

This Indenture

Wherever used herein, the term "party" shall include the heirs, personal representatives, successors and/or assigns of the respective parties herein; the use of the singular number shall include the plural, and the plural the singular; the use of any gender shall include all genders; and, if used, the term "note" shall include all the notes herein described if more than one.

Made this 24th day of May 1991 A. D. 1991

Sarah E. Smith, unmarried widow of Paul Smith (Grantor)

Wakulla and State of Florida, of the County of Wakulla, party of the first part,

Sarah E. Smith, Trustee of Sarah E. Smith Revocable Trust, dated 5/7/91
P.O. Box 416, Crawfordville, FL 32327

Wakulla and State of Florida, of the County of Wakulla, party of the second part,

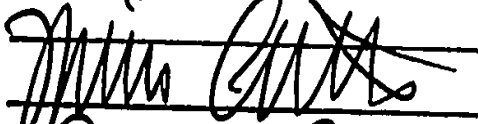
Witnesseth, that the said party of the first part, for and in consideration of the sum of Dollars, in hand paid by the said party of the second part, the receipt whereof is hereby acknowledged, has remised, released and quitclaimed, and by these presents does remise, release and quitclaim unto the said party of the second part all the right, title, interest claim and demand which the said party of the first part has in and to the following described lot, piece or parcel of land, situate lying and being in the County of Wakulla State of Florida, to wit:


NOTE: Properties conveyed are described in Exhibit A. Further attached hereto is an affidavit of continuous marriage Exhibit B, a death certificate as to Paul Wesley Smith, deceased husband of Grantor herein Exhibit C, Trust Registration of the Grantee herein, namely, the Sarah E. Smith Revocable Trust dated 5/7/91 Exhibit D, and Nontaxable Estate Certificate Exhibit E.

TRANS. NUM: 00093900
DOC STAMPS PD: \$.60
INTANG. TAX PD: \$.00
J. HAROLD THURMOND WAKULLA CO.
By: Marie D. Hoy, P.C.

To Have and to Hold the same, together with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title, interest 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 the said party of the second part.

In Witness Whereof, the said party of the first part has hereunto set his hand and seal the day and year first above written.
Signed, Sealed and Delivered in Our Presence:


Andrea D. Carter


Sarah E. Smith, unmarried widow of Paul Smith

State of Florida,
County of Wakulla

I HEREBY CERTIFY, That on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgments,

Sarah E. Smith, unmarried widow of Paul Smith

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to me well known to be the person described in and who executed the foregoing instrument and she acknowledged before me that she executed the same freely and voluntarily for the purposes therein expressed.

WITNESS my hand and official seal at
County of Wakulla and State of Florida, this 24th day of May 1991


Notary Public
My Commission Expires Jan. 13, 1995
PICKARD Ins. Agency

MIDSTATE LEGAL SUPPLY COMPANY
FLORIDA

EXHIBIT A

Parcel 1

From an iron stake at the northeast corner of the Northwest Quarter (NW $\frac{1}{4}$) of Section Thirty-five (35), Township Three South, Range Two West, run West 208.7 feet, thence run South 417.4 feet to a point on Lost Creek, thence run East 208.7 feet, thence run North to the point of beginning, containing two acres, more or less, in the northeast corner of the NE $\frac{1}{4}$ of NW $\frac{1}{4}$ of Section 35, Township 3 South, Range 2 West.

Property Appraiser's Parcel ID# 35-3S-02W-000-01724-000

NOTE: Authority OR 48 Page 59 Wakulla county, Florida public records

Parcel 2

Two and one-half (2 $\frac{1}{2}$) acres in the northwest corner of 100 acres, more or less, of Section Thirty-five (35), Township 3 South, Range 2 West, lying on the east side of Lost Creek. Said 2 $\frac{1}{2}$ acres in said northwest corner of said 100 acre tract to be equal width from north to south and from east to west.

Property Appraiser's Parcel ID# 35-3S-02W-000-01719-000

NOTE: Authority in OR 131 Page 682 Wakulla County, Florida public records

Parcel 3

Lot number Two (2) of Block "L" of Hudson Heights, Unit 3, Addition to Crawfordville, as per plat recorded on page 26 of plat book No. 1, public records of Wakulla County, Florida.

Property Appraiser's Parcel ID# 00-00-077-019-10601-000

NOTE: Authority in OR 21 Page 285 Wakulla County, Florida public records

AFFIDAVIT OF CONTINUOUS MARRIAGE

STATE OF FLORIDA
COUNTY OF WAKULLA

BEFORE ME this day personally appeared Sarah E. Smith, who being first duly sworn, deposes and says that:

1. She is the unremarried widow of Paul Wesley Smith, who died on July 6, 1990 (death certificate attached).
2. That she and Paul Wesley Smith acquired the following real property in Wakulla County, described in OR 48, Page 59, Wakulla County Public Records.
3. That she and Paul W. Smith were married at the time they acquired the said property and remained continuously married until his death on the date set forth.
4. Further, the Affiant sayeth not.

Sarah E. Smith
Sarah E. Smith

SWORN TO AND SUBSCRIBED before me this 24th day of May, 1991.

Andrea J. Carter
Notary Public, State of Florida
My Commission expires:

Notary Public, State of Florida
My Comm. Exp. Jan. 13, 1995
Bonded thru PICHARD Ins. Agency

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EXHIBIT "B"

OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH FLORIDA

LOCAL FILE NO.

1. DECEASED'S NAME (First, Middle, Last) PAUL WESLEY SMITH		2. SEX MALE	
3. DATE OF DEATH (Month, Day, Year) July 6, 1990		4. SOCIAL SECURITY NUMBER 181-10-4834	
5. DATE OF BIRTH (Month, Day, Year) August 3, 1913		6. AGE Last Birthday (Years) 76	
7. BIRTHPLACE (City and State or Foreign Country) Philadelphia, Penn.		8. WAS DECEDENT EVER IN U.S. ARMED FORCES (Yes or No) YES	
9. PLACE OF DEATH (Check only one, see instructions on other side) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		10. INSIDE CITY LIMITS (Yes or No) YES	
11. FACILITY (Name of institution, give street and number) Tallahassee Memorial Reg. Med. Ctr.		12. CITY, TOWN, OR LOCATION OF DEATH Tallahassee	
13. COUNTY OF DEATH Leon		14. DECEASED'S USUAL OCCUPATION Salesman	
15. KIND OF BUSINESS/INDUSTRY Bottling & Distributing		16. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) married	
17. SURVIVING SPOUSE (If wife, give maiden name) Sarah E. Eubanks		18. RESIDENCE - STATE Florida	
19. COUNTY Wakulla		20. CITY, TOWN, OR LOCATION Crawfordville	
21. STREET AND NUMBER Church Street - 1 Block north P. O. Box 416 of Courthouse		22. WHOLE CITY (MAY BE LEFT BLANK) YES	
23. ZIP CODE 32327		24. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
25. RACE - American Indian, Black, White, etc. (Specify) White		26. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary School 8 12 8	
27. FATHER'S NAME (First, Middle, Last) Barry Fillmore		28. MOTHER'S NAME (First, Middle, Maiden Surname) Mabel Elizabeth Harvey	
29. INFORMANT'S NAME (Type or Print) Sarah E. Smith		30. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) P. O. Box 416 Crawfordville, Fla. 32327	
31. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> General from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		32. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Aaron Cemetery	
33. LOCATION - City or Town, State Crawfordville, Fla.		34. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Brian L. Lauer	
35. LICENSE NUMBER (of Licensee) 2961		36. NAME AND ADDRESS OF FACILITY Culley's Meadowood Funeral Home 1737 Riggins Road Tallahassee, FL	
37. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner(s) stated. (Signature and Title) 7-10-90		38. DATE SIGNED (Mo./Day/Year) 7-10-90	
39. HOUR OF DEATH 3:15 P. M.		40. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Dr. Corner Cherry MD 1626 Riggins Rd Tallahassee FL 32307	
41. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) Dr. Corner Cherry MD 1626 Riggins Rd Tallahassee FL 32307		42. LOCAL REGISTRAR - SIGNATURE Oliver H. Boorde	
43. DATE REGISTERED July 13, 1990		44. PART I - Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Cardiovascular Shock	
45. IMMEDIATE CAUSE (Final disease or condition resulting in death) Cardiovascular Shock		46. DUE TO (OR AS A CONSEQUENCE OF) Cardiovascular	
47. DUE TO (OR AS A CONSEQUENCE OF) Cardiovascular		48. DUE TO (OR AS A CONSEQUENCE OF) Cardiovascular	
49. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I None		50. WAS AN AUTOPSY PERFORMED? (Yes or No) NO	
51. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) NO		52. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No) NO	
53. IF FEMALE, WAS THERE A PREGNANCY IN THIS PAST 12 MONTHS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		54. IF SURGERY IS MENTIONED IN PART I OR II ENTER CONDITION FOR WHICH IT WAS PERFORMED None	
55. DATE OF SURGERY (Mo./Day/Year) None		56. PROBABLE MANNER OF DEATH (Specify accident, suicide or homicide or undetermined) None	
57. DATE OF INJURY (Month, Day, Year) None		58. TIME OF INJURY M	
59. INJURY AT WORK? (Yes or No) None		60. DESCRIBE HOW INJURY OCCURRED None	
61. PLACE OF INJURY - At home, farm, street, factory, etc. (Specify) None		62. LOCATION (Street and Number or Rural Route Number, City or Town, State) None	

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

WARNING

ANY REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY 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

AL RECORD

HRS

REGISTRATION OF TRUST

Pursuant to Florida Statutes Section 737.101, the following statement is published by the undersigned trustee:

Sarah E. Smith as Grantor and Trustee of the Sarah E. Smith Revocable Trust, dated 5/7/91, herewith originally registers her trust and records her authority to execute any documents in the name of her trust. Henceforth, any successor trustees shall be required to register their authority to act in a trustee capacity pursuant to the Sarah E. Smith Revocable Trust dated 5/7/91, but no signature of Grantor need be affixed to that registration to make their authority lawful. Pursuant to F.S. 737.405, third persons are protected and may assume the Trustee has authority to act on trust property without inquiry into the actual trust document.

DONE AND EXECUTED this 1st day of May, 1991.

Witnesses:

John E. Haynes
JMA

Sarah E. Smith

Sarah E. Smith, Grantor and
Trustee of the Sarah E. Smith
Revocable Trust,
dated / /91.

STATE OF FLORIDA
COUNTY OF WAKULLA

I hereby certify that on this day before me, an officer duly qualified to take acknowledgments, personally appeared Sarah E. Smith to me known to be the person 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 1st day of May, 1991.

Andrea D. Carter

Notary Public, State of Florida
My commission expires:

Notary Public, State of Florida
My Comm. Exp. Jan. 13, 1995
Bonded thru PICARD Ins. Agency

Prepared by:
Mike Carter, Attorney
P.O. Box 566
Crawfordville, FL 32327
(904) 926-1111/926-3164
Florida Bar I.D. # 0122628

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EXHIBIT "D"

274866

DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA 32399-0100

Jonas Herndon
Executive Director

NONTAXABLE CERTIFICATE AND RECEIPT
FOR ESTATE TAX

TO: **HINE CARTER**
PO BOX 566
CRANFORDVILLE, FL
32327

RE: The Estate of **SMITH, PAUL W.**
Social Security No. **[REDACTED]**
Date of Death: **07/06/90**
Resident of **NAKULLA**
State of **FL**
Validation Date: **05/30/91**
Issue Date: **07/18/91**

County,

CERTIFICATE NUMBER **XXXXXXXX** **AC49834**

THIS IS TO CERTIFY, that in accordance with the provisions of Chapter 198, Florida Statutes, there has been filed with this office a sworn report or return for Estate Taxes as required by law, and on the basis thereof it has been ascertained that the above Estate is not subject to the Florida Estate Tax. The issuance of this Certificate, however, shall not preclude the assessment and collection of Estate Taxes subsequently determined to be due the State of Florida.

If proof of nonliability by the above Estate for the Florida Estate Tax is required by any person, this Certificate may be exhibited as evidence of such nonliability.

Given in triplicate under my hand and the Seal of the State of Florida.



J. Thomas Herndon
J. THOMAS HERNDON, EXECUTIVE DIRECTOR
DEPARTMENT OF REVENUE

07/18/91

Exhibit E

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