

PERMIT
000027210

APPLICANT	LORI GIFFORD		PHONE	758-8589		
ADDRESS	17364	N US 441	WHITE SPRINGS		FL	32096
OWNER	LORI GIFFORD		PHONE	386.758.8589		
ADDRESS	17364	N US 441 NORTH	WHITE SPRINGS		FL	32096
CONTRACTOR	TERRY L. THRIFT		PHONE	386.623.0115		
LOCATION OF PROPERTY	441 NORTH 13.3 MILES ON LEFT FROM I-10.					

TYPE DEVELOPMENT	M/H/UTILITY		ESTIMATED COST OF CONSTRUCTION		0.00	
HEATED FLOOR AREA	TOTAL AREA		HEIGHT		STORIES	
FOUNDATION	WALLS		ROOF PITCH		FLOOR	
LAND USE & ZONING	A-1		MAX. HEIGHT			
Minimum Set Back Requirments:	STREET-FRONT		30.00		REAR	25.00
					SIDE	25.00
NO. EX.D.U.	1	FLOOD ZONE		DEVELOPMENT PERMIT NO.		

PARCEL ID	06-1S-17-04493-004		SUBDIVISION		
LOT	BLOCK	PHASE	UNIT	TOTAL ACRES	10.00

Culvert Permit No.	Culvert Waiver	Contractor's License Number	Applicant/Owner/Contractor	
FDOT-EXISTING	08-0508-M	CFS	HD	N
Driveway Connection	Septic Tank Number	LU & Zoning checked by	Approved for Issuance	New Resident

COMMENTS: 2.3.1 LEGAL NON-CONFORMING LOT. FINISHED FLOOR TO BE 1' ABOVE PAVED
RD. OR 2' ABOVE GRADED RD. SFD BURN'T - NO CHARGE. FIRE REPORT REC'D.

Check # or Cash CASH REC'D.

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 \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00
 MISC. FEES \$ 0.00 ZONING CERT. FEE \$ _____ FIRE FEE \$ 0.00 WASTE FEE \$ _____
 FLOOD DEVELOPMENT FEE \$ _____ FLOOD ZONE FEE \$ _____ CULVERT FEE \$ _____ **TOTAL FEE** 0.00
 INSPECTORS OFFICE _____ CLERKS OFFICE _____

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY. AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

EVERY PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE TIME THE WORK IS COMMENCED. A VALID PERMIT RECIEVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED TO BE IN ACTIVE PROGRESS WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS.

The Issuance of this Permit Does Not Waive Compliance by Permittee with Deed Restrictions.

OFFICE of VITAL STATISTICS

CERTIFIED COPY

FLORIDA CERTIFICATE OF DEATH

TYPE IN
PERMANENT
BLOCK IN

LOCAL FILE NO.

1. DECEDENT'S NAME (First, Middle, Last, Suffix) Jerry D. Gifford		2. SEX Male	
3. DATE OF BIRTH (Month, Day, Year) November 28, 1948		4. AGE-Last Birthday (Years) 59	
5. DATE OF DEATH (Month, Day, Year) Found May 21, 2008		6. COUNTY OF DEATH Columbia	
7. BIRTHPLACE (City and State or Foreign Country) Mobile, Oklahoma		8. COUNTY OF DEATH Columbia	
9. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival NON-HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input checked="" type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify) Pond		10. FACILITY NAME (If not institution, give street address) 17364 N US Highway 441	
11. CITY, TOWN, OR LOCATION OF DEATH White Springs		12. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
13. SURVIVING SPOUSE'S NAME (If wife, give maiden name) Lori Smith		14. CITY, TOWN, OR LOCATION White Springs	
15. RESIDENCE - STATE Florida		16. COUNTY Columbia	
17. STREET ADDRESS 17364 North US Highway 441		18. APT. NO. 32096	
19. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		20. KIND OF BUSINESS/INDUSTRY Self Employed	
21. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life) Carpenter			
22. DECEDENT'S RACE (Specify the race/ethnicity to indicate what decedent considered himself/herself to be. More than one race may be specified.) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Specify tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Isl. (Specify)			
23. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.) <input type="checkbox"/> Yes (If Yes, specify) <input checked="" type="checkbox"/> No <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central/South American <input type="checkbox"/> Other Hispanic (Specify)			
24. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) <input checked="" type="checkbox"/> 8th or less <input type="checkbox"/> High school but no diploma <input type="checkbox"/> High school diploma or GED <input type="checkbox"/> College but no degree <input type="checkbox"/> College degree (Specify) <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate			
25. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
26. FATHER'S NAME (First, Middle, Last, Suffix) Nickdemus Reeves		27. MOTHER'S NAME (First, Middle, Maiden Surname) Betty Williams	
28. INFORMANT'S NAME Lori Gifford		29. RELATIONSHIP TO DECEDENT Spouse	
30. CITY OR TOWN Lake City		31. STREET ADDRESS 1640 SW State Road 247	
32. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Forest Lawn Crematory		33. LOCATION - CITY OR TOWN Lake City	
34. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)		35. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
36. LICENSE NUMBER (of Licensee) F045471		37. SIGNATURE OF MEDICAL EXAMINER OR PERSON ACTING AS SUCH [Signature]	
38. NAME OF FUNERAL FACILITY Gateway-Forest Lawn Funeral Home, Inc.		39. FACILITY'S MAILING - STATE Florida	
40. CITY OR TOWN Lake City		41. STREET ADDRESS P.O. Box 2263	
42. ZIP CODE 32056		43. CERTIFIER <input checked="" type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated. <input type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check one) [Signature]	
44. DATE SIGNED (mm/dd/yyyy) 05/22/2008		45. TIME OF DEATH (24 hr.) Unknown	
46. MEDICAL EXAMINER'S CASE NUMBER 080300816		47. NAME OF ATTENDING PHYSICIAN (If other than Certifier) [Signature]	
48. CERTIFIER'S STATE Florida		49. CERTIFIER'S CITY OR TOWN Jacksonville	
50. CERTIFIER'S STREET ADDRESS 2100 Jefferson Street		51. CERTIFIER'S ZIP CODE 32206	
52. SUBREGISTRAR - Signature and Date [Signature]		53. DATE FILED BY REGISTRAR (Mo., Day, Yr.) May 28, 2008	
54. PROBABLE MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined			
55. CAUSE OF DEATH - PART I (See instructions on back) Enter the chain of events - diseases, injuries, or complications - that directly caused the death. Enter only one cause on a line. DO NOT enter terminal event such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequitally list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST a. [Redacted] b. [Redacted] c. [Redacted] d. [Redacted] Due to (or as a consequence of):			
56. PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in PART I			
57. IF SURGERY MENTIONED IN PART I OR II, ENTER REASON FOR SURGERY		58. DATE OF SURGERY (Mo., Day, Yr.)	
59. IF FEMALE, WAS SHE PREGNANT WITHIN THE PAST YEAR <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		60. IF YES, specify timeframe: <input type="checkbox"/> at time of death <input type="checkbox"/> within 1 to 42 days of death <input type="checkbox"/> within 43 days to 1 year of death	
61. DATE OF INJURY (Month, Day, Year) Unknown		62. TIME OF INJURY (24 hr.) Unknown	
63. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		64. LOCATION OF INJURY - STATE Florida	
65. CITY OR TOWN White Springs		66. STREET ADDRESS 17364 N US Highway 441	
67. APT. NO. 32096		68. ZIP CODE 32096	
69. DESCRIBE HOW INJURY OCCURRED Shot by other(s)			
70. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, wooded area) Decedent's Home			
71. IF TRANSPORTATION INJURY, 52a. Status of Decedent <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
72. 52b. Type of Vehicle <input type="checkbox"/> Car/Minivan <input type="checkbox"/> S.U.V. <input type="checkbox"/> Motorcycle <input type="checkbox"/> Pickup Truck/Cargo Van <input type="checkbox"/> Bus <input type="checkbox"/> Heavy Transport <input type="checkbox"/> Other (Specify)			

Exhibit "B"

Elaine K. Newcomb, DR

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)

35050201

CERTIFICATION OF VITAL RECORD



* 3 5 0 5 0 2 0 1 *

VOID IF ALTERED OR ERASED

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only

Zoning Official cfw 7/17/08 Building Official WDO 7-3-08 ok

AP# 0807-10 Date Received 7/12 By W Permit # 2740

Flood Zone A Development Permit Zoning A-1 Land Use Plan Map Category A-1

Comments - 520-Burnt - NO CHANGE - Exempt from impact fee
finished floor to be 1' above paved rd. or 2' above grade rd
2.31 legal non-adj. lot

FEMA Map # Elevation Finished Floor River In Floodway

☒ Site Plan with Setbacks shown ☒ Environmental Health Signed Site Plan ☒ FDOT ☒ Env. Health Release

☒ Well letter provided ☒ Existing Well proof of ownership ☒

Revised 9-23-04

- Property ID 06-15-17-0493-004 Must have a copy of the property deed
- New Mobile Home Used Mobile Home X Year 1988
- Subdivision Information
- Applicant Lori Gifford Phone # 386 758-8589
- Address 17364 N U.S 441 White Springs FL 32096
- Name of Property Owner JERRY GIFFORD Phone# 386 758-8589 Lori Gifford 904-568-2494 - Lori
- 911 Address 17364 N US 441 White Springs FL 32096
- Circle the correct power company - FL Power & Light - Clay Electric
 (Circle One) - Suwannee Valley Electric - Progressive Energy
- Name of Owner of Mobile Home Lori Gifford Phone # 386 758-8589
- Address 12364 N US 441 White Springs FL 32096
- Relationship to Property Owner Wife see attached email from county atty.
- Current Number of Dwellings on Property 1 (home burned out)
- Lot Size Total Acreage 10
- Do you : Have an Existing Drive or need a Culvert Permit or a Culvert Waiver Permit
- Driving Directions 441 North 13.3 mile's on left. From I-10.
- Is this Mobile Home Replacing an Existing Mobile Home Yes Paid
- Name of Licensed Dealer/Installer Terry L. The FL Phone # (386) 623-0115
- Installers Address 448 NW Nye Hunter DR. Lake City FL 32055
- License Number TH-0000036 Installation Decal # 296985

PERMIT NUMBER

POCKET PENETROMETER TEST

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

1500 x 1200 = 1800
285 240

POCKET PENETROMETER TESTING METHOD

1. Test the perimeter of the home at 8 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.

1500 x 1500 = 2250
285 240

TORQUE PROBE TEST

The results of the torque probe test is 285 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.

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: 24"
Walls: Type Fastener: Length: Spacing: 24"
Roof: Type Fastener: Length: Spacing: 24"
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 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

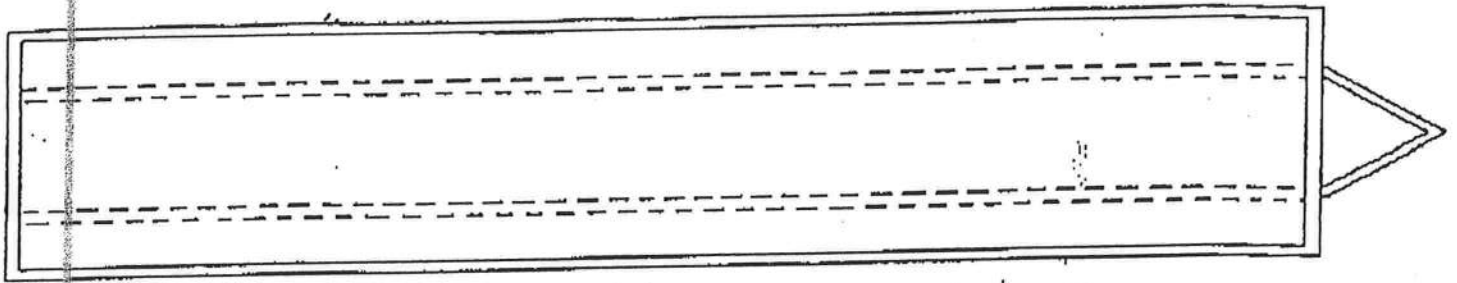
manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature

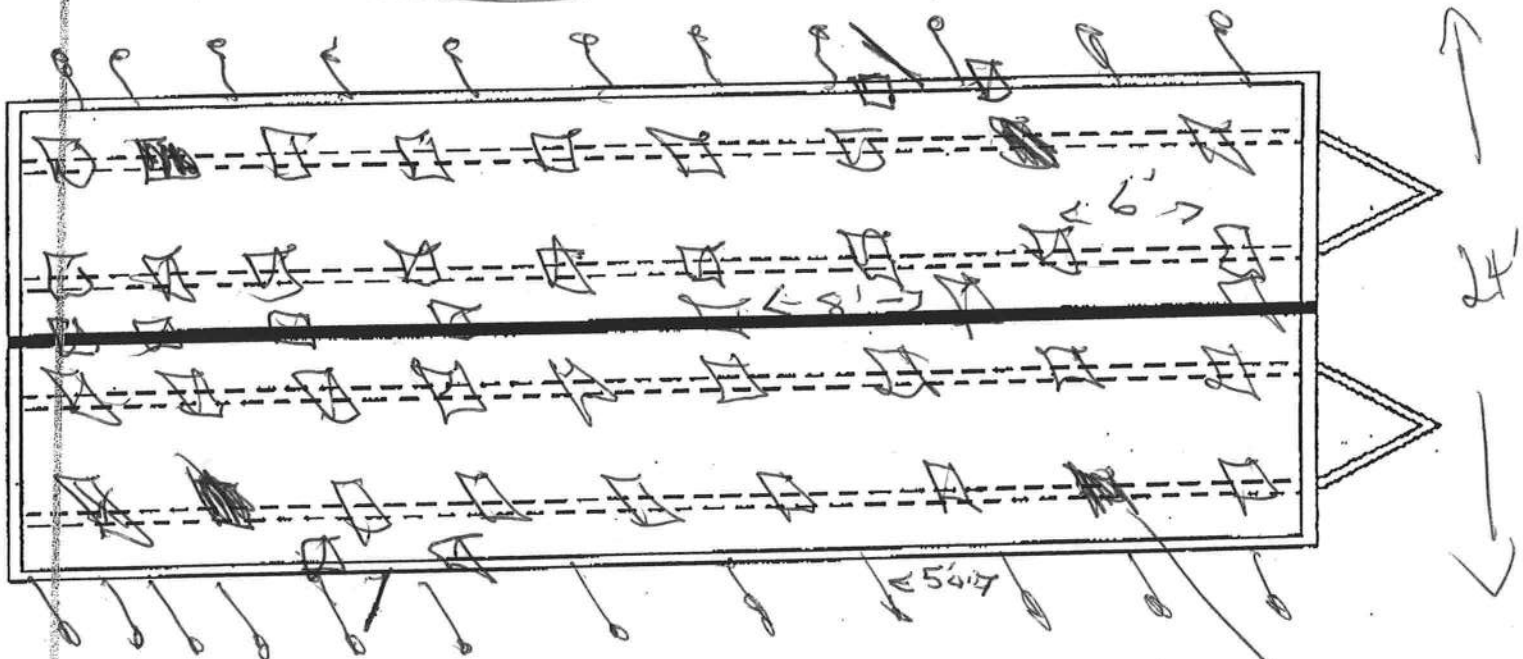
Date

Applicant shall provide layout from manufacturer specific to the model installed. This form may be used if the layout from the manufacturer is not available.

SINGLE WIDE MOBILE HOME



Morton 24' x 66'



DOUBLE WIDE MOBILE HOME

1100 All Steel
Stabilizer
System



Show each pier and anchor location, with maximum spacing and distance from end walls, as required in the manufacturer's specifications. Any special pier footing required (over 16 x 16 inches) shall be noted separately with required dimensions per the manufacturer's specifications. To determine footing size and spacing, a soil bearing capacity test shall be used. Pier footings to be poured-in-place, whether required by manufacturer's specifications or by preference, must be inspected by the Building Department prior to pouring.

LIMITED POWER OF ATTORNEY

I, TERRY L. THRIFT, LICENSE #1H-0000036 EXPIRING 09-30-20____. DO HEREBY
AUTHORIZE Lori Gifford TO BE MY REPRESENTATIVE
AND ACT ON MY BE HALF IN ALL ASPECTS OF APPLYING FOR A MOBILE HOME
MOVE ON PERMIT TO BE INSTALLED IN _____ COUNTY,
FLORIDA.

Terry L. Thrift
TERRY L. THRIFT

DATE _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS 27 DAY OF June
2008.

Rebecca L. Arnaud
NOTARY PUBLIC



PERSONALLY KNOWN: ✓

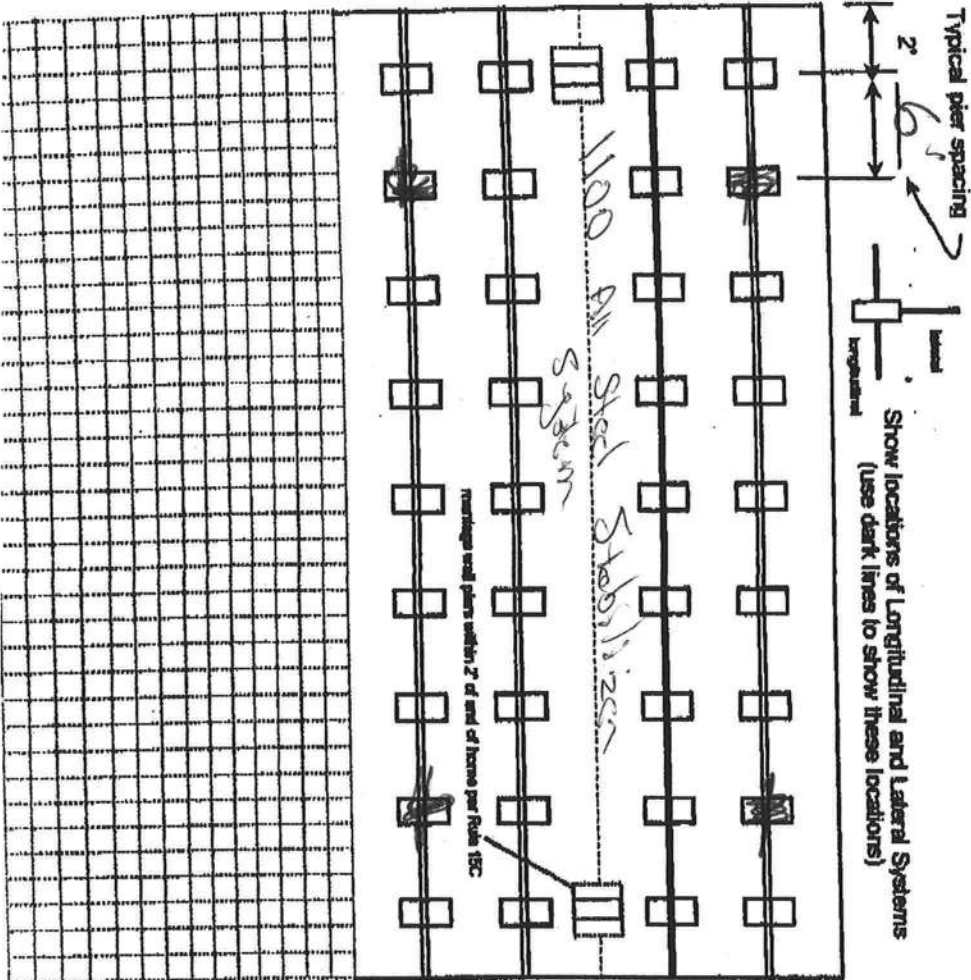
PRODUCED ID: _____

YEAR _____ MAKE _____ SN# _____

PROPERTY ID/LOCATION _____

PERMIT NUMBERInstaller Terry L. Thibault License # TH-0000086Address of home being installed 17364 N US 441
White Springs FL 32096Manufacturer Horton Length x width 66' x 24' Box**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 TH

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 # 296985

Triple/Quad ☐ Serial # H486386L

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq ft)	16' x 16' (256)	16 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'	9'	10'
2000 psf	6'	8'	9'	10'	11'	12'
2500 psf	7' 6"	9'	10'	11'	12'	13'
3000 psf	8'	10'	11'	12'	13'	14'
3500 psf	8'	10'	11'	12'	13'	14'

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

PIER PAD SIZES10' x 25'

I-beam pier pad size

Perimeter pier pad size

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

10' 10' x 25'**TIEDOWN COMPONENTS**Longitudinal Stabilizing Device (LSD)
Manufacturer Lincoln
Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer**POPULAR PAD SIZES**

Pad Size	Sq ft
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	345
20 x 20	400
17 3/16 x 25 3/16	441
17 1/2 x 25 1/2	448
24 x 24	576
26 x 26	676

ANCHORS**FRAME TIES**

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

OTHER TIESSidewall
Longitudinal
Marriage wall
Shearwall

LETTER OF AUTHORIZATION TO PULL PERMITS

I, Terry L. Thrift, DO HEREBY GRANT
Lori Gifford, AUTHORIZATION TO PULL TE
NECESSARY PERMITS REQUIRED FOR THE DELIVERY AND SET OF A
MANUFACTURED HOME IN Columbia COUNTY, FLORIDA.

Terry L. Thrift
SIGNATURE

THIS FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS

27 DAY OF June, 2008.

BY Terry L. Thrift, WHO IS PERSONALLY KNOWN TO ME.

STATE OF FLORIDA
COUNTY OF Columbia

Rebecca L. Arnan
NOTARY PUBLIC



(STAMP)

AFFIDAVIT

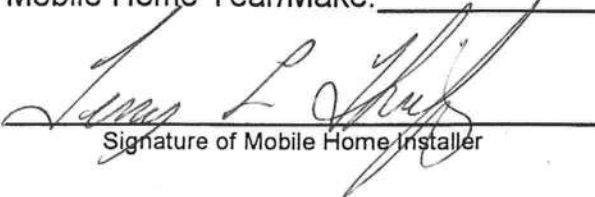
I certify that the following described mobile home being placed on the referenced parcel is not a Wind Zone 1 mobile home.

Customer's Name: Lori Gifford

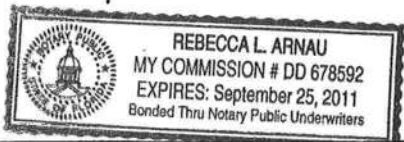
Property ID: Sec: _____ Twp: _____ Rge: _____ Tax Parcel No: _____

Lot: _____ Block: _____ Subdivision: _____

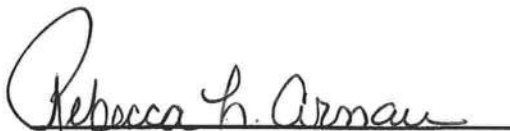
Mobile Home Year/Make: _____ Size: _____


Signature of Mobile Home Installer

Sworn to and subscribed before me this 27 day of June, 2008
by Terry L. Thrift



Notary's name printed/typed


Notary Public, State of Florida
Commission No. _____
Personally Known: ☒
Produced ID (type) _____

Columbia County Property Appraiser

DB Last Updated: 4/15/2008

2008 Proposed Values

Tax Record

Property Card

Interactive GIS Map

Print

Parcel: 06-1S-17-04493-004 HX

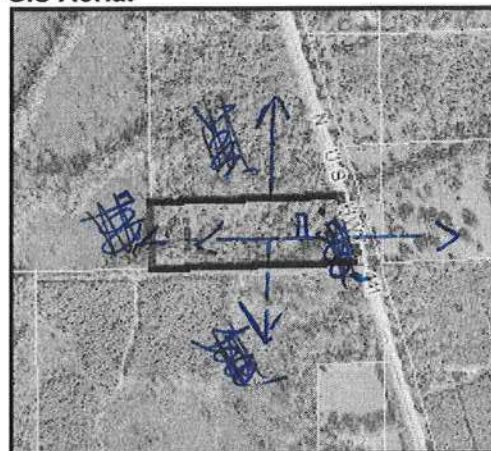
Search Result: 1 of 2

Next >>

Owner & Property Info

Owner's Name	GIFFORD JERRY		
Site Address	HWY 441		
Mailing Address	17364 N HWY 441 WHITE SPRINGS, FL 32096		
Use Desc. (code)	SINGLE FAM (000100)		
Neighborhood	1117.00	Tax District	3
UD Codes	MKTA03	Market Area	03
Total Land Area	10.000 ACRES		
Description	COMM NW COR OF GOV'T LOT 1, RUN S 2274.81 FT FOR POB, RUN E 1078.72 FT TO W R/W US-441, SE ALONG R/W 398.53 FT, W 1190.56 FT, N 383.95 FT TO POB. ORB 556-507, 794-708, 888-1503, WD 1138-1362		

GIS Aerial



Property & Assessment Values

Mkt Land Value	cnt: (2)	\$50,000.00
Ag Land Value	cnt: (0)	\$0.00
Building Value	cnt: (1)	\$47,203.00
XFOB Value	cnt: (2)	\$1,900.00
Total Appraised Value		\$99,103.00

Just Value	\$99,103.00
Class Value	\$0.00
Assessed Value	\$47,362.00
Exempt Value	(code: HX) \$25,000.00
Total Taxable Value	\$22,362.00

Sales History

Sale Date	Book/Page	Inst. Type	Sale VImp	Sale Qual	Sale RCode	Sale Price
12/11/2007	1138/1362	WD	I	U	01	\$100.00
9/22/1999	888/1503	WD	I	Q		\$49,000.00
7/29/1994	794/708	QC	I	U	01	\$18,500.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	SINGLE FAM (000100)	1980	WD or PLY (08)	1344	1920	\$47,203.00
Note: All S.F. calculations are based on exterior building dimensions.						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0040	BARN,POLE	0	\$300.00	1.000	14 x 30 x 0	(.00)
0190	FPLC PF	1993	\$1,600.00	1.000	0 x 0 x 0	(.00)

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000100	SFR (MKT)	1.000 AC	1.00/1.00/1.00/1.00	\$5,000.00	\$5,000.00

A FDID <u>29091</u> * State <u>FL</u> * Incident Date <u>09/27/2007</u> * Station <u>41</u> Incident Number <u>07-0003496</u> * Exposure <u>000</u> *		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity		WFIRS -1 Basic
B Location* <input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B "Alternative Location Specification". Use only for wildland fires.				
<input checked="" type="checkbox"/> Street address <u>17364</u> <u>N</u> <u>US Highway 441</u> Number/Milepost Prefix Street or Highway Street Type Suffix <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions <u>Lake City</u> <u>FL</u> <u>32025</u> Apt./Suite/Room City State Zip Code Cross street or directions, as applicable				
C Incident Type * <u>111</u> <u>Building fire</u> Incident Type		E1 Date & Times Midnight is 0000 Check boxes if dates are the same as Alarm Date. Alarm <u>09/27/2007</u> <u>10:50:00</u> Month Day Year Hr Min Sec ALARM always required ARRIVAL required, unless canceled or did not arrive <input checked="" type="checkbox"/> Arrival <u>09/27/2007</u> <u>11:08:00</u> CONTROLLED Optional, except for wildland fires <input type="checkbox"/> Controlled LAST UNIT CLEARED, required except for wildland fires <input checked="" type="checkbox"/> Last Unit <u>09/27/2007</u> <u>13:42:00</u> Cleared		E2 Shift & Alarms Local Option <u>A</u> <u>01</u> <u>1</u> Shift or Alarms District Platoon
D Aid Given or Received* 1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Automatic aid recvd. 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Automatic aid given 5 <input type="checkbox"/> Other aid given N <input checked="" type="checkbox"/> None Their FDID Their State Their Incident Number		E3 Special Studies Local Option Special Study ID# Special Study Value		
F Actions Taken * <u>11</u> <u>Extinguishment by fire</u> Primary Action Taken (1) <u>12</u> <u>Salvage & overhaul</u> Additional Action Taken (2) Additional Action Taken (3)		G1 Resources * <input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus <u>0004</u> <u>0010</u> Personnel Suppression EMS Other <u>0002</u> <input type="checkbox"/> Check box if resource counts include aid received resources.		G2 Estimated Dollar Losses & Values LOSSES: Required for all fires if known. Optional for non fires. None Property \$ <u>060</u> <u>000</u> Contents \$ <u>030</u> <u>000</u> PRE-INCIDENT VALUE: Optional Property \$ <u>060</u> <u>000</u> Contents \$ <u>030</u> <u>000</u>
Completed Modules <input checked="" type="checkbox"/> Fire-2 <input checked="" type="checkbox"/> Structure-3 <input type="checkbox"/> Civil Fire Cas.-4 <input type="checkbox"/> Fire Serv. Cas.-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11		H1 Casualties <input checked="" type="checkbox"/> None Deaths Injuries Fire Service Civilian H2 Detector Required for Confined Fires. 1 <input type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input checked="" type="checkbox"/> Unknown		H3 Hazardous Materials Release N <input type="checkbox"/> None 1 <input type="checkbox"/> Natural Gas: any leak, no evacuation or HazMat actions 2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons 0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., please complete the HazMat form
I Mixed Use Property NN <input type="checkbox"/> Not Mixed 10 <input type="checkbox"/> Assembly use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Bus. & Residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use		J Property Use* Structures 131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/Tavern or nightclub 213 <input type="checkbox"/> Elementary school or kindergarten 215 <input type="checkbox"/> High school or junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Care facility for the aged 331 <input type="checkbox"/> Hospital Outside 124 <input type="checkbox"/> Playground or park 655 <input type="checkbox"/> Crops or orchard 669 <input type="checkbox"/> Forest (timberland) 807 <input type="checkbox"/> Outdoor storage area 919 <input type="checkbox"/> Dump or sanitary landfill 931 <input type="checkbox"/> Open land or field 341 <input type="checkbox"/> Clinic, clinic type infirmary 342 <input type="checkbox"/> Doctor/dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input checked="" type="checkbox"/> 1- or 2-family dwelling 429 <input type="checkbox"/> Multi-family dwelling 439 <input type="checkbox"/> Rooming/boarded house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/barracks 519 <input type="checkbox"/> Food and beverage sales 936 <input type="checkbox"/> Vacant lot 938 <input type="checkbox"/> Graded/care for plot of land 946 <input type="checkbox"/> Lake, river, stream 951 <input type="checkbox"/> Railroad right of way 960 <input type="checkbox"/> Other street 961 <input type="checkbox"/> Highway/divided highway 962 <input type="checkbox"/> Residential street/driveway 539 <input type="checkbox"/> Household goods, sales, repairs 579 <input type="checkbox"/> Motor vehicle/boat sales/repair 571 <input type="checkbox"/> Gas or service station 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric generating plant 629 <input type="checkbox"/> Laboratory/science lab 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/poultry storage (barn) 882 <input type="checkbox"/> Non-residential parking garage 891 <input type="checkbox"/> Warehouse 981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard Lookup and enter a Property Use code only if you have NOT checked a Property Use box: Property Use <u>419</u> <u>1 or 2 family dwelling</u> WFIRS-1 Revision 08/11/99		

K1 Person/Entity Involved

Local Option

Business name (if applicable)

Area Code

Phone Number

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name

MI

Last Name

Suffix

Number

Prefix

Street or Highway

Street Type

Suffix

Post Office Box

Apt./Suite/Room

City

State

Zip Code

☐ More people involved? Check this box and attach Supplemental Forms (NFIRS-18) as necessary

K2 Owner

☐ Same as person involved? Then check this box and skip the rest of this section.

Local Option

Business name (if applicable)

Area Code

Phone Number

☒ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name

MI

Last Name

Suffix

17364

N

US Highway 441

Street Type

Suffix

Lake City, FL 32055

Apt./Suite/Room

Lake City

Post Office Box

FL

32025

State Zip Code

L Remarks

Local Option

We responded to a structure fire. Upon arrival we found a single story wood frame structure with 3/4 fire involvement. Attack was made using 2-1 3/4" preconnect hose lines through uninvolved area. At the time of fire the structure was unoccupied and secured. Home owner returned and stated he had left around 10:00 AM to go to a doctor's appointment in Gainesville. Mr. Gifford stated that he left the windows open and secured. When asked to back track his movements he stated that he had been working in the master bedroom sanding drywall. He also stated he had secured some areas with additional screws. He stated that all the appliances were off with the ceiling fans throughout the home left in the on position. The entire master bedroom and rear areas of the house were burnt to floor level with very little walls standing. We noticed wiring located leading in to the master bedroom with excessive beading and breaks in wiring. Appeared to lead to ceiling fan and light area. Photos were taken of areas for documentation. At this time we aren't able to determine exact cause due to total burnout. We completed assignment and returned to station.

L Authorization

0016

Officer in charge ID

Cason, James W.

Signature

AC

Position or rank

Assignment

10

Month Day

02

Year

2007

Check Box if

☐ 0018
as Officer Member making report ID
in charge.

Cervantes, Tad

Signature

LT

Position or rank

Assignment

10

Month Day

02

Year

2007

FROM : COLUMBIA CD BUILDING + ZONING FAX NO. : 386-758-2160

Jul. 02 2008 04:05PM P1

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORTDATE RECEIVED 7/2 BY JW IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? NOOWNERS NAME LOU GILFORD PHONE 758-8589 CELL 704-568-2494

ADDRESS _____

MOBILE HOME PARK _____

SUBDIVISION _____

DRIVING DIRECTIONS TO MOBILE HOME CRG # 1 - access from AlhamaSEE: SALES PERSON JODY ESPERSHIPMOBILE HOME INSTALLER Jerry DRIFF PHONE _____ CELL 623-015

MOBILE HOME INFORMATION

MAKE HORTON YEAR 1988 SIZE 24 x 66 COLOR WHITE SIDINGSERIAL NO. H48638GIA (H48638GIL) MARON SHUTTLEWIND ZONE II Must be wind zone II or higher NO WIND ZONE I ALLOWED

INSPECTION STANDARDS

INTERIOR:

(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: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS: _____

SIGNATURE DryID NUMBER 401DATE 7-3-08

**FAX
MEMORANDUM****MEMORANDUM****FLORIDA DEPARTMENT OF TRANSPORTATION**

To: Mr. John Kerce, Dept. Director
Columbia Co. Building & Zoning Dept.
Fax No: 386-758-2160

From: Dale L. Cray, FDOT Permits Insp.
Date: 7-8-2008 **Fax No.** 386-961-7183
Attention: Col Co. Building Zoning Dept.

☐ Sign and return. ☐ For your files. ☐ Please call me. ☒ FYI ☐ For Review

REF: Existing Res. D/W / Inspected On: 7-8-2008

PROJECT: Mr. JERRY GIFFORD

PARCEL ID No: 06-1S-17-04493-004 **Permit No :** N/A **Sec No :** 29070

MILE POST: N/A

APP. NO : 0807-10

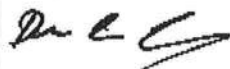
Mr. Kerce:

Please accept this as our legal notice of final passing inspection for (Mr. Jerry Gifford) for an Existing Res. Driveway. The project is located, SR 47 (17364 N Hwy 441) Lake City, Fl. The application number is (0807-10).

The existing Access has been inspected and (Approved) and, meets FDOT Standard Requirements.

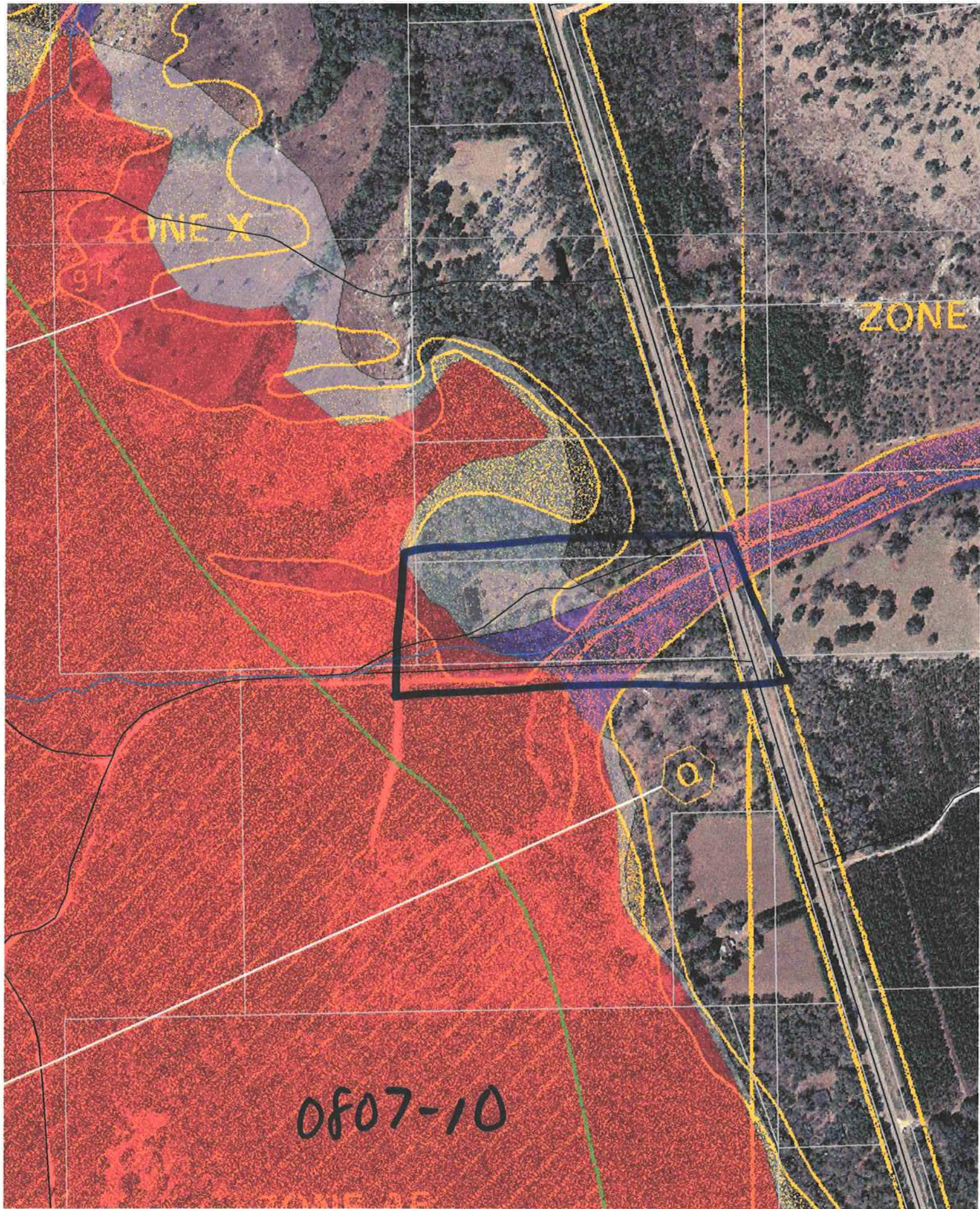
If further information is required on this project please do not hesitate to contact this office for additional access permitting information details. My office number is 961-7193 or 961-7146.

Sincerely,

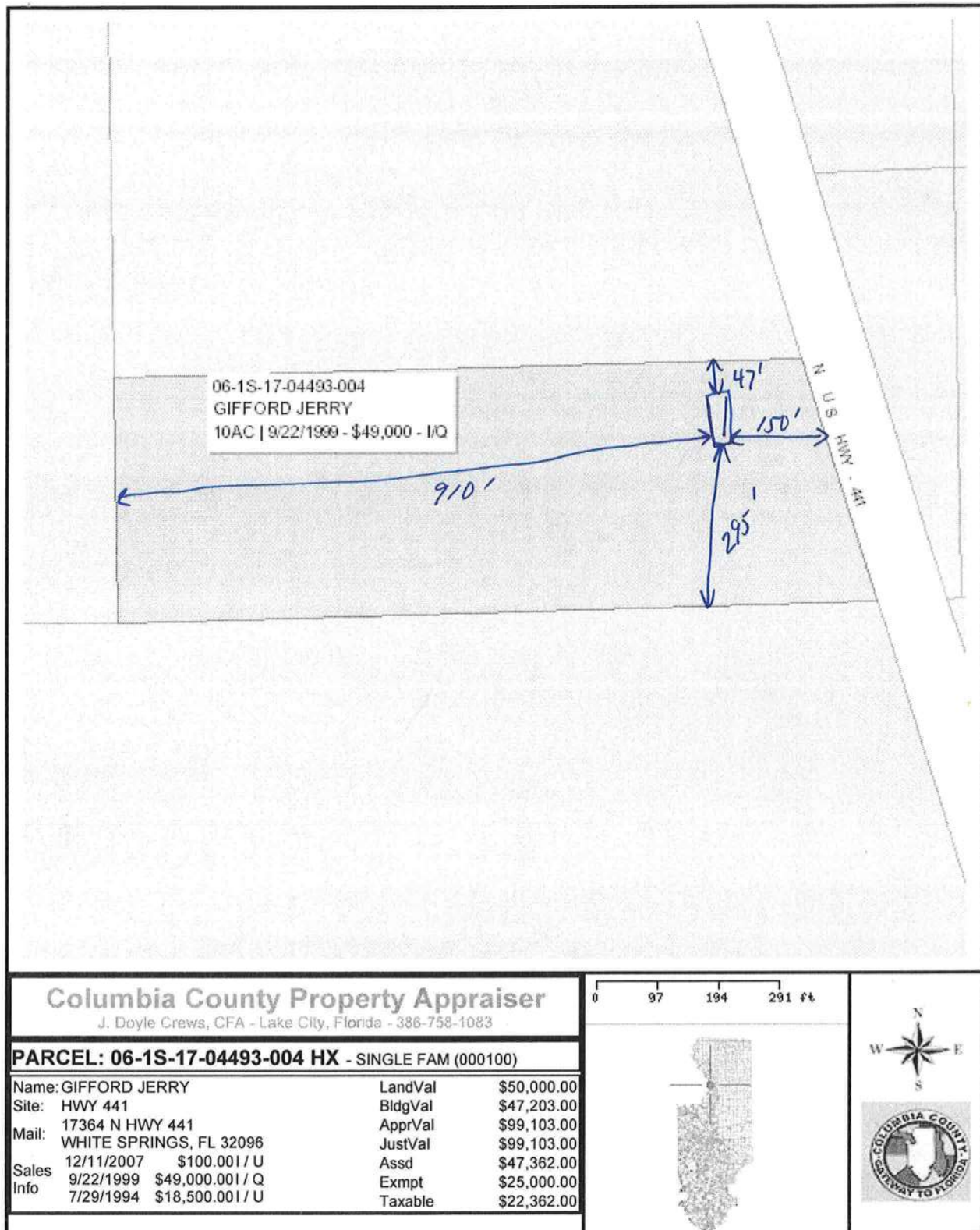


Dale L. Cray

Access Permits Inspector



04493-004



This information, GIS Map Updated: 4/15/2008, 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.



Columbia County Tax Collector

 Site Provided by...
 governmax.com T1.13

Tax Record

print Acc

Last Update: 7/8/2008 4:53:23 PM EDT

Details

Tax Record

 » Print View
 Legal Desc.
 Appraiser Data
 Tax Payment
 Payment History
 Print Tax Bill **NEW!**

Searches

 Account Number
 GEO Number
 Owner Name
 Property Address
 Certificate **NEW!**
 Mailing Address

Site Functions

 Disclaimer
 Tax Search
 Local Business Tax
 Tax Sale List
 Contact Us
 County Login
 Home

Ad Valorem Taxes and Non-Ad Valorem Assessments

The information contained herein does not constitute a title search and should not be relied on as such.

Account Number	Tax Type	Tax Year
R04493-004	REAL ESTATE	2007
<div> <div> Mailing Address GIFFORD JERRY & LORI 17364 N HWY 441 WHITE SPRINGS FL 32096 </div> <div> Property Address 17364 HWY N WHS GEO Number 171S06-04493-004 </div> </div>		
Assessed Value	Exempt Amount	Taxable Value
\$45,983.00	\$25,000.00	\$20,983.00
<div> Exemption Detail HX 25000 </div> <div> Millage Code 003 </div> <div> Escrow Code </div>		
Legal Description (click for full description) 06-1S-17 0100/0100 10.00 Acres COMM NW COR OF GOV'T LOT 1, RUN S 2274.81 FT FOR POB, RUN E 1078.72 FT TO W R/W US-441, SE ALONG I 398.53 FT, W 1190.56 FT, N 383.95 FT TO POB. ORB 556-507, 794-70888-1503,		
Ad Valorem Taxes		
Taxing Authority	Rate	Exemption Amount
BOARD OF COUNTY COMMISSIONERS	7.8530	25,000
COLUMBIA COUNTY SCHOOL BOARD		
DISCRETIONARY	0.7600	25,000
LOCAL	4.7800	25,000
CAPITAL OUTLAY	2.0000	25,000
SUWANNEE RIVER WATER MGT DIST	0.4399	25,000
LAKE SHORE HOSPITAL AUTHORITY	2.0220	25,000
COLUMBIA COUNTY INDUSTRIAL	0.1240	25,000
Total Millage		17.9789
Total Taxes		
Non-Ad Valorem Assessments		
Code	Levying Authority	
FFIR	FIRE ASSESSMENTS	
GGAR	SOLID WASTE - ANNUAL	
Total Assessments		
Taxes & Assessments		

 146.58
 201.00

THIS INSTRUMENT WAS PREPARED BY:

TERRY McDAVID
POST OFFICE BOX 1328
LAKE CITY, FL 32056-1328

RETURN TO:

TERRY McDAVID
POST OFFICE BOX 1328
LAKE CITY, FL 32056-1328

File No. 06-649

Property Appraiser's
Parcel Identification No.
04493-004

Recording Fee \$ 18.50
Documentary Stamp \$ 70

Inst:200712027573 Date:12/14/2007 Time:3:37 PM
Doc Stamp-Deed:0.70
J. DC, P DeWitt Cason, Columbia County Page 1 of 2

WARRANTY DEED

THIS INDENTURE, made this 11th day of December, 2007,
BETWEEN JERRY GIFFORD and his wife, LORI GIFFORD, whose post office
address is 17364 N US Highway 441, White Springs, FL 32096,
grantor*, and JERRY GIFFORD, whose post office address is 17364 N
US Highway 441, White Springs, Florida 32096, of the County of
Columbia, State of Florida, grantee*.

WITNESSETH: that said grantor, for and in consideration of
the sum of Ten Dollars (\$10.00), and other good and valuable
considerations to said grantor in hand paid by said grantee, the
receipt whereof is hereby acknowledged, has granted, bargained and
sold to the said grantee, and grantee's heirs and assigns forever,
the following described land, situate, lying and being in Columbia
County, Florida, to-wit:

TOWNSHIP 1 SOUTH - RANGE 17 EAST

SECTION 6: A tract of land in Government Lot 1, Section
6, Township 1 South, Range 17 East, Columbia County,
Florida, more particularly described as follows:

Commence at the Northwest corner of said Government Lot
1 run South 0°55'12" East along the West boundary line of
said Government Lot 1 2,274.81 feet to Point of
Beginning; thence North 88°21' East 1,078.72 feet to the
Westerly right-of-way line of State Road No. 47 (U.S.
Route 441); thence South 17°13' East along said Westerly
right-of-way line 398.53 feet; thence run S 88°21' W
1190.56 feet to the West boundary line of Government Lot
1; thence run N 0°55'12" W along said West boundary line
383.95 feet to the Point of Beginning.

SUBJECT TO: Restrictions, easements and outstanding
mineral rights of record, if any, and taxes for the
current year.

and said grantor does hereby fully warrant the title to said land, and will defend the same against the lawful claims of all persons whomsoever.

*"Grantor" and "grantee" are used for singular or plural, as context requires.

IN WITNESS WHEREOF, grantor has hereunto set grantor's hand and seal the day and year first above written.

Signed, sealed and delivered
in our presence:

DeEtte F. Brown
(First Witness)
DeEtte F. Brown
Printed Name

Jerry Gifford (SEAL)
JERRY GIFFORD

Crystal L. Brunner
(Second Witness)
CRYSTAL L. BRUNNER
Printed Name

Lori Gifford (SEAL)
LORI GIFFORD

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this 17th day of December, 2007, by JERRY GIFFORD and his wife, LORI GIFFORD, who are personally known to me or who have produced as identification and who did not take an oath.

My Commission Expires:

DeEtte F. Brown
Notary Public
Printed, typed, or stamped name:



THIS INSTRUMENT WAS PREPARED BY:

TERRY McDAVID
POST OFFICE BOX 1328
LAKE CITY, FL 32056-1328

Recording Fee \$ 10.50
Documentary Stamp \$ 343.00

FILED AND INDEXED IN FILE

SEP 21 " 1999

99-16225

RETURN TO:

TERRY McDAVID
POST OFFICE BOX 1328
LAKE CITY, FL 32056-1328
99-541
Grantee #1 S.S. No. [REDACTED]

Grantee #2 S.S. No. [REDACTED]

Property Appraiser's
Parcel Identification No.
06-1S-17-04492-004

WARRANTY DEED

THIS INDENTURE, made this 12th day of September, 1999,
BETWEEN MARY M. THOMAS, unmarried, whose post office address is
Route 1, Box 157-D, Lake City, Florida 32055, of the County of
Columbia, State of Florida, grantor*, and JERRY GIFFORD and his
wife, LORI GIFFORD, whose post office address is MCO-1, Box 58A,
White Springs, Florida 32096, of the County of Columbia, State of
Florida, grantee*.

WITNESSETH: that said grantor, for and in consideration of
the sum of Ten Dollars (\$10.00), and other good and valuable
considerations to said grantor in hand paid by said grantee, the
receipt whereof is hereby acknowledged, has granted, bargained and
sold to the said grantee, and grantee's heirs and assigns forever,
the following described land, situate, lying and being in Columbia
County, Florida, to-wit:

TOWNSHIP 1 SOUTH - RANGE 17 EAST

SECTION 6: A tract of land in Government Lot 1, Section
6, Township 1 South, Range 17 East, Columbia County,
Florida, more particularly described as follows:

Commence at the Northwest corner of said Government Lot
1 run South 0°55'12" East along the West boundary line of
said Government Lot 1 2,274.81 feet to Point of
Beginning; thence North 88°21' East 1,078.72 feet to the
Westerly right-of-way line of State Road No. 47 (U.S.
Route 441); thence South 17°13' East along said Westerly
right-of-way line 398.53 feet; thence run S 88°21' W
1190.56 feet to the West boundary line of Government Lot
1; thence run N 0°55'12" W along said West boundary line
383.95 feet to the Point of Beginning.

SUBJECT TO: Restrictions, easements and outstanding
mineral rights of record, if any, and taxes for the
current year.

343.00

MCK

and said grantor does hereby fully warrant the title to said land,
and will defend the same against the lawful claims of all persons
whomsoever.

*"Grantor" and "grantee" are used for singular or plural, as
context requires.

IN WITNESS WHEREOF, grantor has hereunto set grantor's hand
and seal the day and year first above written.

Signed, sealed and delivered
in our presence:

Terry McDavid
(First Witness)
Terry McDavid
Printed Name

Mary M. Thomas (SEAL)
MARY M. THOMAS

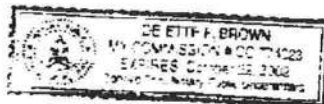
DeEtte F. Brown
(Second Witness)
DeEtte F. Brown
Printed Name

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this 22nd
day of September, 1999, by MARY M. THOMAS, unmarried, who is
personally known to me and who did not take an oath.

My Commission Expires:

DeEtte F. Brown
Notary Public
Printed, typed, or stamped name:



Connie Scott

From: Marlin Feagle [leagle@bellsouth.net]
Sent: Thursday, July 17, 2008 11:10 AM
To: Connie Scott
Subject: Tidwell

Connie, this morning I spoke with attorney Tom Brown re his client Ms. Tidwell who is the surviving widow of the gentleman who was recently killed in Columbia C. Since the property was in the husband's name at death, by Fla. law the widow automatically receives a life estate in the homestead property at his death. She is going to bring over to you an affidavit stating their relationship (spouse and homestead). Based on the affidavit the county is authorized to issue her a building permit for the mobile home to be setup on the property. Please call me if you have any question. Thank you. Marlin.

Don't need a permission affidavit
from son that is of age & has an
interest in property per Marlin
Feagle 7-17-08 - phone consultation.
C. Scott

OWNER IMPACT FEE OCCUPANCY AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF COLUMBIA**

BEFORE ME, the undersigned authority, personally appeared Lori Gifford
("Owner"), who, after being duly sworn, deposes and says:

1. Except as otherwise stated herein, Affiant has personal knowledge of the facts and matters set forth in this affidavit.

2. Affiant is the owner of the following described real property located in Columbia County, Florida, (herein "the property"):

- (a) Parcel No.: 06-15-17-04493-004
(b) Legal description (may be attached): _____

3. Affiant has or will apply to the Columbia County Building Department for a building permit for the replacement of a building or dwelling unit on the property where no additional square footage or dwelling units will be created and will be located on the same property.

4. Either based upon Affiant's personal knowledge or the attached signed written statement of another person, a certificate of occupancy has been issued for the replacement building or dwelling on the property within seven (7) years of the date the previous building or dwelling unit was previously occupied. The building or dwelling unit was last occupied on 9-27-2007 (see five report)

5. This affidavit is given for the purpose of obtaining an exemption pursuant to Article VIII, Section 8.01, Columbia County Comprehensive Impact Fee Ordinance No. 2007-40, adopted October 18, 2007, as may be amended.

Further Affiant sayeth naught.

Print: Lori Gifford

Address: 17364 N. US 441
White Springs, FL 32096

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 2008, by
_____ who is personally known to me or who has produced
_____ as identification.

(NOTARIES SEAL)

Notary Public, State of Florida

My Commission Expires:

Connie Scott

From: Marlin Feagle [leagle@bellsouth.net]
Sent: Thursday, July 17, 2008 1:55 PM
To: Connie Scott
Subject: Re: Tidwell

No because the mother having a life estate will have exclusive right of possession and use so long as she lives. At her death the family will have to either move the mobile home or it will become part of the land.mmf

----- Original Message -----

From: [Connie Scott](#)
To: [Marlin Feagle](#)
Sent: Thursday, July 17, 2008 12:03 PM
Subject: RE: ~~Tidwell~~ GIFFORD

OK, will do. Do we have to have a permission affidavit from the child that is of age that also received an interest in the property allowing his mother to place a MH on the property?

From: Marlin Feagle [mailto:leagle@bellsouth.net]
Sent: Thursday, July 17, 2008 11:10 AM
To: Connie Scott
Subject: Tidwell

Connie, this morning I spoke with attorney Tom Brown re his client Ms. Tidwell who is the surviving widow of the gentleman who was recently killed in Columbia C. Since the property was in the husband's name at death, by Fla. law the widow automatically receives a life estate in the homestead property at his death. She is going to bring over to you an affidavit stating their relationship (spouse and homestead). Based on the affidavit the county is authorized to issue her a building permit for the mobile home to be setup on the property. Please call me if you have any question. Thank you. Marlin.

IN THE CIRCUIT COURT FOR COLUMBIA COUNTY,
FLORIDA PROBATE DIVISION

IN RE: ESTATE OF

JERRY D. GIFFORD
Deceased.

File No.: _____

Division: Probate

STATE OF FLORIDA

COUNTY OF COLUMBIA

AFFIDAVIT OF LORI GIFFORD

BEFORE ME, the undersigned authority, personally appeared LORI GIFFORD, who being first duly sworn, deposes and says that:

1. My name is Lori Gifford.
2. I have personal knowledge of the facts set forth herein.
3. On October 12, 1994, I married Jerry D. Gifford. Our marriage certificate is attached hereto as Exhibit "A".
4. Jerry D. Gifford and I remained continuously married from October 12, 1994 until his death on or about May 21, 2008. A copy of the death certificate is attached hereto as Exhibit "B".
5. At the time of Jerry D. Gifford's death, he owned and was occupying, as homestead, the property described in the Deed attached as Exhibit "C".
6. As surviving spouse, I am vested with a life estate in the property.
7. The purpose of this Affidavit is to obtain a permit from the Columbia County Building Department thereby allowing me to move my mobile home on to the property identified in paragraph 5 above.

FURTHER AFFIANT SAYETH NOT.

THIS 17th day of July, 2008.


LORI GIFFORD, Affiant

STATE OF FLORIDA
COUNTY OF COLUMBIA

SWORN TO AND SUBSCRIBED before me this 17th day of July, 2008, by LORI GIFFORD, who did take an oath and who ☐ is personally known to me, or ☒ produced a Florida Drivers License as identification.

(SEAL)

Sharren Y. Bishop
Notary Public - State of Florida



MARRIAGE RECORD FLORIDA

APPLICATION NO. 205699

1. GROOM'S NAME (First, Middle, Last) Jerry Don Gifford		2. DATE OF BIRTH (Month, Day, Year) 11-28-48	
3a. RESIDENCE - CITY, TOWN, OR LOCATION Lake City		4. BIRTHPLACE (State or Foreign Country) Oka	
3b. COUNTY Columbia		3c. STATE Florida	
5a. BRIDE'S NAME (First, Middle, Last) Lori Lea Smith		5b. MAIDEN SURNAME (If different) Oka	
5c. RESIDENCE - CITY, TOWN, OR LOCATION Lake City		6. DATE OF BIRTH (Month, Day, Year) 11-4-68	
7a. COUNTY Columbia		7c. STATE Florida	
8. BIRTHPLACE (State or Foreign Country) Ark.		9. BIRTHPLACE (State or Foreign Country) Ark.	

THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR A LICENSE TO MARRY.

13. BRIDE'S SIGNATURE (Sign in name) <i>Lori Lea Smith</i>		14. SUBSCRIBED AND SWORN TO BEFORE ME ON: 10-12-94		15. TITLE OF ISSUING OFFICIAL P. DeWitt Cason	
16. SIGNATURE OF ISSUING OFFICIAL <i>P. DeWitt Cason</i>		17. DATE LICENSE ISSUED 10-12-94		18. EXPIRATION DATE 12-11-94	

CERTIFICATE OF MARRIAGE

21. I HEREBY CERTIFY THAT THE ABOVE NAMED BRIDE AND GROOM WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA ON **Oct. 12, 1994** AT **Lake City** CITY OR TOWN **FLORIDA** DATE (month, day, year)

22a. SIGNATURE OF PERSON PERFORMING CEREMONY
Julian E. Collins

22b. NAME OF PERSON PERFORMING CEREMONY (TYPE OR PRINT)
Julian E. Collins

22c. TITLE
County Judge

22d. ADDRESS
P.O. Box 2065, Lake City, FL 32056

23. SIGNATURE OF WITNESS TO CEREMONY
Clinton Caswell

24. SIGNATURE OF WITNESS TO CEREMONY
Diane S. Aubert

30. LAST MARRIAGE ENDED BY (SPECIFY DEATH, DIVORCE OR ANNULMENT)
Divorce

31. DATE LAST MARRIAGE ENDED
6-1984

34. LAST MARRIAGE ENDED BY (SPECIFY DEATH, DIVORCE OR ANNULMENT)

35. DATE LAST MARRIAGE ENDED

AUDIT CONTROL NO. 805409

This license not valid unless seal of Clerk, Circuit or County Court, appears thereon.

HRS Form 743, Feb 91
(Replaces Jan 89 edition which may be used)

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 *Mary K. Greene*
Deputy

Date 10-12-94

Exhibit "A"

THIS INSTRUMENT WAS PREPARED BY:

TERRY McDAVID
POST OFFICE BOX 1328
LAKE CITY, FL 32056-1328

Recording Fee \$ 18.50
Documentary Stamp \$.70

RETURN TO:

TERRY McDAVID
POST OFFICE BOX 1328
LAKE CITY, FL 32056-1328

File No. 06-649

Property Appraiser's
Parcel Identification No.
04493-004

Inst:200712027573 Date:12/14/2007 Time:3:37 PM
Doc Stamp-Deed:0.70
J.C. DeWitt Cason, Columbia County Page 1 of 2

WARRANTY DEED

THIS INDENTURE, made this 11th day of December, 2007,
BETWEEN JERRY GIFFORD and his wife, LORI GIFFORD, whose post office
address is 17364 N US Highway 441, White Springs, FL 32096,
grantor*, and JERRY GIFFORD, whose post office address is 17364 N
US Highway 441, White Springs, Florida 32096, of the County of
Columbia, State of Florida, grantee*.

WITNESSETH: that said grantor, for and in consideration of
the sum of Ten Dollars (\$10.00), and other good and valuable
considerations to said grantor in hand paid by said grantee, the
receipt whereof is hereby acknowledged, has granted, bargained and
sold to the said grantee, and grantee's heirs and assigns forever,
the following described land, situate, lying and being in Columbia
County, Florida, to-wit:

TOWNSHIP 1 SOUTH - RANGE 17 EAST

SECTION 6: A tract of land in Government Lot 1, Section
6, Township 1 South, Range 17 East, Columbia County,
Florida, more particularly described as follows:

Commence at the Northwest corner of said Government Lot
1 run South 0°55'12" East along the West boundary line of
said Government Lot 1 2,274.81 feet to Point of
Beginning; thence North 88°21' East 1,078.72 feet to the
Westerly right-of-way line of State Road No. 47 (U.S.
Route 441); thence South 17°13' East along said Westerly
right-of-way line 398.53 feet; thence run S 88°21' W
1190.56 feet to the West boundary line of Government Lot
1; thence run N 0°55'12" W along said West boundary line
383.95 feet to the Point of Beginning.

SUBJECT TO: Restrictions, easements and outstanding
mineral rights of record, if any, and taxes for the
current year.

Exhibit "C"

and said grantor does hereby fully warrant the title to said land, and will defend the same against the lawful claims of all persons whomsoever.

*"Grantor" and "grantee" are used for singular or plural, as context requires.

IN WITNESS WHEREOF, grantor has hereunto set grantor's hand and seal the day and year first above written.

Signed, sealed and delivered
in our presence:

DeEtte F. Brown
(First Witness)
DeEtte F. Brown
Printed Name

Jerry Gifford (SEAL)
JERRY GIFFORD

Crystal L. Brunner
(Second Witness)
CRYSTAL L. BRUNNER
Printed Name

Lori Gifford (SEAL)
LORI GIFFORD

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this 17th day of December, 2007, by JERRY GIFFORD and his wife, LORI GIFFORD, who are personally known to me or who have produced as identification and who did not take an oath.

My Commission Expires:

DeEtte F. Brown
Notary Public
Printed, typed, or stamped name:



OWNER IMPACT FEE OCCUPANCY AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF COLUMBIA**

BEFORE ME, the undersigned authority, personally appeared Lori Gifford
("Owner"), who, after being duly sworn, deposes and says:

1. Except as otherwise stated herein, Affiant has personal knowledge of the facts and matters set forth in this affidavit.

A life state IN

2. Affiant is the owner of the following described real property located in Columbia County, Florida, (herein "the property"):

- (a) Parcel No.: 06-15-17-04493-004
(b) Legal description (may be attached): _____

3. Affiant has or will apply to the Columbia County Building Department for a building permit for the replacement of a building or dwelling unit on the property where no additional square footage or dwelling units will be created and will be located on the same property.

4. Either based upon Affiant's personal knowledge or the attached signed written statement of another person, a certificate of occupancy has been issued for the replacement building or dwelling on the property within seven (7) years of the date the previous building or dwelling unit was previously occupied. The building or dwelling unit was last occupied on SEPT. 27, 2007.

5. This affidavit is given for the purpose of obtaining an exemption pursuant to Article VIII, Section 8.01, Columbia County Comprehensive Impact Fee Ordinance No. 2007-40, adopted October 18, 2007, as may be amended.

Further Affiant sayeth naught.

Lori Gifford

Print: Lori Gifford

Address: 17364 N u.s. 441

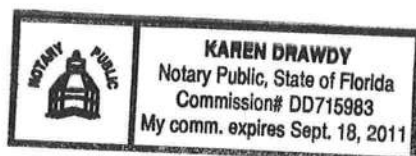
White Springs FL 32096

SWORN TO AND SUBSCRIBED before me this 15th day of July, 2008, by Lori Lea Gifford who is personally known to me or who has produced Florida Drivers License as identification.

Karen Drawdy
Notary Public, State of Florida

My Commission Expires: 9/18/2011

(NOTARIES SEAL)



Columbia County Property Appraiser

DB Last Updated: 4/15/2008

2008 Proposed Values

Tax Record

Property Card

Interactive GIS Map

Print

Parcel: 06-1S-17-04493-004 HX

Owner & Property Info

Search Result: 1 of 2

Next >>

Owner's Name	GIFFORD JERRY		
Site Address	HWY 441		
Mailing Address	17364 N HWY 441 WHITE SPRINGS, FL 32096		
Use Desc. (code)	SINGLE FAM (000100)		
Neighborhood	1117.00	Tax District	3
UD Codes	MKTA03	Market Area	03
Total Land Area	10.000 ACRES		
Description	COMM NW COR OF GOV'T LOT 1, RUN S 2274.81 FT FOR POB, RUN E 1078.72 FT TO W R/W US-441, SE ALONG R/W 398.53 FT, W 1190.56 FT, N 383.95 FT TO POB. ORB 556-507, 794-708, 888-1503, WD 1138-1362		

GIS Aerial



Property & Assessment Values

Mkt Land Value	cnt: (2)	\$50,000.00
Ag Land Value	cnt: (0)	\$0.00
Building Value	cnt: (1)	\$47,203.00
XFOB Value	cnt: (2)	\$1,900.00
Total Appraised Value		\$99,103.00

Just Value	\$99,103.00
Class Value	\$0.00
Assessed Value	\$47,362.00
Exempt Value	(code: HX) \$25,000.00
Total Taxable Value	\$22,362.00

Sales History

Sale Date	Book/Page	Inst. Type	Sale VImp	Sale Qual	Sale RCode	Sale Price
12/11/2007	1138/1362	WD	I	U	01	\$100.00
9/22/1999	888/1503	WD	I	Q		\$49,000.00
7/29/1994	794/708	QC	I	U	01	\$18,500.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	SINGLE FAM (000100)	1980	WD or PLY (08)	1344	1920	\$47,203.00
Note: All S.F. calculations are based on <u>exterior</u> building dimensions.						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0040	BARN,POLE	0	\$300.00	1.000	14 x 30 x 0	(.00)
0190	FPLC PF	1993	\$1,600.00	1.000	0 x 0 x 0	(.00)

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000100	SFR (MKT)	1.000 AC	1.00/1.00/1.00/1.00	\$5,000.00	\$5,000.00

