

POWER OF ATTORNEY

Date: 3/25/13

I hereby name and appoint Aric Voorhees

Of Winter Springs, FL to be my lawful attorney

In fact to act for me and apply to the Columbia County Bldg Department

Building Department for a Pool Enclosure permit

For work to be performed at a location described as:

Section 29 Township 73 Range 17 Lot _____ Block _____

Subdivision _____

Robert Puckett - 607 SW Heflin Ave FT. White, FL 32038
(Owner of Property and Address)

And to sign my name and do all things necessary to this appointment.

(Type or Print Name of Registered or Certified Contractor and Contractor's License Number)

1
(Signature of Registered or Certified Contractor)

The foregoing instrument was acknowledged before me this 25 day of March of 2013

By Thiago Davila who is personally known to me / who produced N/A as identification and

Who did not take oath.

State of Florida

County of Orange

Lynzie Ryder
Notary Public, Orange County, Florida

Seal



STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2013016206

DATE ISSUED: February 6, 2013

DECEDENT INFORMATION

STATE FILE DATE: February 6, 2013

NAME ROBERT THOMAS DUCKETT

DATE OF DEATH: February 2, 2013

SEX MALE

AGE 075 YEARS

DATE OF BIRTH: November 24, 1937

BIRTHPLACE: DETROIT, MICHIGAN

PLACE WHERE DEATH OCCURRED: INPATIENT

FACILITY NAME OR STREET ADDRESS: NORTH FLORIDA REGIONAL MEDICAL CENTER

LOCATION OF DEATH: GAINESVILLE, ALACHUA COUNTY

SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: MARRIED

SPOUSE: JOAN CATHERINE GANSEN

RESIDENCE: 607 SW HEFLIN AVENUE, FORT WHITE, FLORIDA 32038

COUNTY: COLUMBIA

OCCUPATION: INDUSTRY, SUPERVISOR, COMPUTER

RACE: ☒ White ☐ Black or African American ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Native Hawaiian☐ American Indian or Alaskan Native-Tribe ☐ Japanese ☐ Korean ☐ Vietnamese☐ Guamanian or Chamorro☐ Samoan☐ Other Pacific Is.☐ Other Asian☐ Unknown

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

EDUCATION: SOME COLLEGE, BUT NO DEGREE EVER IN U.S. ARMED FORCES? NO

PARENTS AND INFORMANT INFORMATION

FATHER: WILLIAM DUCKETT

MOTHER: CECILIA ROSE KAPTURE

INFORMANT: JOAN C. DUCKETT

RELATIONSHIP TO DECEDENT: WIFE

INFORMANT'S ADDRESS: 607 SW HEFLIN AVENUE, FORT WHITE, FLORIDA 32038

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: FOREST MEADOWS CREMATORY

GAINESVILLE, FLORIDA

METHOD OF DISPOSITION: CREMATION

FUNERAL DIRECTOR/LICENSE NUMBER: DANIEL WORTH, F043649

FUNERAL FACILITY: A DIRECT CREMATIONS - GAINESVILLE F052855

3131 NW 13TH STREET SUITE 1, GAINESVILLE, FLORIDA 32609

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 H): 1020

CERTIFIER'S NAME: TIMOTHY CHARLES WALTERS

CERTIFIER'S LICENSE NUMBER: ME106651

NAME OF ATTENDING PHYSICIAN (If other than Certifier): NOT ENTERED



WARNING



* 2 7 5 2 4 6 0 5 *

CERTIFICATION OF VITAL RECORD

HEALTH