

This instrument prepared by
Mike Carter, Attorney
P.O. Box 566
Crawfordville, FL 32327
(904) 926-1111/926-3164

This Indenture,

(The terms "grantor" and "grantee" herein shall be construed to include all genders and singular or plural as the context indicates.)

Made this 4th day of March 1991, Between

Thomas Allen Davis, Sr., a/k/a/ Allen Davis, the remarried surviving spouse of Trudie Green Davis, deceased

of the County of Wakulla, State of Florida, grantor, and

Thomas Allen Davis, Sr., a/k/a/ Allen Davis and Violet Louise Davis, husband and wife (SSN [REDACTED] [REDACTED] respectively)

whose post-office address is P.O. Box 122, Sopchoppy, FL 32358, grantee.
of the County of WAKULLA, State of FLORIDA

Witnesseth: That said grantor, for and in consideration of the sum of Ten (\$10.00) Dollars, 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, successors and assigns forever, the following described land, situate, lying and being in WAKULLA County, Florida, to-wit:

Lot 13 of Sopchoppy North Addition according to a map or plat recorded in Plat Book 1 of the Town of Sopchoppy West side of the Railroad in the public records of Wakulla County, Florida;

ALSO an easement for ingress and egress across Lot 3 of Sopchoppy North Addition according to a map or plat recorded in Plat Book 1 of the Town of Sopchoppy West side of the Railroad in the public records of Wakulla County, Florida.

Property Appraiser's Parcel ID# 125503W04000959000

It is the intention of the Grantors in the execution and delivery of this deed to create a tenancy by the entirety in the Grantees.

Documentary Stamps Paid \$ 1.55
Date 3/4/91, Wakulla County,
Florida. J. Harold Thurmond, Clerk of
Circuit Court.

90800

RECORDED
91 MAR -4 PM 2:51
WAKULLA COUNTY, FLORIDA

NOTE: Death Certificate of Trudie Green Davis is attached as Exhibit A and Affidavit of Continuous Marriage is attached as Exhibit B.

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.

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:

WITNESS [Signature]

Andrea J. Carter

WITNESS

Thomas Allen Davis Sr. (Seal)
THOMAS ALLEN DAVIS, SR. a/k/a/ Allen Davis (Seal)

(Seal)
(Seal)

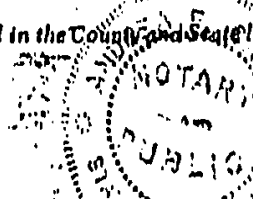
STATE OF FLORIDA
COUNTY OF WAKULLA

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REC.

I HEREBY CERTIFY that on this day before me, an officer duly qualified to take acknowledgments, personally appeared Thomas Allen Davis, Sr., a/k/a/ Allen Davis

to me known to be the person(s) described in and who executed the foregoing instrument and acknowledged before me the execution of same.

WITNESS my hand and official seal in the County and State last aforesaid this 4th day of March, 1991



Andrea J. Carter
Notary Public
My commission expires Jan. 13, 1995
Banded thru PICHARD Inc. Agency

THIS INSTRUMENT PREPARED BY

J. MICHAEL CARTER - Lawyer

P. O. Box 566, Crawfordville, Florida 32327 (904) 926-1111/ 926-3164

CERTIFICATE OF DEATH/STATE OF GEORGIA		10-1-1944		Mar 13 1986	
DECEASED		NAME (Last, First, Middle)		DATE OF DEATH (Mo., Day, Year)	
Trudy Bell		DAVIS		Female	
RACE		ORIGIN OF DECEASED (Mo., Day, Year)		UNDER 1 YEAR	
White		American		71	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION NAME (If not at home, give street and no.)		IF HOSPITAL OR INST. (Indicate Dept. or Service)	
Valdosta		2109 Hillcrest Dr.		N/A	
STATE AND COUNTY OF BIRTH		CITIZEN OF WHAT COUNTRY?		U.S. ARMY FORCES	
FL Wakulla		USA		18	
SOCIAL SECURITY NUMBER		MARRIAGE		U.S. ARMY FORCES	
[REDACTED]		Married		18	
RESIDENCE - STATE		CITY, TOWN OR LOCATION		STREET AND NUMBER	
GA		Valdosta		2109 Hillcrest Dr.	
FATHER'S NAME		MOTHER'S MAIDEN NAME		CITY, TOWN OR LOCATION	
Willie T. Green		Ruth Mary Gurney		Valdosta	
INFORMANT'S NAME		ADDRESS (Mo., Day, Year)		CITY, TOWN OR LOCATION	
Allen Davis		PO Box 122		Sopchoppy FL 32358	
CITY, TOWN OR LOCATION		CITY, TOWN OR LOCATION		CITY, TOWN OR LOCATION	
New Hope Cemetery		Tallahassee FL Leon Co. 32301		Tallahassee FL Leon Co. 32301	
ESTABLISHED DATE		ESTABLISHED DATE		ESTABLISHED DATE	
Mar 16 1986		Mar 16 1986		Mar 16 1986	
FURNERAL SERVICE (Name)		FURNERAL SERVICE (Name)		FURNERAL SERVICE (Name)	
Joe Henderson		Joe Henderson		Joe Henderson	
ESTABLISHED DATE		ESTABLISHED DATE		ESTABLISHED DATE	
1440		1440		1440	
EMBALMER LICENSE NO.		EMBALMER LICENSE NO.		EMBALMER LICENSE NO.	
1664		1664		1664	
CITY, TOWN OR LOCATION		CITY, TOWN OR LOCATION		CITY, TOWN OR LOCATION	
Crawfordville FL 32327		Crawfordville FL 32327		Crawfordville FL 32327	
CAUSE OF DEATH		CAUSE OF DEATH		CAUSE OF DEATH	
Cardio pulmonary arrest		Cardio pulmonary arrest		Cardio pulmonary arrest	
IF YES, WHERE & WHEN CONSIDERED TO BE DEATH?		IF YES, WHERE & WHEN CONSIDERED TO BE DEATH?		IF YES, WHERE & WHEN CONSIDERED TO BE DEATH?	
No		No		No	
DATE OF OPERATION (Mo., Day, Year)		DATE OF OPERATION (Mo., Day, Year)		DATE OF OPERATION (Mo., Day, Year)	
No		No		No	
ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Date of Injury Mo., Day, Year)		ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Date of Injury Mo., Day, Year)		ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Date of Injury Mo., Day, Year)	
No		No		No	
INJURY AT WORK? (Yes or No)		INJURY AT WORK? (Yes or No)		INJURY AT WORK? (Yes or No)	
No		No		No	
PLACE OF INJURY (Home, Farm, Street, Factory, Office, etc.)		PLACE OF INJURY (Home, Farm, Street, Factory, Office, etc.)		PLACE OF INJURY (Home, Farm, Street, Factory, Office, etc.)	
No		No		No	
DATE SIGNED (Mo., Day, Year)		DATE SIGNED (Mo., Day, Year)		DATE SIGNED (Mo., Day, Year)	
March 21, 1986		March 21, 1986		March 21, 1986	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER	
No		No		No	
NAME AND TITLE OF CERTIFIER (Physician, Medical Examiner, or Coroner)		NAME AND TITLE OF CERTIFIER (Physician, Medical Examiner, or Coroner)		NAME AND TITLE OF CERTIFIER (Physician, Medical Examiner, or Coroner)	
Harold Moore, Coroner		Harold Moore, Coroner		Harold Moore, Coroner	
ADDRESS OF CERTIFIER (Mo., Day, Year)		ADDRESS OF CERTIFIER (Mo., Day, Year)		ADDRESS OF CERTIFIER (Mo., Day, Year)	
1203 S. Patterson St. Valdosta GA 31601		1203 S. Patterson St. Valdosta GA 31601		1203 S. Patterson St. Valdosta GA 31601	
DATE RECEIVED BY REGISTRAR (Mo., Day, Year)		DATE RECEIVED BY REGISTRAR (Mo., Day, Year)		DATE RECEIVED BY REGISTRAR (Mo., Day, Year)	
March 24, 1986		March 24, 1986		March 24, 1986	
SIGNATURE OF REGISTRAR		SIGNATURE OF REGISTRAR		SIGNATURE OF REGISTRAR	
Brenda Courson		Brenda Courson		Brenda Courson	

CERTIFICATE OF RECORD

This is an exact copy of the unnumbered death certificate received for filing in Lowndes County, Georgia.

BY: Brenda Courson Local Custodian's Office

Date: 3/24/86 County of LOWNDES

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EXHIBIT A

AFFIDAVIT OF CONTINUOUS MARRIAGE

STATE OF FLORIDA
COUNTY OF WAKULLA

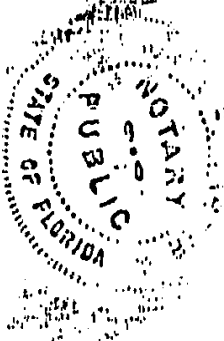
BEFORE ME this day personally appeared Thomas Allen Davis, Sr., a/k/a/ Allen Davis, who being first duly sworn, deposes and says that:

1. He is the remarried widower of Trudie Green Davis, who died on March 13, 1986 (death certificate attached).
2. That he and Trudie Green Davis acquired the following described real property in Wakulla County, described in OR 68, Page 64, Wakulla County Public Records.
3. That he and Trudie Green Davis were married at the time they acquired the said property and remained continuously married until her death on the date set forth.
4. Further, the Affiant sayeth not.

Thomas Allen Davis Sr.
THOMAS ALLEN DAVIS, SR.
a/k/a/ Allen Davis

SWORN TO AND SUBSCRIBED before me this 4th day of March, 1991.

Andrea E. Carter
Notary Public, State of Florida
My Commission expires:
Notary Public, State of Florida
My Comm. Exp. Jan. 13, 1995
Bonded thru FICARD Ins. Agency



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EXHIBIT B