

Here are the LOA's. One of the owners, Elizabeth Bishop is deceased, and her death certificate is also attached.

Thanks

Brody

A handwritten signature in black ink, consisting of a large, stylized loop that starts below the word 'Thanks', goes up and over the word 'Brody', and then loops back down to the right.

THIS DOCUMENT HAS A LIGHT BACKGROUND

BUREAU OF VITAL STATISTICS

RIGHT TO PRIVACY - FLORIDA WATERMARK

## CERTIFICATION OF DEATH

STATE FILE NUMBER: 2024163014

DATE ISSUED: OCTOBER 1, 2024  
DATE FILED: SEPTEMBER 30, 2024

### DECEDENT INFORMATION

NAME: ELIZABETH BROWN BISHOP  
AKA: ELIZABETH IRENE BROWN BISHOP  
DATE OF DEATH: SEPTEMBER 28, 2024  
DATE OF BIRTH: JUNE 18, 1943  
PLACE OF DEATH: HOSPICE  
FACILITY NAME OR STREET ADDRESS: HAVEN HOSPICE SUWANNEE VALLEY CARE CENTER  
LOCATION OF DEATH: LAKE CITY, COLUMBIA COUNTY, 32055  
RESIDENCE: 126 SW JIM WARD STREET, FORT WHITE, FLORIDA 32038, UNITED STATES  
OCCUPATION, INDUSTRY: SWITCH BOARD OPERATOR, STATE OF FLORIDA - FDOC  
EDUCATION: ASSOCIATE DEGREE  
HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN  
EVER IN U.S. ARMED FORCES? NO  
RACE: WHITE

### SURVIVING SPOUSE / PARENT NAME INFORMATION (NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: DIVORCED  
SURVIVING SPOUSE NAME: NONE  
FATHER'S/PARENT'S NAME: LACEY HUGH BROWN  
MOTHER'S/PARENT'S NAME: MARY ELIZABETH WALKER

### INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: TRACY ANNETTE BISHOP  
RELATIONSHIP TO DECEDENT: DAUGHTER  
INFORMANT'S ADDRESS: 250 CHERRY RIDGE DRIVE APT NO. 1313, JACKSONVILLE, FLORIDA 32222, UNITED STATES  
FUNERAL DIRECTOR/LICENSE NUMBER: SAMUEL (WES) W MARKHAM, F060870  
FUNERAL FACILITY: GATEWAY-FOREST LAWN FUNERAL HOME & CREMATORY INC F402816  
3596 S HWY 441, LAKE CITY, FLORIDA 32025  
METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: ELIM BAPTIST CHURCH CEMETERY  
FORT WHITE, FLORIDA

### CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN  
TIME OF DEATH (24 HOUR): 1810  
CERTIFIER'S NAME: KAREN LYNNE LAUWE  
CERTIFIER'S LICENSE NUMBER: ME86303  
NAME OF ATTENDING PRACTITIONER (IF OTHER THAN CERTIFIER): NOT APPLICABLE

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE  
DATE CERTIFIED: SEPTEMBER 30, 2024

### CAUSE OF DEATH AND INJURY INFORMATION

MANNER OF DEATH: NATURAL  
CAUSE OF DEATH - PART I - AND APPROXIMATE INTERVAL: ONSET TO DEATH  
a. ACUTE RESPIRATORY FAILURE

UNKNOWN

b. UNSPECIFIED CIRRHOSIS OF THE LIVER

UNKNOWN

c.

d.

PART II - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I  
RENAL MASS, HYPERTENSION, DIABETES

AUTOPSY PERFORMED? NO

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?  
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN

DATE OF SURGERY:

REASON FOR SURGERY:

PREGNANCY INFORMATION: NOT PREGNANT WITHIN PAST YEAR

DATE OF INJURY: NOT APPLICABLE

LOCATION OF INJURY:

DESCRIBE HOW INJURY OCCURRED:

TIME OF INJURY (24 HOUR):

INJURY AT WORK?

PLACE OF INJURY:

IF TRANSPORTATION INJURY, STATUS OF DECEDENT:

TYPE OF VEHICLE:

STATE REGISTRAR

REQ: 2026986797

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 ON PHOTOCOPIED OR SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATER MARKS. 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.



OH FORM 1947 (08/01/2022)

CERTIFICATION OF VITAL RECORD



STATE OF FLORIDA  
COUNTY OF COLUMBIA

LAND OWNER AFFIDAVIT

This is to certify that I, (We), Michael L. McKleroy  
(Property Owners Name or State Corporation Name (include Corp Officer) as it appears on Property Appraiser)  
as the owner of the below described property;

Property tax Parcel ID number 21-6S-17-09715-002

Subdivision (Name, Lot, Block, Phase) \_\_\_\_\_

Give my permission for Elizabeth B. Bishop, Tracy A. Bishop, Kelly A. McKleroy to place a  
(Name of person authorized to sign as owner or place a structure)

Select one: ☒ Mobile Home ☐ Travel Trailer ☐ Utility Pole Only ☐ Single Family Home  
☐ Barn ☐ Shed ☐ Garage ☐ Culvert ☐ Other (specify) \_\_\_\_\_

I (We) understand that the named person(s) above will be allowed to receive a building permit on the parcel number I (we) have listed above and this could result in an assessment for solid waste and fire protection services levied on this property.

Michael McKleroy  
Printed Name of Signor

Michael McKleroy  
Signature

10-24-2024  
Date

\_\_\_\_\_  
Printed Name of Signor

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Signor

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

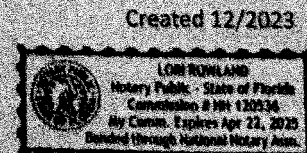
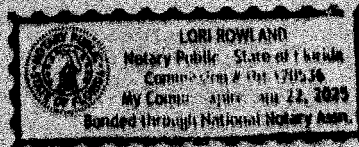
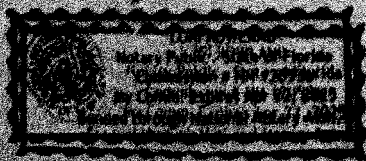
Sworn to and subscribed before me this 24<sup>th</sup> day of October, 20 24 by

☒ physical presence or \_\_\_\_\_ online notarization and this (these) person(s) are personally known to me ☒ or produced ID \_\_\_\_\_

Lori Rowland  
Printed Name of Notary

Lori Rowland  
Signature

Notary Stamp





STATE OF FLORIDA  
COUNTY OF COLUMBIA

LAND OWNER AFFIDAVIT

This is to certify that I, (We), Kelly A. McKleroy  
(Property Owners Name or State Corporation Name (Include Corp Officer) as it appears on Property Appraiser)  
as the owner of the below described property:

Property tax Parcel ID number 21-6S-17-09715-002

Subdivision (Name, Lot, Block, Phase) \_\_\_\_\_

Give my permission for Elizabeth B. Bishop, Tracy A. Bishop, Michael L. McKleroy to place a  
(Name of person authorized to sign as owner or place a structure)

Select one: ☒ Mobile Home ☐ Travel Trailer ☐ Utility Pole Only ☐ Single Family Home  
☐ Barn ☐ Shed ☐ Garage ☐ Culvert ☐ Other (specify) \_\_\_\_\_

I (We) understand that the named person(s) above will be allowed to receive a building permit on the parcel number I (we) have listed above and this could result in an assessment for solid waste and fire protection services levied on this property.

Kelly McKleroy  
Printed Name of Signor

Kelly McKleroy  
Signature

10-24-2024  
Date

\_\_\_\_\_  
Printed Name of Signor

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Signor

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

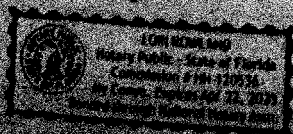
Sworn to and subscribed before me this 24<sup>th</sup> day of October, 2024 by

☒ physical presence or \_\_\_\_\_ online notarization and this (these) person(s) are personally known to me ☒ or produced ID \_\_\_\_\_

Lori Rowland  
Printed Name of Notary

[Signature]  
Signature

Notary Stamp



Created 12/2023