

**QUIT-CLAIM DEED**

THIS QUIT CLAIM DEED, made this 10<sup>th</sup> day of May, 2018, between MELVA KELLY, an unmarried widow, whose address is 45374 Oak Trail Callahan, FL 32011 ("Grantor"), and MILDRED L. HOFFECKER, whose address is P.O. Box 1462, Callahan, Florida 32011 ("Grantee").

**WITNESSETH:** Grantor, for and in consideration of the sum of Ten and no/100 Dollars (\$10.00) and other valuable considerations, to them in hand paid by the Grantee, the receipt whereof is hereby acknowledged, ~~by these~~ presents does grant, bargain, sell, alien, remise, release, convey and confirm unto Grantee, its successors and assigns forever, the following described land, situate and lying and being in the County of Wakulla, State of Florida, to wit:

Commencing at the SW corner of Section 25, Township 5 South, Range 2 West, run thence East along South line of said Section 598.5 feet to the centerline of State Road 30 (US 98), then run North 18°21' East along said centerline of road 2165.0 feet, then run South 73°45' East 1168.60 feet, thence run South 53°17' East 970.5 feet, then run South 7°20'40" East 169.0 feet to a point on the South boundary of Aqua-de-Vida Subdivision; then run South 83°03'40" East along said South boundary 264.0 feet to the Westerly R/W limits of State Road S-372B, then run South 15°06' East 311.97 to a point on the Easterly right-of-way limits of State Road 372B and the Point of Beginning; then run South 82°25' East 716.3 feet to the mean water line of Levy Bay, then run North 54°35'40" East along said mean water line 146.44 feet, then run North 82°25' West 827.6 feet to the Easterly R/W limits of SR S-372B, then run along a chord whose bearing is S 5°22'20" W 100 feet to the Point of Beginning, said land contains 1.76 acres, more or less in the East ½ of Section 25, Township 5 South, Range 2 West and being a strip of land 100 feet wide, and extending from the Eastern boundary of State Road S-372B to Levy Bay, adjoining and lying North of the lands as described in that certain deed from Mary L. Taff, et als to National Development Corporation, dated May 3, 1969 and recorded in OR 20 on pages 146-154 of the public records of Wakulla County, Florida; and being the same lands intended to have been conveyed by Taff Land and Timber Company, a Florida corporation, to the said M. B. Coffee by deed dated October 12, 1968 and recorded on Page 70 of Official Records Book 18 of the public records of Wakulla County, Florida

**THIS DEED HAS BEEN PREPARED WITHOUT BENEFIT OF TITLE SEARCH, TITLE EXAMINATION OR TITLE INSURANCE.**


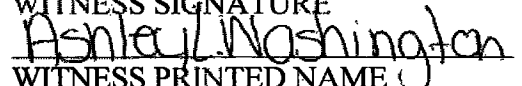
**The Grantor and James A. Kelly a/k/a James Albert Kelly were continuously married from September, 1978 through and including the date of his death on February 5, 2004, a copy of his death certificate being attached hereto and by this reference made a part hereof.**

TO HAVE AND TO HOLD the same together with all and singular the appurtenances thereto belonging or in anywise appertaining, and all the estate, right, title, interest, lien, equity and claim whatsoever of the said party of the first part, either in law, or equity, to the only proper use, benefit and behoof of said party of the second part, its successors and assigns forever.

**IN WITNESS WHEREOF**, the Grantor has hereunto set her hands and seals the day and year first above written.

Signed, sealed and delivered in the presence of:

  
WITNESS SIGNATURE  
  
WITNESS PRINTED NAME

  
WITNESS SIGNATURE  
  
WITNESS PRINTED NAME

  
MELVA KELLY

STATE OF FLORIDA

COUNTY OF Duval

The foregoing instrument was acknowledged before me this 10th day of May, 2018, by MELVA KELLY, who produced FL Driver's License as identification.

Jennifer K. Humphrey  
Signature of person taking acknowledgment  
Jennifer Humphrey  
Printed name of person taking acknowledgment  
Expiration Date of Commission:  
Commission Number:

Prepared by:  
Lawrence J. Bernard, Esquire  
480 Busch Drive  
Jacksonville, Florida 32218



Unofficial Copy

## STATE OF FLORIDA

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

## BUREAU of VITAL STATISTICS

CERTIFICATE OF DEATH  
FLORIDA

0 4 0 1 9 0 7 2

LOCAL FILE NO.

01-114

1. DECEDENT'S NAME FIRST: James MIDDLE: Albert LAST: Kelly			2. SEX Male						
3. DATE OF DEATH (Month, Day, Year) February 5, 2004		4. SOCIAL SECURITY NUMBER		5a. AGE-Last Birthday (years) 77		5b. UNDER 1 YEAR Months: Days: Hours: Minutes:			
6. DATE OF BIRTH (Month, Day, Year) April 2, 1926		7. BIRTHPLACE (City and State or Foreign Country) Wildwood, Florida			8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) No				
9a. PLACE OF DEATH (Check only one: see instructions on other side) HOSPITAL: Inpatient ER/Outpatient DOA OTHER: Nursing Home Residence Other (Specify):			9b. INSIDE CITY LIMITS? (Yes or No) Yes			9c. COUNTY OF DEATH Duval			
9d. FACILITY NAME (If not institution, give street and number) 2728 Cold Creek Blvd.			9d. CITY, TOWN, OR LOCATION OF DEATH Jacksonville			9e. COUNTY OF DEATH Duval			
10a. DECEDENT'S USUAL OCCUPATION Contractor		10b. KIND OF BUSINESS/INDUSTRY Paving		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Melva Mullen			
13a. RESIDENCE - STATE Florida		13b. COUNTY Duval		13c. CITY, TOWN, OR LOCATION Jacksonville		13d. STREET AND NUMBER 2728 Cold Creek Blvd.			
13e. INSIDE CITY LIMITS? (Yes or No) Yes		13f. ZIP CODE 32221		14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) No		15. RACE - American Indian, Black, White, etc. Specify: White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary College (1-4 or 5+) 3	
17. FATHER'S NAME (First, Middle, Last) John R. Kelly				18. MOTHER'S NAME (First, Middle, Maiden Surname) Mamie Beazley					
19a. INFORMANT'S NAME (Type/Print) Melva Kelly				19b. MAILING ADDRESS (Street and Number or P.O. Box Number, City or Town, State, Zip Code) 2728 Cold Creek Blvd., Jacksonville, FL 32221					
20a. METHOD OF DISPOSITION Burial _____ Cremation _____ Removal from State _____ Donation _____ Other (Specify):		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Holly Hill Memorial Park		20c. LOCATION - City or Town, State Middleburg, Florida					
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH [Signature]		21b. LICENSE NUMBER (of Licensee) 7E1908		21c. NAME AND ADDRESS OF FACILITY Hardage-Giddens Funeral Home 729 S. Edgewood Avenue Jacksonville, Florida 32205					
22a. To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated. (Signature and Title) [Signature] 2106105		22b. HOUR OF DEATH 5:30 A M		23a. On the basis of examination and/or investigation, my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated. (Signature and Title) [Signature]		23b. DATE SIGNED (Mo, Day, Yr) FEB 16 2004		23c. HOUR OF DEATH	
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				23d. MEDICAL EXAMINER'S CASE #					
24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) Troy Guthrie, MD 653-1 W. 8th Street, Jacksonville, FL 32209									
25a. SUBREGISTRAR - SIGNATURE AND DATE [Signature]				25b. LOCAL REGISTRAR - SIGNATURE [Signature]		25c. DATE REGISTERED FEB 16 2004			

State Registrar

Date Issued: August 8, 2016

REQ: 2017285831

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.  
THIS DOCUMENT, IF PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA, DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.



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DH FORM 1946 (03-13)

CERTIFICATION OF VITAL RECORD



VOID IF ALTERED OR ERASED