSTRY: REPAIRMAN, STEEL MILL

EDUCATION: [REDACTED]

EVER IN U.S. ARMED FORCES? [REDACTED]

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: [REDACTED]

MOTHER'S/PARENT'S NAME: [REDACTED]

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: SALLY HUGGINS

RELATIONSHIP TO DECEDENT: DAUGHTER

INFORMANT'S ADDRESS: 643 SW LEGION DR, LAKE CITY, FLORIDA 32024, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: DEBRA L. PARRISH, F045381

FUNERAL FACILITY: DEES-PARRISH FAMILY FUNERAL HOME INC F039886

458 SOUTH MARION AVE, LAKE CITY, FLORIDA 32025

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: MEMORIAL CEMETERY
LAKE CITY, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 HOUR): [REDACTED]

DATE CERTIFIED: [REDACTED]

CERTIFIER'S NAME: [REDACTED]

CERTIFIER'S LICENSE NUMBER: [REDACTED]

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

CAUSE OF DEATH AND INJURY INFORMATION

MANNER OF DEATH: [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

c.

d.

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

AUTOPSY PERFORMED? NO

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?

DATE OF SURGERY:

DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN

REASON FOR SURGERY:

PREGNANCY INFORMATION: NOT APPLICABLE

DATE OF INJURY: NOT APPLICABLE

TIME OF INJURY (24 HOUR): [REDACTED]

INJURY AT WORK?

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

September 28, 2005

To Whom It May Concern:

I have had my current single wide on this same property since spring of 1997. My current address is 643 SW Legion Dr, Lake City, FL 32024, which was changed by the 911 system from RR 21 Box 4084, Lake City, FL 32024.

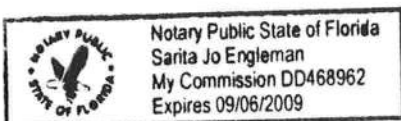
By signing below, I affirm that this statement is true.


Sally E. Huggins

State of Florida
County of Columbia

Subscribed and affirmed to before me this 29th day of September, 2005
by Sally E. Huggins who is personally know to me.


Notary



DATE 09/30/2005

Columbia County Building Permit**PERMIT****This Permit Expires One Year From the Date of Issue****000023674**

APPLICANT MIKE MCCAULEY PHONE 867.4811

ADDRESS 4144 NOEGEL ROAD WELLBORN FL 32094

OWNER SALLY HUGGINS PHONE 755.0600

ADDRESS 643 SW LEGION DRIVE LAKE CITY FL 32024

CONTRACTOR DALE HOUSTON PHONE 386.752.7814

LOCATION OF PROPERTY SR-247-S TAMARACK, TR TO LEGION, TL TOP OF HILL AND
PROPERTY ON R.

TYPE DEVELOPMENT M/H & UTILITY ESTIMATED COST OF CONSTRUCTION _____

HEATED FLOOR AREA _____ TOTAL AREA _____ HEIGHT .00 STORIES _____

FOUNDATION _____ WALLS _____ ROOF PITCH _____ FLOOR _____

LAND USE & ZONING RR MAX. HEIGHT _____

Minimum Set Back Requirments: STREET-FRONT 25.00 REAR 15.00 SIDE 10.00

NO. EX.D.U. 1 FLOOD ZONE X DEVELOPMENT PERMIT NO. _____

PARCEL ID 16-4S-16-03041-002 SUBDIVISION _____

LOT _____ BLOCK _____ PHASE _____ UNIT _____ TOTAL ACRES 1.08

IH0000040

Culvert Permit No. _____ Culvert Waiver _____ Contractor's License Number _____ Applicant/Owner/Contractor *Mike McCauley*

EXISTING 05-0951-E BLK N

Driveway Connection _____ Septic Tank Number _____ LU & Zoning checked by _____ Approved for Issuance _____ New Resident _____

COMMENTS: 1 FOOT ABOVE ROAD.

REPLACEMENT ONLY. 2 UNITS CHARGED.

Check # or Cash 9538

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power _____ Foundation _____ Monolithic _____
 date/app. by _____ date/app. by _____ date/app. by _____

Under slab rough-in plumbing _____ Slab _____ Sheathing/Nailing _____
 date/app. by _____ date/app. by _____ date/app. by _____

Framing _____ Rough-in plumbing above slab and below wood floor _____
 date/app. by _____ date/app. by _____

Electrical rough-in _____ Heat & Air Duct _____ Peri. beam (Lintel) _____
 date/app. by _____ date/app. by _____ date/app. by _____

Permanent power _____ C.O. Final _____ Culvert _____
 date/app. by _____ date/app. by _____ date/app. by _____

M/H tie downs, blocking, electricity and plumbing _____ Pool _____
 date/app. by _____ date/app. by _____

Reconnection _____ Pump pole _____ Utility Pole _____
 date/app. by _____ date/app. by _____ date/app. by _____

M/H Pole _____ Travel Trailer _____ Re-roof _____
 date/app. by _____ date/app. by _____ date/app. by _____

BUILDING PERMIT FEE \$.00 CERTIFICATION FEE \$.00 SURCHARGE FEE \$.00