

executive line

THIS INSTRUMENT PREPARED BY

THIS INSTRUMENT PREPARED BY:
WILLIAM H. WEBSTER, P.A.
Post Office Box 478
Crawfordville, Florida 32327

94950
SEP 26 1991
CLERK OF COURT

This Indenture,

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

Documentary Stamps Paid \$ 60
Date 9-26-91, Wakulla County,
Notary J. Harold Thurmond, Clerk of
Circuit Court.

Made this 5th day of September 1991 Between
HAZEL RANDOLPH, the surviving widow of RICHARD RANDOLPH, deceased Social Security No(s) [REDACTED]
of the County of Borrough of Queens, State of New York, grantor; and
VERA JONES FARMER Social Security No(s) [REDACTED]
whose post office address is Rt. 3, Box 5517, Crawfordville, FL 32327
of the County of Wakulla, State of Florida, grantee,

Witnesseth: That said grantor, for and in consideration of the sum of Ten and 00/100----- 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, situate, lying and being in Wakulla County, Florida, to-wit:

Begin at a concrete monument marking the intersection of the South boundary of Section 12, Township 4 South, Range 2 West, Wakulla County, Florida, with the Easterly maintained right-of-way boundary of a graded county road and thence run North 17°03'10" East along said Easterly maintained right-of-way boundary 169.95 feet, thence run North 89°41'52" East 243.19 feet, thence run South 00°18'08" East 162.21 feet to the South boundary of said Section 12, thence run South 89°41'52" West along said South boundary 293.88 feet to the POINT OF BEGINNING, containing 1.00 acre, more or less.

Certified copy of the Death Certificate for RICHARD FRANKLIN is attached as Exhibit "A" and incorporated herein by reference.

Affidavit of Continuous Marriage for RICHARD FRANKLIN and HAZEL FRANKLIN, his wife, is attached as Exhibit "B" and incorporated herein by reference.

The property appraiser's parcel identification number of the property is:

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:

Scott W. Smiley
SCOTT W. SMILEY
W.H. Webster
W.H. WEBSTER

Hazel Randolph (Seal)
HAZEL RANDOLPH (Seal)

(Seal)

(Seal)

STATE OF FLORIDA
COUNTY OF WAKULLA

I HEREBY CERTIFY that on this day before me, an officer duly qualified to take acknowledgments, personally appeared

HAZEL RANDOLPH, the surviving widow of RICHARD RANDOLPH, deceased, 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 5th day of September, 1991.

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W.H. Webster
Notary Public
My commission expires: _____

DEPT. OF HEALTH
BOROUGH OF MANHATTAN
Y034057
JAN 28 10 09 PH '91

CERTIFICATE OF DEATH 56-91-005444
Certificate No.

1. NAME OF DECEASED RICHARD RANDOLPH
(Type or Print) (First Name) (Middle Name) (Last Name)

MEDICAL CERTIFICATE OF DEATH (To be filled in by the Physician)

2. PLACE OF DEATH NEW YORK CITY 2a. BOROUGH Bronx	2b. Name of hospital or other facility if not facility, street address Calvary Hospital	2c. If in Hospital or Other Facility (Check) 1 <input type="checkbox"/> DOA 3 <input type="checkbox"/> Outpatient 2 <input type="checkbox"/> Emerg. 4 <input checked="" type="checkbox"/> Inpatient	2d. If inpatient, date of current admission Month Day Year 1 18 91
3a. Date and Hour (Month) (Day) (Year) of Death JANUARY 28, 1991	3b. HOUR 11	4. SEX <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM M	5. APPROXIMATE AGE 69

6. I HEREBY CERTIFY THAT: (Check One)
 I attended the deceased A staff physician of this institution attended the deceased
 Or _____ attended the deceased.
 from JANUARY 18, 1991 to JANUARY 25, 1991 and last saw him alive at 8 AM
 on JANUARY 28, 1991. I further certify that traumatic injury or poisoning DID NOT play any part in causing death and that death did not occur in any unusual manner and was due entirely to NATURAL CAUSES.
 Witness my hand this 28 day of JANUARY, 1991 Signature Charles Kyriakos M.D.
 Name of Physician CHARLES KYRIAKOS Address 1740 Eastchester Road
 (Type or Print) Bronx, New York 10461

PERSONAL PARTICULARS (To be filled in by Funeral Director)

7. Usual Residence a. State NEW YORK	7b. County QUEENS	7c. City, Town, or Location JAMAICA	7d. Street & House No. 111-41 166th STREET	7e. Inside City Limits of 7c <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. Served in U.S. Armed Forces No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Specify years from 42 to 45	9. Marital Status (Check One) 1 <input type="checkbox"/> Never Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Married or separated 4 <input type="checkbox"/> Divorced	10. Name of Surviving Spouse (If wife, give maiden name) HAZEL HARRIS	11. Date of birth (Month) (Day) (Year) of Decedent AUGUST 13, 1929/1931	12. Age at last birthday 62 69
14a. Usual Occupation (Kind of work done during most of working lifetime, do not enter retired) OFFICE CLERK	14b. Kind of Business CON EDISON	15. Birthplace (City & State or Foreign Country) BAYON NEW JERSEY	16. Education (Check only one) 0-11 <input type="checkbox"/> 12 <input type="checkbox"/> 13-15 <input type="checkbox"/> 16 <input type="checkbox"/> 17+ <input type="checkbox"/>	17. Other name(s) by which decedent was known NONE
18. NAME OF FATHER OF DECEDENT JOHN RANDOLPH	19. MAIDEN NAME OF MOTHER OF DECEDENT ELIZABETH TAYLOR	20a. NAME OF INFORMANT HAZEL RANDOLPH	20b. RELATIONSHIP TO DECEASED WIFE	20c. ADDRESS (City) (State) (Zip) 111-41 166th ST. JAMAICA, N.Y.
21a. NAME OF CEMETERY OR CREMATORY LONG ISLAND CREMATORY	21b. LOCATION (City, Town, State and Country) SO. BABYLON NEW YORK	21c. DATE OF BURIAL OR CREMATION JANUARY 29, 1991	22a. FUNERAL DIRECTOR GRAVES MEMORIAL FUNERAL SERVICES, INC.	22b. ADDRESS 116-08 MERRICK BLVD JAMAICA, N.Y.

BUREAU OF VITAL RECORDS DEPARTMENT OF HEALTH THE CITY OF NEW YORK
 CHANGES APPROVED BY COMM'R OF HEALTH MAR 1 1991 E. STROHMEIER Deputy City Registrar

OFF. REC. 181 PAGE 708

This is to certify that the foregoing is a true copy of a record on file in the Department of Health. The Department of Health does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

Earlene Price
EARLENE PRICE
CITY REGISTRAR



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DATE ISSUED
VR134-200M-M104100

MAR 1 1991

DOCUMENT NO. 078086
OFF. REC. 182 PAGE 889 EXHIBIT "A"

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AFFIDAVIT OF CONTINUOUS MARRIAGE

STATE OF FLORIDA
COUNTY OF WAKULLA

Before me this day personally appeared RUBY ALLEN, to me well known, who being first duly sworn, deposes and says that:

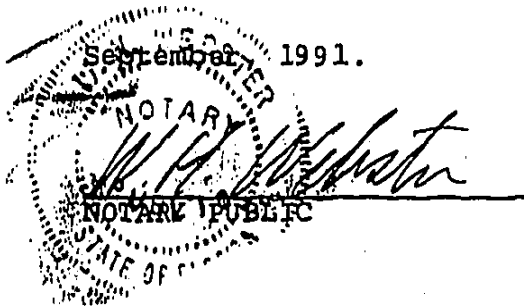
1. The affiant is the younger sister of HAZEL RANDOLPH.
2. The affiant has known HAZEL RANDOLPH all of the affiant's life and has known RICHARD RANDOLPH since prior to his marriage to the affiant's sister, HAZEL RANDOLPH.
3. The affiant's sister, HAZEL RANDOLPH, and RICHARD RANDOLPH were legally married to each other in Manhattan, New York on June 11, 1945.
4. The affiant's sister, HAZEL RANDOLPH, and RICHARD RANDOLPH resided together as husband and wife until the death of RICHARD RANDOLPH on January 28, 1991 at Calvary Hospital, Bronx, New York.
5. The affiant's sister, HAZEL RANDOLPH, and RICHARD RANDOLPH were never legally separated or divorced prior to his death.
6. The affiant has no financial interest in the subject property as per the foregoing deed and will not be compensated for the execution of this affidavit.
7. Further, the affiant sayeth not.


RUBY ALLEN

Sworn to and subscribed before me, this 19th day of

EXHIBIT "B"

FILE REC. 182 PAGE 890



My Commission Expires:

Notary Public
My Commission Expires: 09/1991
Bonds and fees are in accordance with the law.

This instrument prepared by: WILLIAM H. WEBSTER, P.A.
Attorney at Law
P.O. Box 478
Crawfordville, FL 32327

Unofficial Copy