

March 6, 2006

To who it may concern,

I Dale Lamar Varnes am writing you this letter to you to ask for Help with my Problem I'm having getting permission from the county Building Code Enforcement Office. I Desperately need to Remove The Single wide Mobile Home I currently Live in from it's current Location in Pondview Mobile Home Park in Lake City Florida Phone # 961-0017. I've Been Here about 20 years and need your Permission to move. The Mobile Home from Here to approx. 4 miles up the Road to a piece of Property gave to me by my Mother, To Help me get out of this Park. The Park has raised the lot on me to \$17500 per month for the small lot. The water is Bad also. Today it's Brown, Tomorrow it's Chlorine. The sewers Back up in the yard all the Time. I have a Little Dog that doesn't need to Be in the sewer mess left on the ground. It runs over right under our Bedroom in Back of the Mobile Home. The Managers are going to be asking \$25000 per lot soon. The New Lot Renters Pay this Price now. I'm Disabled due to my Back troubles and Live on a Small Disability check monthly. Moving to the property will Help me financially, giving me a Little extra money to pay other Bills. My Mother has put me a well, Septic Tank and Power Pole and connected it to Clay Electric for me at a Large Expense. We got Permits to do these things and are now told NO the trailer can't be moved due over →

to the age of the Mobile Home. It's a 1970 DeepSouth. It is in Excellent condition and I was giving thought a while back to move and was gave permission by a guy that came out to my place, to move it. But was not able at the time to move. We Had Deaths & Family Problems. Now I'm told code Enforcements have changed. We have even paid the mover 1/2 of the money to move Home to the Property. Another reason for my move is my Mother's age. She's getting old and My Wife and Me can help her and my Brain Damaged / Handicapped Brother. Mom is getting to old to do all her things she needs to do, so she's moving near my wife out to help her & my Brother I will have Mother on one side and my Brother on the other side. I've Been Honest all the way in this move. I told everyone I had 1970 DeepSouth Mobile Home. The Mover has Inspected The Mobile Home and said It's Movable also. I would appreciate anyones Help to get this move to take place. My Mobile Home Has anchors under it on Both sides and over it in 3 places over top and down to Both sides attached to ground anchors Also. Me and my Wife are Both Good God Careing Christians and I think If you Believe in Him, any thing is Possible. Please see it in your Heart to see our Hardship here and Help us to get this move possible.

Thank you Dale Varnes

CP 3622

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 6-23-05) Zoning Official BLK 08.03.06 Building Official HO 3-7-06
 AP# 0602-70 Date Received 2/22/06 By G Permit # 24221
 Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A3
 Comments Section 14.9 Special Family Lot Permit

Approved by Martin Feagle for Wind Zone 1 - Hardship

FEMA Map# _____ Elevation _____ Finished Floor _____ River _____ In Floodway _____

- ☒ Site Plan with Setbacks Shown ☒ EH Signed Site Plan ☐ EH Release ☒ Well letter ☐ Existing well
☒ Copy of Recorded Deed or Affidavit from land owner ☒ Letter of Authorization from installer

Letter of Author

- Property ID # 27-45-17-08760-001 Must have a copy of the property deed
- New Mobile Home _____ Used Mobile Home ☒ Year 1970
- Applicant Dale Varnes Phone # 755-11697
- Address PO Box 456 Lake City, FL
- Name of Property Owner Dale Varnes Phone# 755-1697
- 911 Address 5904 SE Country Club Lake City, FL
- Circle the correct power company - FL Power & Light - Clay Electric
 (Circle One) - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Dale Varnes Phone # 755-1697
 Address PO Box 456 Lake City, FL
- Relationship to Property Owner same
- Current Number of Dwellings on Property 0 N/A
- Lot Size _____ Total Acreage 1.43
- Do you : Have an Existing Drive or need a Culvert Permit or a Culvert Waiver (Circle one)
- Is this Mobile Home Replacing an Existing Mobile Home NO (owes)
- Driving Directions to the Property Old Country Club past
Race Track Rd , go around S curve - turn
R @ Drive. (at end of S curve).
- Name of Licensed Dealer/Installer Bruce Gooden Phone # 755-1783
- Installers Address 1505 SW CR. 252B Lake City, FL
- License Number JH-000702 Installation Decal # 263471

PERMIT NUMBER

Installer Bruce Goodson License # TH-000702

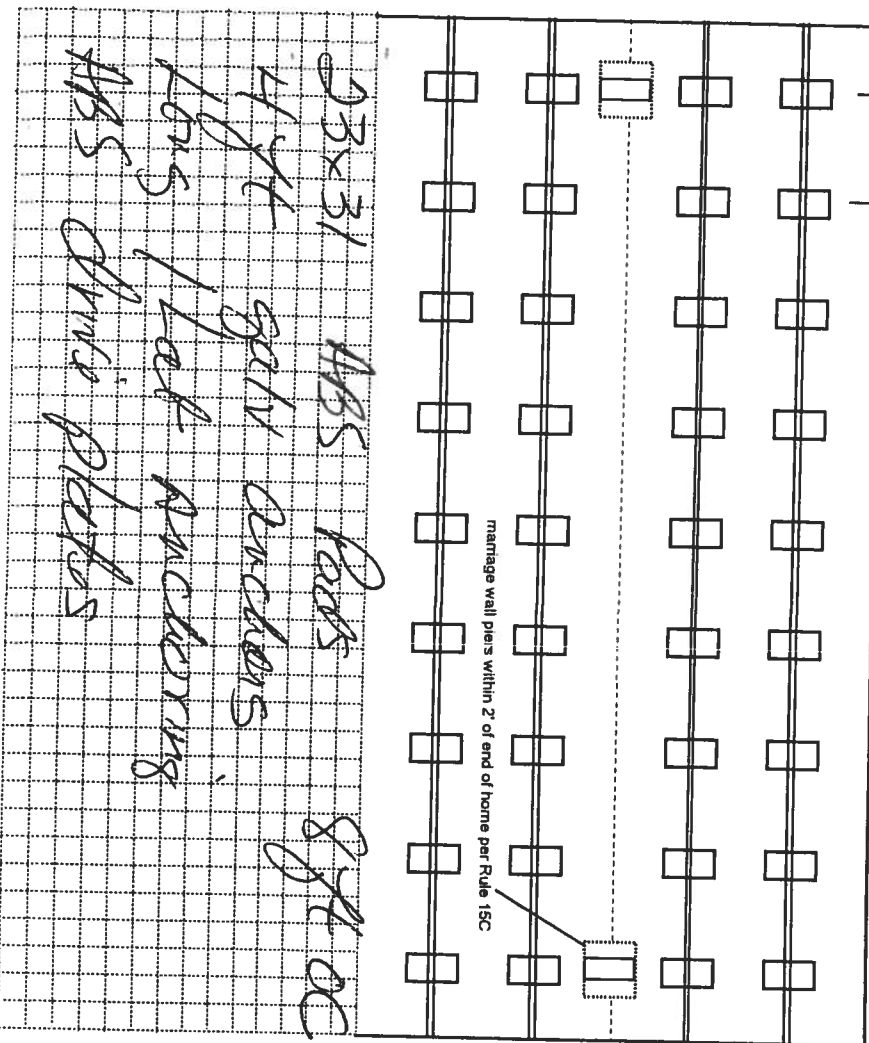
Address of home being installed 5904 SE Country Club

Manufacturer Deep Length x width 56x12

NOTE: if home is a single wide fill out one half of the blocking plan if home is a triple or quad wide sketch in remainder of home

I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.

Installer's initials BS



New Home ☐ Used Home ☒

Home installed to the Manufacturer's Installation Manual ☐

Home is installed in accordance with Rule 15C ☒

Single wide ☒ Wind Zone II ☒ Wind Zone III ☐

Double wide ☐ Installation Decal # 263471

Triple/Quad ☐ Serial # 105

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	16" x 16" (256)	18 1/2" x 18 1/2" (342)	20" x 20" (400)	22" x 22" (484)*	24" x 24" (576)*	26" x 26" (676)
1000 psf	3'	4'	5'	6'	7'	8'
1500 psf	4' 6"	6'	7'	8'	8'	8'
2000 psf	6'	8'	8'	8'	8'	8'
2500 psf	7' 6"	8'	8'	8'	8'	8'
3000 psf	8'	8'	8'	8'	8'	8'
3500 psf	8'	8'	8'	8'	8'	8'

* interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size 23x31

Perimeter pier pad size n/a

Other pier pad sizes (required by the mfg.) n/a

Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers.

List all marriage wall openings greater than 4 foot and their pier pad sizes below.

Opening Pier pad size

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD) Manufacturer Cliver Tech

Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer Cliver Tech

POPULAR PAD SIZES

Pad Size	Sq In
16 x 16	256
16 x 18	288
18.5 x 18.5	342
16 x 22.5	360
17 x 22	374
13 1/4 x 26 1/4	348
20 x 20	400
17 3/16 x 25 3/16	441
17 1/2 x 25 1/2	446
24 x 24	576
26 x 26	676

ANCHORS

FRAME TIES

within 2' of end of home spaced at 5' 4" oc

OTHER TIES

Number 12

Sidewall Longitudinal Marriage wall Shearwall n/a

PERMIT NUMBER

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to _____ psf or check here to declare 1000 lb. soil _____ without testing.

x 1000 x 1000 x 1000

POCKET PENETROMETER TESTING METHOD

1. Test the perimeter of the home at 6 locations.
2. Take the reading at the depth of the footer.
3. Using 500 lb. increments, take the lowest reading and round down to that increment.

x 1000 x 1000 x 1000

TORQUE PROBE TEST

The results of the torque probe test is 275 ft inch pounds or check here if you are declaring 5' anchors without testing. A test showing 275 inch pounds or less will require 4 foot anchors.

Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. I understand 5 ft anchors are required at all centerline tie points where the torque test reading is 275 or less and where the mobile home manufacturer may require anchors with 4000 lb. holding capacity.

BG Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name _____

Date Tested _____

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg. _____

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. _____

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. _____

Site Preparation

Debris and organic material removed _____
Water drainage: Natural _____ Swale _____ Pad _____ Other _____

Fastening multi wide units

Floor: Type Fastener: _____ Length: _____ Spacing: _____
Walls: Type Fastener: _____ Length: _____ Spacing: _____
Roof: Type Fastener: _____ Length: _____ Spacing: _____
For used homes a min. 30 gauge, 8" wide, galvanized metal strip will be centered over the peak of the roof and fastened with galv. roofing nails at 2" on center on both sides of the centerline.

Gasket (weatherproofing requirement)

I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, mildew and buckled marriage walls are a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.

Installer's initials BG

Type gasket Pg. _____

Installed: _____
Between Floors Yes _____
Between Walls Yes _____
Bottom of ridgebeam Yes _____

Weatherproofing

The bottomboard will be repaired and/or taped. Yes _____ Pg. _____
Siding on units is installed to manufacturer's specifications. Yes _____
Fireplace chimney installed so as not to allow intrusion of rain water. Yes _____

Miscellaneous

Skirting to be installed. Yes _____ No _____
Dryer vent installed outside of skirting. Yes _____ N/A _____
Range downflow vent installed outside of skirting. Yes _____ N/A _____
Drain lines supported at 4 foot intervals. Yes _____
Electrical crossovers protected. Yes _____
Other: _____

Installer verifies all information given with this permit worksheet is accurate and true based on the

manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature Mu [Signature]

Date 2/21/06

IDENTIFICATION NUMBER 60D105	YR 1970	MAKE DEEP	MODEL	BODY HS	WT-L-BHP 56'	VESSEL REGIS. NO.	TITLE NUMBER 13650672
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REGISTERED OWNER

DATE OF ISSUE

DALE LAMAR VARNES
PO BOX 456
LAKE CITY FL 32056

12/21/2005

LIEN RELEASE

INTEREST IN THE ABOVE DESCRIBED VEHICLE IS
HEREBY RELEASED

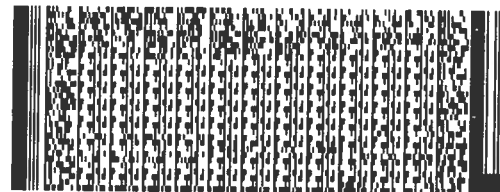
BY _____

MAIL TO:

DALE LAMAR VARNES
PO BOX 456
LAKE CITY FL 32056-0456

TITLE

DATE



CERTIFICATE OF TITLE

SATISFACTORY PROOF OF OWNERSHIP HAVING BEEN SUBMITTED UNDER SECTION 319.23/328.03, FLORIDA STATUTES, TITLE TO THE MOTOR VEHICLE
OR VESSEL DESCRIBED BELOW IS VESTED IN THE OWNER(S) NAMED HEREIN, THIS OFFICIAL CERTIFICATE OF TITLE IS ISSUED
FOR SAID MOTOR VEHICLE OR VESSEL

IDENTIFICATION NUMBER 60D105	YR 1970	MAKE DEEP	MODEL	BODY HS	WT-L-BHP 56'	VESSEL REGIS. NO.	TITLE NUMBER 13650672
PREV STATE FL	COLOR UNK	PRIMARY BRAND	SECONDARY BRAND	NO OF BRANDS	USE PVT	PREV ISSUE DATE 04/03/2003	DATE OF ISSUE 12/21/2005
ODOMETER STATUS OR VESSEL MANUFACTURER OR OH USE				HULL MATERIAL		PROP	

REGISTERED OWNER
DALE LAMAR VARNES
PO BOX 456
LAKE CITY FL 32056

LIEN RELEASE

INTEREST IN THE ABOVE DESCRIBED VEHICLE IS
HEREBY RELEASED

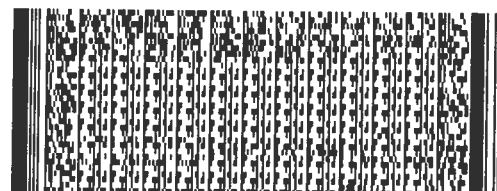
BY _____

TITLE

DATE

1ST LIENHOLDER

NONE



DIVISION OF MOTOR VEHICLES

TALLAHASSEE

FLORIDA

DEPARTMENT OF HIGHWAY SAFETY
AND MOTOR VEHICLES

CARL A. FORD
DIRECTOR

Control Number **75834902**

FRED O. DICKINSON, III
EXECUTIVE DIRECTOR

TRANSFER OF TITLE BY SELLER (This section must be completed at the time of sale.)
ODOMETER CERTIFICATION - Federal and state law require that you state the mileage in connection with the transfer of ownership. Failure to
complete or providing a false statement may result in fines and/or imprisonment.

This title is warranted and certified to be free from any liens except as noted on the face of this certificate and the motor vehicle or vessel described is hereby transferred to:

Purchaser _____

Address _____

I/We state that this ☐ 5 or ☐ 6 digit odometer now reads ☐☐☐☐☐☐ (no tenths)

Selling Price \$ _____ Date Sold: _____

miles, date read _____ and to the best of my knowledge
that it reflects the actual mileage of the vehicle described herein, unless
one of the odometer statement blocks is checked.

CAUTION ☐
DO NOT CHECK
BOX IF ACTUAL
MILEAGE ☐

- I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage in excess of its mechanical limits.
- I hereby certify that the odometer reading is not the actual mileage.
WARNING - ODOMETER DISCREPANCY.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Signature of
Purchaser _____
Signature of
Co-Purchaser _____
Signature of
Seller _____
Signature of
Co-Seller _____
(When Applicable)
Selling Dealer's License Number _____

Printed Name of
Purchaser _____
Printed Name of
Co-Purchaser _____
Printed Name of
Seller _____
Printed Name of
Co-Seller _____

Tax No. _____

Tax Collected \$ _____

Auction Name _____

License Number: _____

STATE OF FLORIDA

VOID IF ALTERED



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
CONSTRUCTION PERMIT

PERMIT NO. 016-0060A
DATE PAID: 1-24-06
FEE PAID: 215.00
RECEIPT #: 5260124005

CONSTRUCTION PERMIT FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: VARNES DALE LAMEAR

PROPERTY ADDRESS: 5964 SE COUNTRY CLUB RD, LAKE CITY FL 32056

LOT: N/A BLOCK: N/A SUBDIVISION: MEETS&bounds

PROPERTY ID #: 8076-001 [SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]
[OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF SECTION 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS, WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.

SYSTEM DESIGN AND SPECIFICATIONS

T 900] GALLONS / GPD SEPTIC TANK/AEROBIC UNIT CAPACITY MULTI-CHAMBERED/IN-SERIES ☐
A ☐] GALLONS / GPD CAPACITY MULTI-CHAMBERED/IN-SERIES ☐
N ☐] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK: 1250 GALLONS]
K ☐] GALLONS DOSING TANK CAPACITY [] GALLONS @ [] DOSES PER 24 HRS # PUMPS ☐
D 822] SQUARE FEET PRIMARY DRAINFIELD SYSTEM
R ☐] SQUARE FEET SYSTEM
A TYPE SYSTEM: ☒ STANDARD ☐ FILLED ☐ MOUND ☐
I CONFIGURATION: ☒ TRENCH ☐ BED ☐
N
F LOCATION OF BENCHMARK: OAK TREE
I ELEVATION OF PROPOSED SYSTEM SITE 24] [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE 46] [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: ☐ 0] INCHES EXCAVATION REQUIRED: ☐ 0] INCHES

O
T
H
E
R

SPECIFICATIONS BY: R.C. Ford TITLE: MASTER CONTRACTOR

APPROVED BY: Mr. S. M. TITLE: ESL Columbia CHD

DATE ISSUED: 1-26-06 EXPIRATION DATE: 7-26-07

DH 4016, 10/97 (Previous Editions May Be Used)



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 06-00607
DATE PAID: 12402
FEE PAID: 25.00
RECEIPT #: 556019405

APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Varnes Dale Lamer

AGENT: RONNIE FORD, Ford's Septic

TELEPHONE: 386-755-6288

MAILING ADDRESS: 116th NW Lawley Way, Lake City, FL, 32055

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(a) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: _____ BLOCK: _____ SUB: Meets & Bounds PLATTED: _____

PROPERTY ID #: 27-4s-17-0876-0001 ZONING: Res I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 1.43 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC []
[<=2000GPD] [>2000GPD]

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: NA FT

PROPERTY ADDRESS: 5964 SE COUNTRY CLUB RD, LAKE CITY FL, 32056

DIRECTIONS TO PROPERTY: BAYA TO COUNTRY CLUB TURN RIGHT, PAST 252, ABOUT 3 MILE

PROPERTY ON RIGHT,

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>SF Residential</u>	<u>2</u>	<u>720</u>	
2				
3				

[] Floor/Equipment Drains [] Other (Specify) _____

SIGNATURE: R.C. Ford DATE: 1/23/2006

Return To:

Dale Varne S
PO Box 456
Lake City FL 32056

Inst:2001024029 Date:12/20/2001 Time:10:00:36
for Stamp-Deed : 0.70
—6D— DC, P. DeWitt Cason, Columbia County B:942 P:847

QUITCLAIM DEED

THIS QUITCLAIM DEED, Executed this

day of Dec 20, 01

(year),

by first party, Grantor,

whose post office address is

to second party, Grantee,

whose post office address is

Wilma Joyce Smith
P#6 Box 352
Dale Lamar Varne
456, Lake City FL 32056

WITNESSETH, That the said first party, for good consideration and for the sum of

Dollars (\$ 10.00) paid by the said second party, the receipt whereof

is hereby acknowledged, does hereby remise, release and quitclaim unto the said second party forever, all the right, title, interest and claim which the said first party has in and to the following described parcel of land, and improvements and appurtenances thereto in the County of Columbia

, State of Florida

to wit:

Description: Tract #3

IN WITNESS WHEREOF, The said first party has signed and sealed these presents the day and year first above written. Signed, sealed and delivered in presence of:

Rebekah M. Green
Signature of Witness

Rebekah M. Green
Print name of Witness

Bonnie Dow
Signature of Witness

BONNIE DOW
Print name of Witness

Wilma Joyce Smith
Signature of First Party, Grantor

Wilma Joyce Smith
Print name of First Party

Signature of First Party, Grantor

Print name of First Party

STATE OF Florida
COUNTY OF Columbia }

Inst:2001024029 Date:12/20/2001 Time:10:00:36

Loc Stamp-Deed : 0.70

BD DC, P. DeWitt Eason, Columbia County B:942 P:848

On Dec 20, 2001 before me,
appeared Wilma Joyce Smith
personally known to me (or proved to me on the basis of satisfactory evidence) to be the
person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that
he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their
signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s)
acted, executed the instrument.

WITNESS my hand and official seal.

F. Vonelle Daw
Signature of Notary

(Seal)



Affiant Known ☒ Produced ID

Type of ID FL D/L 5530-428-41-647-

Wilma Joyce Smith
Signature of Preparer

Wilma Joyce Smith
Print Name of Preparer

Rt 6 Box 352 Lake City FL
Address of Preparer

JS
Initials of First Party

TRACT NO. 1

Commence at the S.W. corner of the SE $\frac{1}{4}$, Section 27, Township 4 South, Range 17 East and run thence N 01°02'W along land line 450.0 feet for a point of beginning, thence continue N 01°02'W along said land line, 192.83 feet, thence run N 77°30'E 400.64 feet to the centerline of public road, thence run S 18°24'E along said centerline, 190.0 feet, thence run S 77°30'W, 458.50 feet to the point of beginning. Said lands lying in and being part of the SE $\frac{1}{4}$ of Section 27, Township 4 South, Range 17 East and containing 1.88 acres, more or less.

TRACT NO. 2

Commence at the S.W. corner of the SE $\frac{1}{4}$, Section 27, Township 4 South, Range 17 East and run thence N 01°02'W along land line 642.83 feet for a point of beginning, thence continue N 01°02'W along said land line, 192.83 feet, thence run N 77°30'E 342.78 feet to the centerline of public road, thence run S 18°24'E along said centerline, 190.0 feet, thence run S 77°30'W, 400.64 feet to the point of beginning. Said lands lying in and being part of the SE $\frac{1}{4}$, Section 27, Township 4 South, Range 17 East, and containing 1.63 acres, more or less.

TRACT NO. 3

Commence at the S.W. corner of the SE $\frac{1}{4}$, Section 27, Township 4 South, Range 17 East and run thence N 01°02'W along land line 835.66 feet for a point of beginning, thence continue N 01°02'W along said land line, 202.99 feet, thence run N 77°30'E 281.88 feet to the centerline of public road, thence run S 18°24'E along said centerline, 200.0 feet, thence run S 77°30'W, 342.78 feet to the point of beginning. Said lands lying in and being part of the SE $\frac{1}{4}$ of Section 27, Township 4 South, Range 17 East, and containing 1.43 acres, more or less.

TRACT NO. 4

Commence at the S.W. corner of the SE $\frac{1}{4}$, Section 27, Township 4 South, Range 17 East and run thence N 01°02'W along land line, 1038.65 feet for a point of beginning, thence continue N 01°02'W along said land line 305.50 feet to the centerline of public road, thence run southeasterly along centerline of said road on a curve concave to the right with a radius of 353.58 feet, 380.46 feet to a point of tangent, thence run S 77°30'W, 281.88 feet to the point of beginning. Said lands lying in and being part of the SE $\frac{1}{4}$, Section 27, Township 4 South, Range 17 East, and containing 0.87 acres, more or less.

I hereby certify to all parties interested in title to premises surveyed that the plat hereon shown is a true and correct plat of survey made under my direction of the above described lands:

Lake City, Fla.

October 17, 1961

Signed

B.G. Moore
B.G. Moore, Land Surveyor
Fla. Cert. No. 439

Inst: 2001024030 Date: 12/20/2001 Time: 10:00:36

DC, P. DeWitt Cason, Columbia County B: 942 P: 850

OFFICE of VITAL STATISTICS

STATE OF FLORIDA, COUNTY OF COLUMBIA
I HEREBY CERTIFY, that the above and foregoing
is a true copy of the original filed in this office.
P. DeWITT CASON, CLERK OF COURTS

By *[Signature]*
Deputy Clerk
Date *11/29/07*



CERTIFICATE OF DEATH FLORIDA

TYPE OR
PRINT IN
PERMANENT
BLACK INK

LOCAL FILE NO.		FIRST		MIDDLE		LAST		SEX	
		Robert		Earl		Smith, Sr.		Male	
3 DATE OF BIRTH (Day, Month, Year)		4 SOCIAL SECURITY NUMBER		5a AGE Last Birthday (Years)		5b UNDER 1 YEAR (Months)		5c UNDER 1 DAY (Hours)	
March 17, 1992		225-40-4333		55					
6 DATE OF DEATH (Day, Month, Year)		7 BIRTHPLACE (City and State or Foreign Country)		8 WAS DECEASED EVER IN U.S. (Foreign Born Only) (Yes or No)		9 PRIOR CITY LIMITS? (Yes or No)			
June 30, 1935		Knoxville, Tennessee		Yes		No			
10 PLACE OF DEATH (Check only one; see instructions on other side)		11 HOSPITAL (If hospital, give name and number)		12 OTHER (If nursing home, give name and number)		13 RESIDENCE (If other, give name and number)		14 COUNTY OF DEATH	
2241		HOSPITAL (If hospital, give name and number)		OTHER (If nursing home, give name and number)		RESIDENCE (If other, give name and number)		Columbia	
15a DECEASED'S USUAL OCCUPATION		15b REASON OF BUSINESS/INDUSTRY		16 MARITAL STATUS (Married, Single, Widowed, Divorced, Separated)		17 SURVIVING SPOUSE (If wife, give maiden name)			
Auto Body Repairman		Automotive		Married		Wilma Joyce Holder			
18a RESIDENCE - CITY		18b COUNTY		19 CITY, TOWN, OR LOCATION		20 STREET AND NUMBER			
Florida		Columbia		Lake City		Rt. 6, Box 352 (Payne Road)			
21a ZIP CODE		21b WAS DECEASED OF HISPANIC OR HAWAIIAN ORIGIN? (Specify No or Yes - If yes, specify Mexican, Cuban, Mexican Puerto Rican, etc.)		22 RACE (Specify)		23 DECEASED'S EDUCATION (Specify only highest grade completed)			
No 32055		Specify		White		High School Graduate College (Yes or No)			
24 FATHER'S NAME (First, Middle, Last)		25 MOTHER'S NAME (First, Middle, Last)		26 MAILING ADDRESS (Street and Number, or Rural Route Number, City or Town, State, Zip Code)		27 PLACE OF INTERMENT (Name of Cemetery, Burial Place, or Other Place)		28a LOCATION - City or Town, State	
Burney Haskell Smith		Mary Lee Cheaney		Rt. 6, Box 352, Lake City, FL 32055		Forest Lawn Memorial Gardens		Lake City, Florida	
29a NAME AND ADDRESS OF FUNERAL HOME OR PERSON ACTING AS SUCH		29b LICENSE NUMBER (If License)		29c NAME AND ADDRESS OF FACILITY		29d TIME AND ADDRESS OF FACILITY			
J. J. [Signature]		1073		BIGGS Funeral Home		P. O. Box 846, Lake City, FL 32055			
30a DATE SIGNED (Day, Month, Year)		30b HOUR OF DEATH		31a DATE OF DEATH		31b HOUR OF DEATH			
March 18, 1992				March 18, 1992		Unknown			
32a NAME OF ATTENDING PHYSICIAN - OTHER THAN CERTIFIER (Last or First)		32b SIGNATURE AND DATE		32c LOCAL REGISTRAR - SIGNATURE		32d DATE REGISTERED			
Bonifacio T. Pardo, M.D. Deputy Chief Medical Examiner		[Signature]		[Signature]		Mar 20, 1992			
33 PART I Enter the diagnosed, injuries, or complications that caused the death. Do not enter only the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		34 IMMEDIATE CAUSE (Final disease or condition resulting in death)		35 UNDERLYING CAUSE (Basic cause of death)		36 CAUSE OF DEATH (Last)			
		Arteriosclerotic cardiovascular disease		Chronic obstructive pulmonary disease					
37 PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I		38a IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 5 MONTHS? (Yes or No)		38b IF SURVEIN IS MENTIONED IN PART I, ENTER CONDITION FOR WHICH IT WAS PERFORMED		38c DATE OF SURVEIN (Day, Month, Year)			
		No							
39a MANNER OF DEATH (Natural, Suicide, Homicide, or Undetermined)		39b DATE OF INJURY (Month, Day, Year)		39c TIME OF INJURY		39d RACE AT WORK? (Yes or No)		39e DESCRIBE HOW INJURY OCCURRED	
Natural									
40a PLACE OF INJURY - At home, farm, street, factory, etc. (Specify)		40b LOCATION (Street and Number or Rural Route Number, City or Town, State)		40c IN PUBLIC RECORDS?		40d COUNTY, FL.			

OFFICIAL RECORDS

92-11927

1992 SEP 29 AM 10 25

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY: *[Signature]*
Oliver H. Boode
State Registrar

WARNING:

ANY REPRODUCTION OF THIS DOCUMENT IN VIOLATION OF LAW
DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH COLORED
BACKGROUND AND GOLD EMBOSSED GREAT SEAL OF THE STATE OF
FLORIDA. ALTERATION OR ERASURE VOID. THIS CERTIFICATION



CERTIFICATION OF VITAL RECORD

COLUMBIA COUNTY 9-1-1 ADDRESSING

P. O. Box 1787, Lake City, FL 32056-1787

PHONE: (386) 758-1125 * FAX: (386) 758-1365 * Email: ron_croft@columbiacountyfla.com

Addressing Maintenance

To maintain the Countywide Addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The established standards for assigning and posting numbers to all principal buildings, dwellings, businesses and industries are contained in Columbia County Ordinance 2001-9. The addressing system is to enable Emergency Service Agencies to locate you in an emergency, and to assist the United States Postal Service and the public in the timely and efficient provision of services to residents and businesses of Columbia County.

DATE REQUESTED: 2/3/2006 DATE ISSUED: 2/16/2006

ENHANCED 9-1-1 ADDRESS:

5904 SE COUNTRY CLUB RD

LAKE CITY FL 32025

PROPERTY APPRAISER PARCEL NUMBER:

27-4S-17-08760-001

Remarks:

Address Issued By: 

Columbia County 9-1-1 Addressing / GIS Department

NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION INFORMATION BE FOUND TO BE IN ERROR, THIS ADDRESS IS SUBJECT TO CHANGE.

68

COLUMBIA COUNTY
9-1-1 ADDRESSING
APPROVED

HALL'S PUMP & WELL SERVICE, INC.

SPECIALIZING IN 4"-6" WELLS



DONALD AND MARY HALL
OWNERS

PHONE (904) 752-1854
FAX (904) 755-7022
~~XXXXXX~~ FIRST STORE
LAKE CITY, FLORIDA 32051
904 NW Main Blvd.

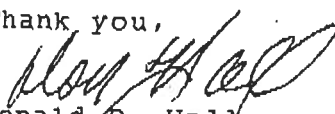
June 12, 2002

NOTICE TO ALL CONTRACTORS

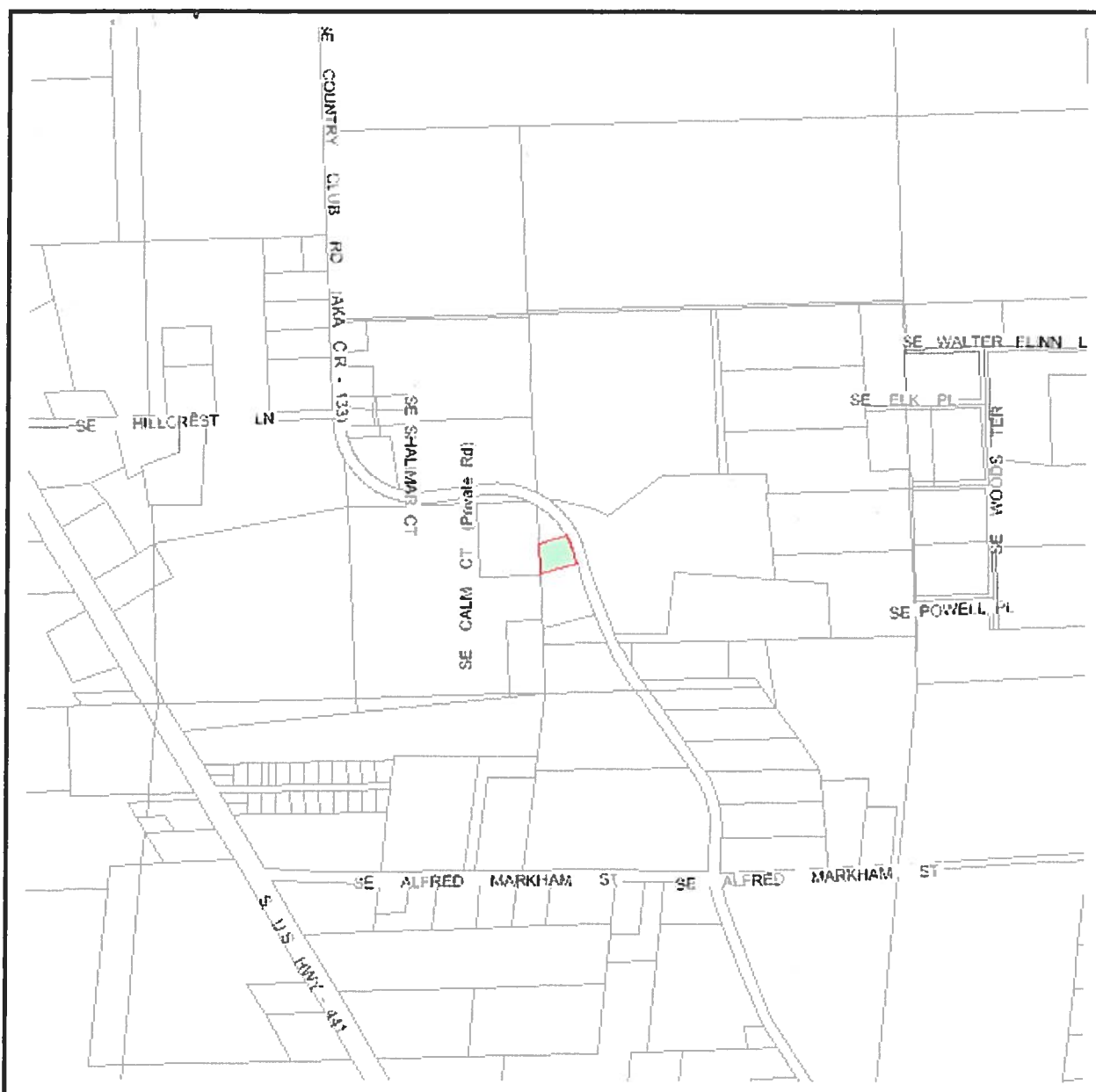
Please be advised that due to the new building codes we will use a large capacity diaphragm tank on all new wells. This will insure a minimum of one (1) minute draw down or one (1) minute refill. If a smaller diaphragm tank is used then we will install a cycle stop valve which will produce the same results.

If you have any questions please feel free to call our office anytime.

Thank you,


Donald D. Hall
DDH/jk

Dale Vanes Residence



Columbia County Property Appraiser

J. Doyle Crews, CFA - Lake City, Florida - 386-758-1083

PARCEL: 27-4S-17-08760-001 - NO AG ACRE (009900)

COMM SW COR OF SE1/4, RUN N 835.60 FT FOR POB, CONT N 202.99 FT, N 77 DEG E 281.88

Name: VARNES DALE LAMAR

Site:

P O BX 456
LAKE CITY, FL 32056

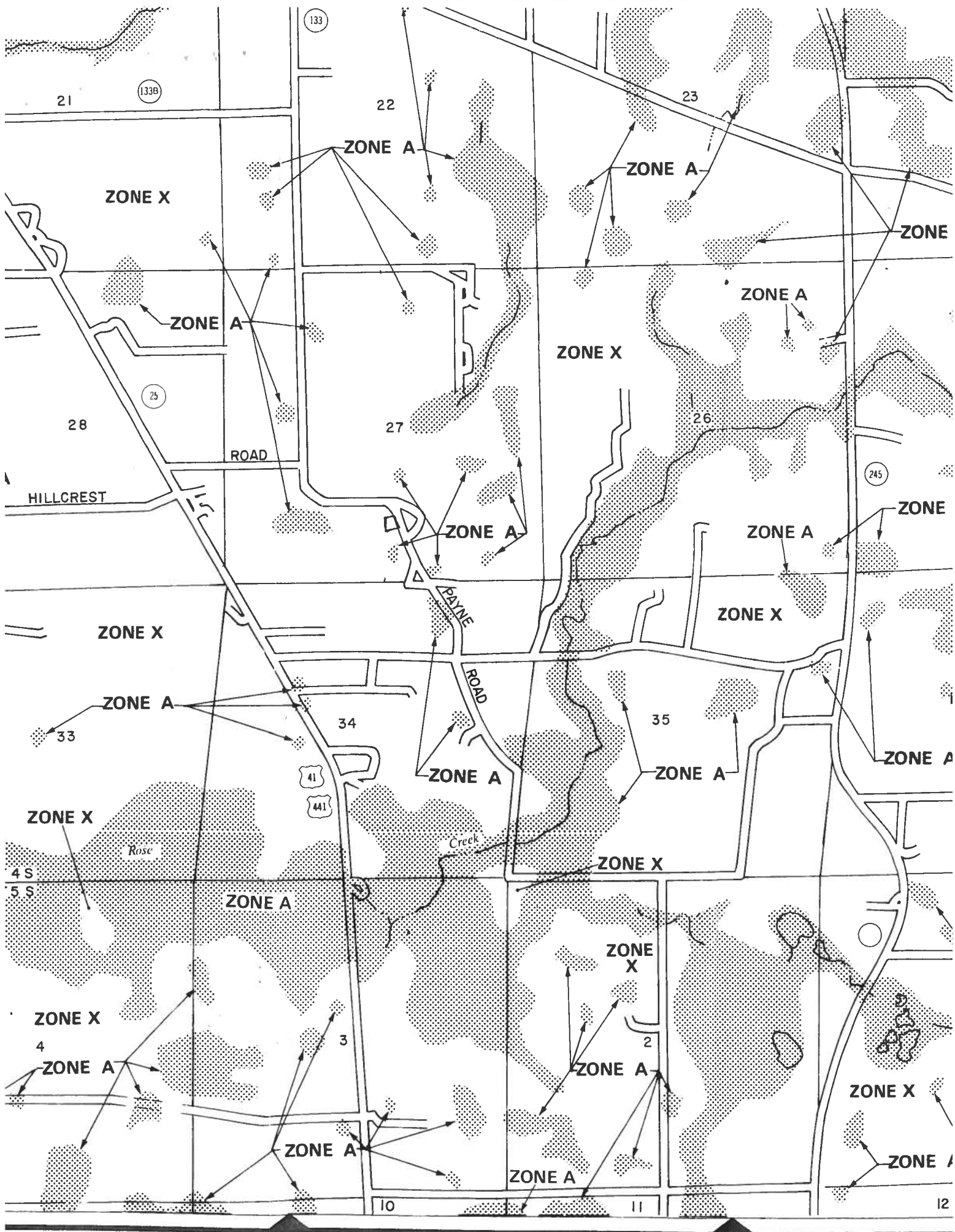
Sales 12/20/2001 \$100.00 V / U
Info

LandVal	\$14,500.00
BldgVal	\$0.00
ApprVal	\$14,500.00
JustVal	\$14,500.00
Assd	\$14,500.00
Exmpt	\$0.00
Taxable	\$14,500.00

0 0.09 0.18 0.27 mi



This information, GIS Map Updated: 8/3/2005, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, its use, or its interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office. The assessed values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.



0602-70

LETTER OF AUTHORIZATION

Date: 2/22/04

Columbia County Building Department
P.O. Box 1529
Lake City, FL 32056

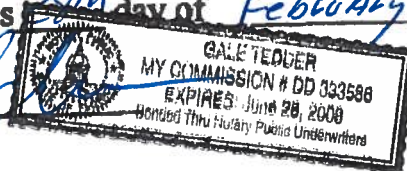
I Donna B. Goodson, License No. IF10000702 do hereby
Authorize Dale Varnes to pull and sign permits on my
behalf. (one time) BU

Sincerely,

Donna B. Goodson

Sworn to and subscribed before me this 20th day of February, 2004.

Notary Public: Gale Tedder



My commission expires: _____

Personally Known ✓

Produced Valid Identification: _____

**CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT**

DATE RECEIVED _____ BY _____ IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? No
OWNERS NAME Dale Vainio PHONE 755-1697 CELL _____
ADDRESS 5904 SE Country Club
MOBILE HOME PARK No SUBDIVISION _____
DRIVING DIRECTIONS TO MOBILE HOME Pond view mH Home Park #34

MOBILE HOME INSTALLER Bruce Gaudin PHONE 755-1783 CELL _____

MOBILE HOME INFORMATION

MAKE DeLo South YEAR 70 SIZE 12 X 56 COLOR white
SERIAL No. 105
WIND ZONE 1 Must be wind zone II or higher NO WIND ZONE I ALLOWED

INTERIOR:

INSPECTION STANDARDS

(P or F) - P= PASS F= FAILED

/ SMOKE DETECTOR () OPERATIONAL () MISSING
/ FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION _____
/ DOORS () OPERABLE () DAMAGED
/ WALLS () SOLID () STRUCTURALLY UNSOUND
/ WINDOWS () OPERABLE () INOPERABLE
/ PLUMBING FIXTURES () OPERABLE () INOPERABLE () MISSING
/ CEILING () SOLID () HOLES () LEAKS APPARENT
/ ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT FIXTURES MISSING

EXTERIOR:

/ WALLS / SIDING () LOOSE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTIGHT () NEEDS CLEANING
/ WINDOWS () CRACKED/ BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT
/ ROOF () APPEARS SOLID () DAMAGED

STATUS:

APPROVED / WITH CONDITIONS: Wind Zone approved per Muelen Peagle Hurlshofer per
NOT APPROVED _____ NEED REINSPECTION FOR FOLLOWING CONDITIONS Technical advisory MH04-02 Don't
mobile home located in mobile home park
see attached

SIGNATURE Dave [Signature] ID NUMBER 306 DATE 3-8-06

FEAGLE & FEAGLE, ATTORNEYS, P.A.
ATTORNEYS AT LAW
153 NE MADISON STREET
POST OFFICE BOX 1653
LAKE CITY, FLORIDA 32056-1653
(386) 752-7191
Fax: (386) 758-0950

Marlin M. Feagle
e-mail: leagle@bellsouth.net

Mark E. Feagle
e-mail: mefeagle@bellsouth.net

May 6, 2005

Mr. John Kerce
Building Department
County Administrative Offices
Post Office Box 1529
Lake City, Florida 32056-1529

Re: Wind Zone I mobile homes

Dear John:

We have discussed whether wind zone 1 designated mobile homes may be placed or resited anywhere in Columbia County. In that regard, we have also reviewed technical advisory number MH04-01 dated October 13, 2004, and technical advisory MH04-02 dated November 22, 2004 issued by the Division of Motor Vehicles.

These technical advisories clearly state that existing manufactured/mobile homes built to wind zone 2 standards may only be initially placed or resited in a wind zone 2 area. Columbia County is a wind zone 2 area. Technical advisories further state that "any new or existing wind zone 1 designated homes may not be placed or resited anywhere in the State of Florida."

Based upon our discussions and these technical advisories, it is, therefore, my opinion that Columbia County may not allow new or existing wind zone 1 designated manufactured/mobile homes to be placed or resited anywhere in Columbia County. If you have any further questions concerning this, please do not hesitate to give me a call.

Very truly yours,


Marlin M. Feagle

MMF:dse

3/7/06 T/C Phil Berget
1-850-488-8600
Approve Dale Varnes on
Handling
mf

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT**

----- PART II - SITEPLAN -----

Notes: _____

Site Plan submitted by: R.C. Ford

Plan Approved ✓ Not Approved _____

MASTER CONTRACTOR

Date 1-25-06

By John J. M. Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

8/28/2006

To Whom it may concern,

I Dale Varnes wish it to be known on this date 8/28/2006 that I am firing Bruce Goodson. Permit # 24221 will be changed to Stacy Beckham - Glen Williams. Prior Mobile Home has never been set up. Mobile Home will be scrapped due to damages during move by Bruce Goodson's Movers.

Dale Lamar Varnes
8/28/2006

Witness by: Lami Hecker
8-28-06

Building & Zoning Dept.

CK# 3622

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only

(Revised 6-23-05)

Zoning Official BLK 08-03-06

Building Official HO 3-7-06

AP# 0602-70 Date Received 2/22/06 By CS Permit # 24221 24221

Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3

Comments Section 14.9 Special Family Lt Permit

Approved by Martin Feagle for Wind Zone 1 - Hardship

FEMA Map# _____ Elevation _____ Finished Floor _____ River _____ In Floodway _____

☒ Site Plan with Setbacks Shown ☒ EH Signed Site Plan ☐ EH Release ☒ Well letter ☐ Existing well

☒ Copy of Recorded Deed or Affidavit from land owner ☒ Letter of Authorization from Installer

Letter of Auth.

☐ New Mobile Home ☒ Used Mobile Home _____ Year 1993

Applicant Steve Beckham Phone # 812-245-2738

Address 2609 SW Parker Ln. Lake City, FL 32024

Name of Property Owner Dale Karpas Phone# 755-1697

911 Address 5904 SE County Club Lake City, FL 32025

Circle the correct power company - FL Power & Light - Clay Electric
(Circle One) - Suwannee Valley Electric - Progress Energy

Name of Owner of Mobile Home Dale Karpas Phone # 755-1697
Address _____

Relationship to Property Owner Same.

Current Number of Dwellings on Property 0

Lot Size _____ Total Acreage 1.43

Do you : Have an Existing Drive or need a Culvert Permit or a Culvert Walver (Circle one)

Is this Mobile Home Replacing an Existing Mobile Home _____

Driving Directions to the Property Old County Club just past road for road first turn way on right around S Curve.

Name of Licensed Dealer/Installer Steve Beckham Phone # 812-245-2738

Installers Address 2609 SW Parker Ln. Lake City, FL 32024

License Number TH0000572 Installation Decal # 212485

PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 8-28-06 BY LH IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? NO
 OWNERS NAME Dale Varnes PHONE _____ CELL (623-1912) Glen

ADDRESS _____

MOBILE HOME PARK _____ SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME 247 (C) 242, (R) Ralph Terr.,
1/2 mile on (C) in fenced in yard

MOBILE HOME INSTALLER Stacy Beckham PHONE _____ CELL _____

MOBILE HOME INFORMATION

MAKE Redman YEAR 93 SIZE 14 X 64 COLOR White & Blue

SERIAL No. V652172593810 (13826108)

WIND ZONE II Must be wind zone II or higher NO WIND ZONE I ALLOWED

INTERIOR:

INSPECTION STANDARDS

(P or F) - P= PASS F= FAILED

☒ SMOKE DETECTOR () OPERATIONAL () MISSING
☒ FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION _____
☒ DOORS () OPERABLE () DAMAGED
☒ WALLS () SOLID () STRUCTURALLY UNSOUND
☒ WINDOWS () OPERABLE () INOPERABLE
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☒ CEILING () SOLID () HOLES () LEAKS APPARENT
☒ ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT FIXTURES MISSING

*(old m/h 24221)
Permit#*

EXTERIOR:

☒ WALLS / SIDING () LOOSE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTIGHT () NEEDS CLEANING
☒ WINDOWS () CRACKED/ BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT
☒ ROOF () APPEARS SOLID () DAMAGED

STATUS:

APPROVED ☒ WITH CONDITIONS: _____

NOT APPROVED _____ NEED REINSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE

[Signature]

ID NUMBER

506

DATE

8-28-06

PERMIT NUMBER

Installer

Steve Bachman

License #

114000812

Address of home being installed

5904 SE Candan Blvd

Manufacturer

Redman

Length x width

14x64

NOTE: if home is a single wide fill out one half of the blocking plan
if home is a triple or quad wide sketch in remainder of home

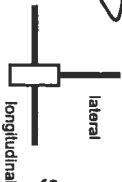
I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.

Installer's initials

[Signature]

Typical pier spacing

2'



Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)

marriage wall piers within 2' of end of home per Rule 15C

New Home

☐

Used Home

☒

Home installed to the Manufacturer's Installation Manual

☐

Home is installed in accordance with Rule 15-C

☒

Single wide

☒

Wind Zone II

☒

Wind Zone, III

☐

Double wide

☐

Installation Decal #

212491

Triple/Quad

☐

Serial #

138346108

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	Footer size (sq in)	16" x 16" (256)	18 1/2" x 18 1/2" (342)	20" x 20" (400)	22" x 22" (484)*	24" x 24" (576)*	26" x 26" (676)
1000 psf	3'		4'	5'	6'	7'	8'
1500 psf	4' 6"		6'	7'	8'	8'	8'
2000 psf	6'		8'	8'	8'	8'	8'
2500 psf	7' 6"		8'	8'	8'	8'	8'
3000 psf	8'		8'	8'	8'	8'	8'
3500 psf	8'		8'	8'	8'	8'	8'

* interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size

18 1/2 x 18 1/2

Perimeter pier pad size

11x11

Other pier pad sizes (required by the mfg.)

Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers.



List all marriage wall openings greater than 4 foot and their pier pad sizes below.

Opening

Pier pad size

4 ft

5 ft

FRAME TIES

within 2' of end of home spaced at 5' 4" oc

TIEDOWN COMPONENTS

OTHER TIES

Number

Longitudinal Stabilizing Device (LSD)
Manufacturer
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer

Sidewall
Longitudinal
Marriage wall
Shearwall

PERMIT NUMBER

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1500 psf or check here to declare 1000 lb. soil without testing.

X 1500 X 1500 X 1500

POCKET PENETROMETER TESTING METHOD

1. Test the perimeter of the home at 6 locations.
2. Take the reading at the depth of the footer.
3. Using 500 lb. increments, take the lowest reading and round down to that increment.

X 1500 X 1500 X 1500

TORQUE PROBE TEST

The results of the torque probe test is 495 inch pounds or check here if you are declaring 5' anchors without testing. A test showing 275 inch pounds or less will require 5 foot anchors.

Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. I understand 5 ft. anchors are required at all centerline tie points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb. bonding capacity.

Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Date Tested

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg. 150

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 150

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 150

Site Preparation

Debris and organic material removed Swale Pad Other

Fastering multi wide units

Floor: Type Fastener: Length: Spacing:
Walls: Type Fastener: Length: Spacing:
Roof: Type Fastener: Length: Spacing:
For used homes - a min. 30 gauge, 8" wide, galvanized metal strip will be centered over the peak of the roof and fastened with galv. roofing nails at 2" on center on both sides of the centerline.

Gasket (weatherproofing requirement)

I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, mildew and buckled marriage walls are a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.

Installer's initials

Type gasket

Installed:

Between Floors Yes
Between Walls Yes
Bottom of ridgebeam Yes

Weatherproofing

The bottomboard will be repaired and/or taped. Yes Pg. 150
Siding on units is installed to manufacturer's specifications. Yes
Fireplace chimney installed so as not to allow intrusion of rain water. Yes

Miscellaneous

Skirting to be installed. Yes No
Dryer vent installed outside of skirting. Yes N/A
Range downflow vent installed outside of skirting. Yes N/A
Drain lines supported at 4 foot intervals. Yes
Electrical crossovers protected. Yes
Other :

Installer verifies all information given with this permit worksheet is accurate and true based on the manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature

Date

HALL'S PUMP & WELL SERVICE, INC.

SPECIALIZING IN 4"-6" WELLS



DONALD AND MARY HALL
OWNERS

PHONE (904) 752-1854
FAX (904) 755-7022
~~XXXXXXXXXXXX~~
LAKE CITY, FLORIDA 320
904 NW Main Blvd

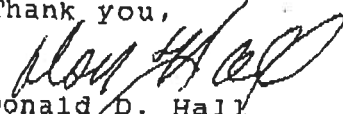
June 12, 2002

NOTICE TO ALL CONTRACTORS

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If you have any questions please feel free to call our office anytime.

Thank you,


Donald D. Hall
DDH/jk

Dale Vanes Residence

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P. O. Box 1787, Lake City, FL 32056-1787

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DATE REQUESTED: 2/3/2006 DATE ISSUED: 2/16/2006

ENHANCED 9-1-1 ADDRESS:

5904 SE COUNTRY CLUB RD
LAKE CITY FL 32025

PROPERTY APPRAISER PARCEL NUMBER:

27-4S-17-08760-001

Remarks:

Address Issued By: _____

Columbia County 9-1-1 Addressing / GIS Department

NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION INFORMATION BE FOUND TO BE IN ERROR, THIS ADDRESS IS SUBJECT TO CHANGE.

COLUMBIA COUNTY
9-1-1 ADDRESSING
APPROVED

Return To:

Dale Varne S
PO Box 456
Lake City FL 32056

Inst:2001024029 Date:12/20/2001 Time:10:00:36
Doc Stamp-Deed : 0.70
---BD--- DC, P. DeWitt Cason, Columbia County 8:942 P:347

QUITCLAIM DEED

THIS QUITCLAIM DEED, Executed this

day of *Dec 20*, 01

(year),

by first party, Grantor,

Wilma J. Smith

whose post office address is

Box 352

to second party, Grantee,

Dale Lamar Varne

whose post office address is

456, Lake City FL 32056

WITNESSETH, That the said first party, for good consideration and for the sum of

Dollars (\$ *10.00*) paid by the said second party, the receipt whereof

is hereby acknowledged, does hereby remise, release and quitclaim unto the said second party forever, all the right, title, interest and claim which the said first party has in and to the following described parcel of land, and improvements and appurtenances thereto in the County of *Columbia*

, State of *Florida*

to wit:

Description: Tract #3

IN WITNESS WHEREOF, The said first party has signed and sealed these presents the day and year first above written. Signed, sealed and delivered in presence of:

Rebekah M. Green
Signature of Witness

Rebekah M. Green
Print name of Witness

Bonnie Dow
Signature of Witness

BONNIE Dow
Print name of Witness

Wilma Joyce Smith
Signature of First Party, Grantor

Wilma Joyce Smith
Print name of First Party

Signature of First Party, Grantor

Print name of First Party

STATE OF Florida
COUNTY OF Columbia

On Dec 20, 2001 before me,
appeared Wilma Joyce Smith
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Florice Dow
Signature of Notary

(Seal)



Inst:2001024029 Date:12/20/2001 Time:10:00:36
Loc Stamp-Deed : 0.70
BD DC, P. DeWitt Cason, Columbia County B:942 P:848

Affiant Known ☒ Produced ID
Type of ID FL D/L 5530-428-41-647

Wilma Joyce Smith
Signature of Preparer

Wilma Joyce Smith
Print Name of Preparer

Rt 6 Box 352 Lake C.
Address of Preparer FL

JS
Initials of First Party

TRACT NO. 1

Commence at the S.W. corner of the SE $\frac{1}{4}$, Section 27, Township 4 South, Range 17 East and run thence N 01° 02' W along land line 450.0 feet for a point of beginning, thence continue N 01° 02' W along said land line, 192.83 feet, thence run N 77° 30' E 400.64 feet to the centerline of public road, thence run S 18° 24' E along said centerline, 190.0 feet, thence run S 77° 30' W, 458.50 feet to the point of beginning. Said lands lying in and being part of the SE $\frac{1}{4}$ of Section 27, Township 4 South, Range 17 East and containing 1.88 acres, more or less.

TRACT NO. 2

Commence at the S.W. corner of the SE $\frac{1}{4}$, Section 27, Township 4 South, Range 17 East and run thence N 01° 02' W along land line 642.83 feet for a point of beginning, thence continue N 01° 02' W along said land line, 192.83 feet, thence run N 77° 30' E 342.78 feet to the centerline of public road, thence run S 18° 24' E along said centerline, 190.0 feet, thence run S 77° 30' W, 400.64 feet to the point of beginning. Said lands lying in and being part of the SE $\frac{1}{4}$, Section 27, Township 4 South, Range 17 East, and containing 1.63 acres, more or less.

TRACT NO. 3

Commence at the S.W. corner of the SE $\frac{1}{4}$, Section 27, Township 4 South, Range 17 East and run thence N 01° 02' W along land line 835.66 feet for a point of beginning, thence continue N 01° 02' W along said land line, 202.99 feet, thence run N 77° 30' E 281.88 feet to the centerline of public road, thence run S 18° 24' E along said centerline, 200.0 feet, thence run S 77° 30' W, 342.78 feet to the point of beginning. Said lands lying in and being part of the SE $\frac{1}{4}$ of Section 27, Township 4 South, Range 17 East, and containing 1.43 acres, more or less.

TRACT NO. 4

Commence at the S.W. corner of the SE $\frac{1}{4}$, Section 27, Township 4 South, Range 17 East and run thence N 01° 02' W along land line, 1038.65 feet for a point of beginning, thence continue N 01° 02' W along said land line 305.50 feet to the centerline of public road, thence run southeasterly along centerline of said road on a curve concave to the right with a radius of 353.58 feet, 380.46 feet to a point of tangent, thence run S 77° 30' W, 281.88 feet to the point of beginning. Said lands lying in and being part of the SE $\frac{1}{4}$, Section 27, Township 4 South, Range 17 East, and containing 0.87 acres, more or less.

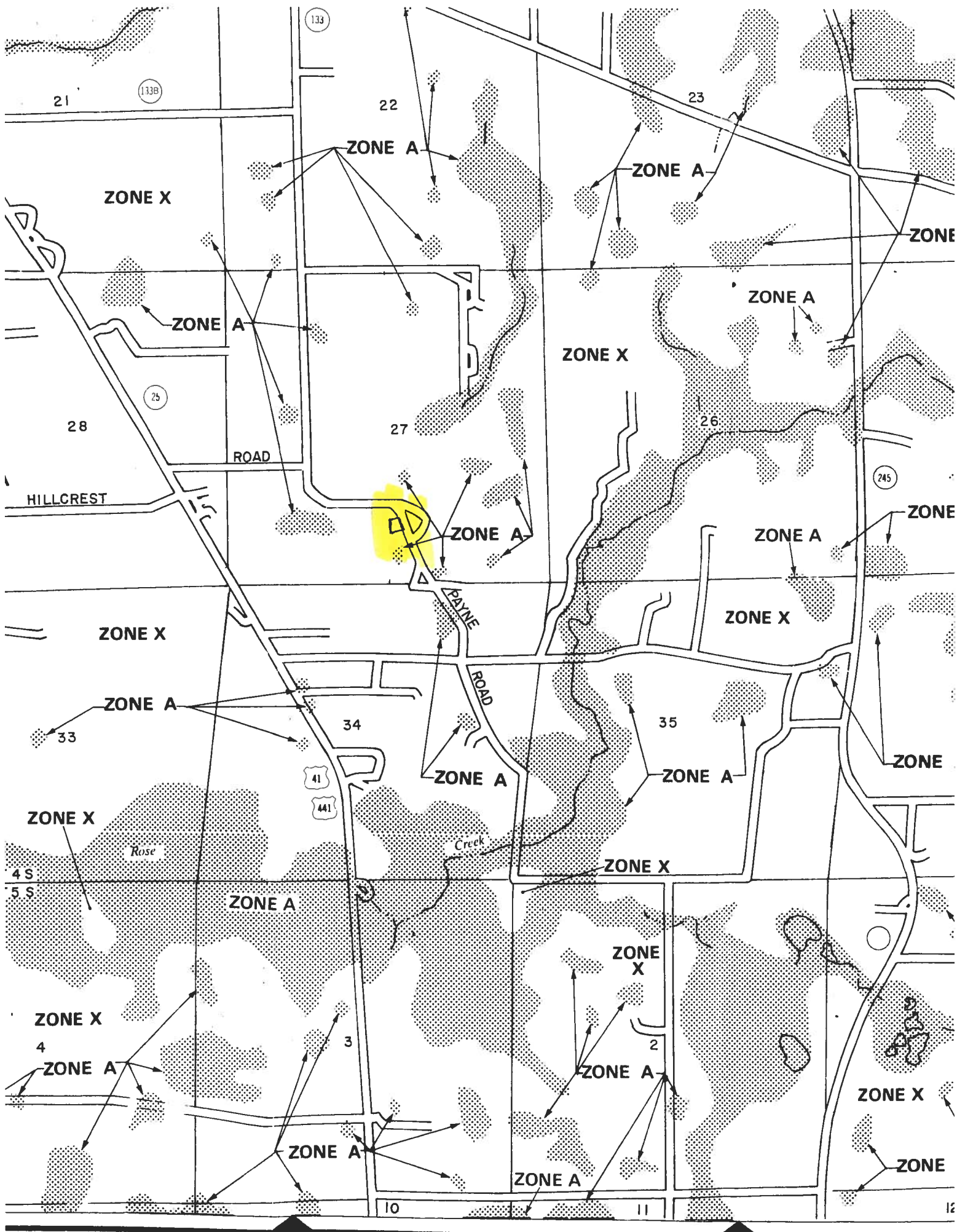
I hereby certify to all parties interested in title to premises surveyed that the plat hereon shown is a true and correct plat of survey made under my direction of the above described lands:

Lake City, Fla.

October 17, 1961

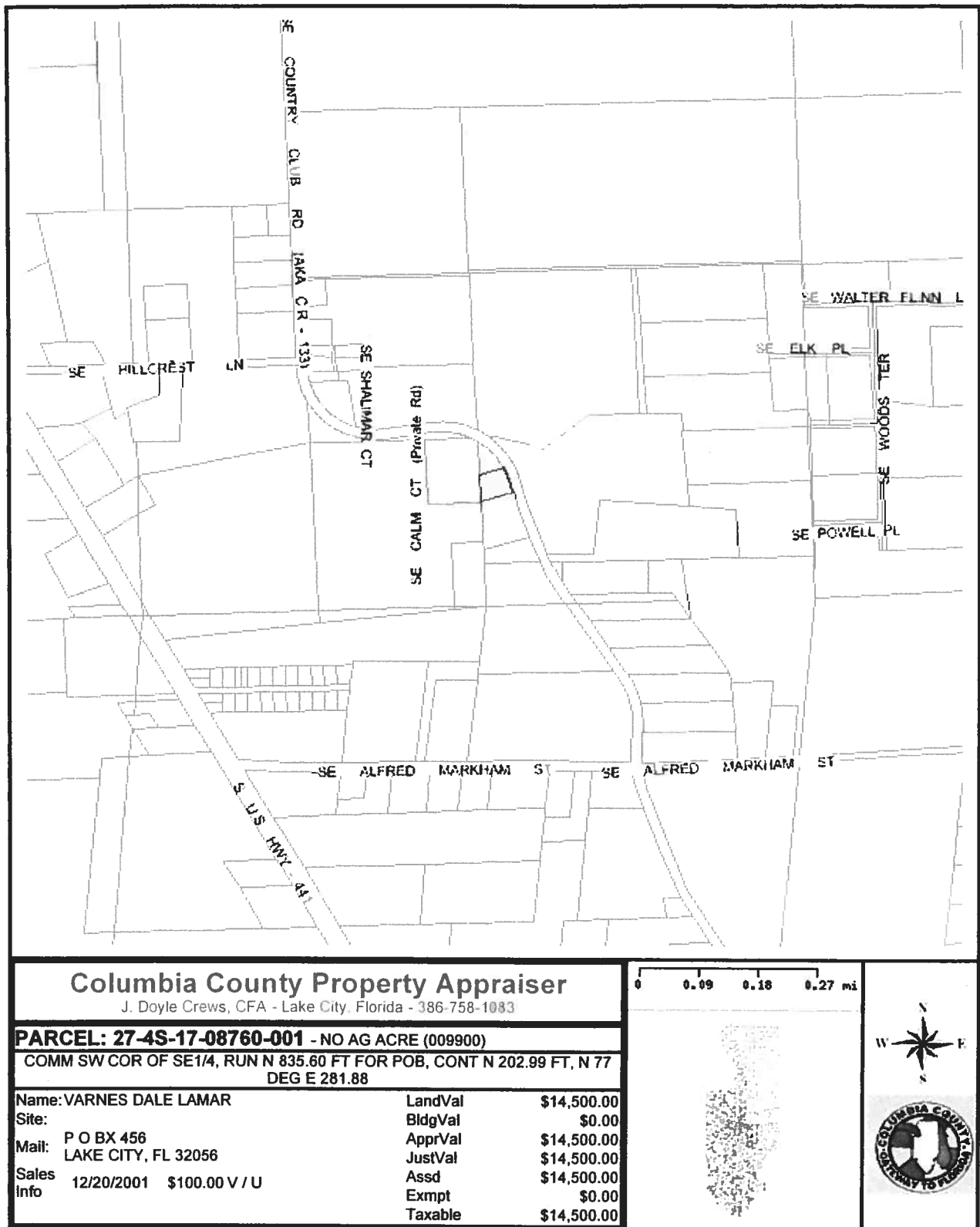
Signed

B.G. Moore
B.G. Moore, Land Surveyor
Fla. Cert. No. 439



0602-70

Permit Application Number 06-006001



This information, GIS Map Updated: 8/3/2005, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, it's use, or it's interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office. The assessed values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

8/28/2006

To Whom it may Concern,

I Dale Varnes wish it to be known on this date 8/28/2006 that I am firing Bruce Goodson. Permit # 24221 will be changed to Stacy Beckham - Glen Williams. Prior Mobile Home has never been set up. Mobile Home will be Scrapped due to damages during move by Bruce Goodson's Movers.

Dale Lamar Varnes
8/28/2006

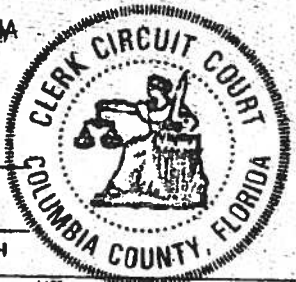
Witness by: Lami Jackson
8-28-06

Building & Zoning Dept.

Post: 2001024030 Date: 12/20/2001 Time: 10:00:36
PC: P. Dewitt Cason, Columbia County B-942 P-650

OFFICE of VITAL STATISTICS

STATE OF FLORIDA: COUNTY OF COLUMBIA
I HEREBY CERTIFY, that the above and foregoing
is a true copy of the original filed in this office.
P. DEWITT CASON, CLERK OF COURTS



By Bruce Smith
Deputy Clerk

Date 11/29/07

CERTIFICATE OF DEATH
FLORIDA

TYPE IN
PRINT OR
REPRODUCE
BLACK INK

1. DECEASED'S NAME FIRST: <u>Robert</u> MIDDLE: <u>Earl</u> LAST: <u>Smith, Sr.</u>		2. SEX: <u>Male</u>	
3. DATE OF DEATH (Month, Day, Year) <u>March 17, 1992</u>		4. SOCIAL SECURITY NUMBER <u>225-40-4333</u>	
5. DATE OF BIRTH (Month, Day, Year) <u>June 30, 1935</u>		6. PLACE OF BIRTH (City and State or Foreign Country) <u>Knoxville, Tennessee</u>	
7. PLACE OF DEATH (Specify only date and instructions on other page) <u>No</u>		8. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) <u>Yes</u>	
9. FACILITY NAME (If not institution, give street and number) <u>Rt. 6 Box 352</u>		10. CITY, TOWN, OR LOCATION OF DEATH <u>Lake City</u>	
11. DECEASED'S USUAL OCCUPATION <u>Auto Body Repairman</u>		12. MARITAL STATUS (Married, Single, Widowed, Divorced) (Specify) <u>Married</u>	
13. DECEASED'S USUAL RESIDENCE (City, State, Zip Code) <u>Florida, Columbia, Lake City</u>		14. SURVIVING SPOUSE (If wife, give maiden name) <u>Wilma Joyce Holder</u>	
15. DECEASED'S RACE (Specify) <u>White</u>		16. DECEASED'S EDUCATION (Specify highest grade completed) <u>9</u>	
17. FATHER'S NAME (First, Middle, Last) <u>Burney Haskell Smith</u>		18. MOTHER'S NAME (First, Middle, Last) <u>Mary Lee Cheaney</u>	
19. DECEASED'S NAME (First, Middle, Last) <u>Joyce Smith</u>		20. ADDRESS (Street and Number, or Rural Route Number, City or Town, State, Zip Code) <u>Rt. 6, Box 352, Lake City, FL 32055</u>	
21. PLACE OF INTERMENT (Name of Cemetery, Church, or other place) <u>Forest Lawn Memorial Gardens</u>		22. LOCATION (City or Town, State) <u>Lake City, Florida</u>	
23. NAME AND ADDRESS OF FACILITY (Specify only if licensed funeral home) <u>BIGGS Funeral Home</u>		24. P. O. Box 846, Lake City, FL 32055	
25. DATE OF DEATH (Month, Day, Year) <u>March 18, 1992</u>		26. HOUR OF DEATH <u>Unknown</u>	
27. NAME OF ATTENDING PHYSICIAN (If other than certifier, give name) <u>Unobtainable</u>		28. PREVIOUSLY DEAD (Yes or No) <u>Unobtainable</u>	
29. NAME AND ADDRESS OF CERTIFYING PHYSICIAN (If other than certifier, give name) <u>Deputy Chief Medical Examiner</u>		30. LOCAL REGISTRAR (Name and Address) <u>2100 Jefferson Street, Jacksonville, Florida 32206</u>	
31. SIGNATURE AND DATE <u>Miller Dean Maye</u>		32. DATE REGISTERED <u>Mar 20, 1992</u>	
33. PART I: Enter the disease, injury, or complication that caused the death (If not enter cause of death, such as cancer, as indicated by report, check appropriate interval between death and death)			
IMMEDIATE CAUSE (Final disease or condition resulting in death) <u>Arteriosclerotic cardiovascular disease</u>			
34. PART II: Enter the disease, injury, or complication that caused the death (If not enter cause of death, such as cancer, as indicated by report, check appropriate interval between death and death)			
CHRONIC DISEASE (If not enter condition for which it was performed) <u>Chronic obstructive pulmonary disease</u>			
35. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 2 MONTHS? (Yes or No) <u>No</u>			
36. IF SURVIVOR IS MENTIONED IN PART I, ENTER CONDITION FOR WHICH IT WAS PERFORMED			
37. DATE OF SURVIVAL (Month, Day, Year) <u>1992 SEP 29</u>			
38. TIME OF SURVIVAL (Hour, Minute) <u>11:30</u>			
39. PLACE OF SURVIVAL (If not, give street, town, state, zip code) <u>Lake City, FL</u>			
40. LOCATION (Street and Number, or Rural Route Number, City or Town, State, Zip Code) <u>Lake City, FL</u>			

PG 12 of 1

92-11927

1992 SEP 29 11:30 25

OFFICIAL RECORDS

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY: Miller Dean Maye

OLIVER H. BOORDE
State Registrar

WARNING:

ANY REPRODUCTION OF THE INFORMATION HEREON FOR ANY PURPOSE OTHER THAN THAT FOR WHICH IT WAS OBTAINED IS PROHIBITED. DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH FLOREDO BACKGROUND AND GOLD EMBOSSED SEAL OF THE STATE OF FLORIDA. ALTERATION OR ENLARGEMENT OF THIS INFORMATION IS PROHIBITED.



CERTIFICATION OF VITAL RECORD

BOARD OF COUNTY COMMISSIONERS
OFFICE OF
BUILDING & ZONING
COLUMBIA COUNTY, FLORIDA

Permit is Valid
for 12 months

BUILDING PERMIT RECEIPT

RECEIPT NUMBER / PERMIT NUMBER 000024221 DATE 03/10/2006
APPLICANT DALE VARNES
OWNER DALE VARNES
CONTRACTOR BRUCE GOODSON
PARCEL ID NUMBER 27-4S-17-08760-001 NUMBER OF EXISTING DWELLINGS 0
TYPE OF DEVELOPMENT MH, UTILITY
COMMENTS: ONE FOOT ABOVE THE ROAD
APPROVED BY PHIL BERGET AND MARLIN FEAGLE ON HARDSHIP FOR WINDZONE 1
MH

FEES:

BUILDING PERMIT	<u>0.00</u>	CERTIFICATION FEE	<u>0.00</u>
ZONING FEE	<u>50.00</u>	SURCHARGE FEE	<u>0.00</u>
FLOOD ZONE FEE	<u>25.00</u>	FLOOD DEVELOPMENT PERMIT	<u> </u>
MOBILE HOME PERMIT	<u>200.00</u>	RELOCATION PERMIT	<u> </u>
TRAVEL TRAILER PERMIT	<u> </u>	RECONNECTION PERMIT	<u> </u>
UTILITY POLE PERMIT	<u> </u>	WASTE ASSESSMENT FEE	<u>85.75</u>
FIRE FEE (5 ACRES OR LESS)	<u>41.44</u>	CULVERT PERMIT	<u> </u>
FIRE FEE (MORE THAN 5 ACRES)	<u> </u>		

CHECK NUMBER 3622 TOTAL FEES CHARGES 402.19

MAKE CHECKS PAYABLE TO: BCC (Board of County Commissioners)

NOTE: A SEPARATE CHECK IS REQUIRED FOR THE CULVERT WAIVER PERMITS

135 NE HERNANDO AVE.
SUITE B-21
LAKE CITY, FL 32055
Phone: 386-758-1008
Fax: 386-758-2160

