

Return to preparer, unless shown
Name:
Address:

QUIT CLAIM DEED

This instrument prepared by:
Attorney Mike Carter
3047 Crawfordville Hwy.
Crawfordville, FL 32327
Property Appraisers Parcel ID No.:

00-00-077-199-10338-B32

THIS INDENTURE, Made this 17th day of May, A.D. 2007, between Grantor, JERRY JOE DAVIS, aka JERRY J. DAVIS, the un-remarried widow of Julia M. Davis, and Grantees, STEVEN M. DAVIS AND KENNETH A. DAVIS, as Joint Tenants with Right of Survivorship, whose address is 2610 Arbor Valley Drive, Cumming, GA 30041.

WITNESS, that the Grantors, for and in consideration of the sum of Ten (10) and no/100 Dollars, and other good and valuable consideration to Grantors in hand paid, the receipt whereof is hereby acknowledged, has remised, released and quitclaimed, and by these presents does remise, release and quitclaim unto the Grantee all rights, title, interest claim and demand which the Grantors have in and to the following described lot, piece or parcel of land, situate lying and being in the County of Wakulla and State of Florida, to-wit:

Lot 32 of EAGLE'S RIDGE PHASE II, a subdivision as per map or plat thereof recorded in Plat Book 3, Page 60 of the Public Records of Wakulla County, Florida.

NOTE: Julia Davis, Grantor's spouse, died 12 / 13 / 04 and her death certificate is attached as Exhibit A1,2. She was also known as Julie M. Zinser (Zinser maiden name) aka Julie M. Davis (cont'd below)
This deed was prepared without the benefit of a title search or survey.

TO HAVE AND TO HOLD the same, together with all and singular appurtenances thereunto belonging or in anyway appertaining, and all the estate, right, title, interest and claim whatsoever of the Grantors, either in law or equity, to the only proper use and benefit of the said Grantee.

IN WITNESS WHEREOF, The said Grantor has hereunto set his hand and seal the day and year first above written.

Signed, sealed and delivered in the presence of:
(Witnesses for both if applicable)

Witness (signature)
Print Jason Marksdale

Jerry Joe Davis
Jerry Joe Davis, a single man

Address

Witness (signature)
Print MIKE CARTER

STATE OF FLORIDA }
COUNTY OF WAKULLA }

The foregoing instrument was acknowledged before me this 17th day of May, 2007, by Jerry Joe Davis, and he is personally known to me or produced _____ as identification and who did (not) take an oath.

(Continued from above): Her unidentified body was found in Geneva, AL and given the name of Geneva Lowrey by the Registrar on the Certificate of Death (#04-42801) until amended on May 26, 2005 (#024360) with the correct name of Julia Margaret Davis.

Mike Carter
Notary Public:
Commission No.



THE FRONT OF THIS DOCUMENT IS PINK - THE BACK OF THIS DOCUMENT IS BLUE AND HAS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

Not Valid Without
Attached Page

ALABAMA

Center for Health Statistics

Page 1 of 2

ALABAMA

CERTIFICATE OF DEATH

04-42801

State File Number 101

TYPE IN PERMANENT
BLACK INK. DO NOT
USE GREEN, RED, OR
BLUE INK

County
File
Number

3. 03/888
6. 001
19. 99
20. 03/888
26.
27.
34. 31401

1. DECEASED—NAME First Middle Last (Type last name all capitals) Geneva LOWERY			2. DATE OF DEATH (Month, Day, Year) December 13, 2004		3. COUNTY OF DEATH Geneva		
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Kinston 36453			5. INSIDE CITY LIMITS (Specify Yes or No) no		8. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number) Tin Top Road		
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DCA) No			8. OF HISPANIC ORIGIN (Specify Yes or No) If Yes, Specify Cuban, Mexican, Puerto Rican, etc. No		9. RACE—(Specify American Indian, Black, White, etc.) White		
10. SEX Female							
11. AGE unknown yrs.		12. UNDER 1 YEAR MOS. DAYS HOURS MINS.		13. DATE OF BIRTH (Month, Day, Year) unknown		14. DECEASED'S SOCIAL SECURITY NUMBER unknown	
15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) unknown		16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) unknown		17. SURVIVING SPOUSE (If wife, give maiden name) unknown		18. Was Decedent ever in Armed Forces (Specify Yes or No) unknown	
19. STATE OF BIRTH (If not in USA, name country) unknown		20. RESIDENCE—STATE AL		21. COUNTY Geneva		22. CITY, TOWN, OR LOCATION AND ZIP CODE Kinston, AL 36477	
23. INSIDE CITY LIMITS (Specify Yes or No) no		24. STREET AND NUMBER General Deliveray		25. INFORMANT—Name and Address PO Box 131 Jerry Dansby Geneva, AL 36340			
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) unknown				27. KIND OF BUSINESS OR INDUSTRY unknown			
28. FATHER—NAME First Middle Last unknown			29. MAIDEN NAME OF MOTHER— unknown				
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Burial		31. DATE OF DISPOSITION (Month, Day, Year) 12/23/04		32. CEMETERY OR CREMATORY—Name Geneva City		33. LOCATION—(City or Town—State) Geneva, AL.	
34. FUNERAL HOME—Name and Address Bottoms-Garden Chapel P.O. Box 131 Geneva, AL 36340				35. FUNERAL DIRECTOR—Signature Jim Pittman		36. DATE SIGNED BY FUNERAL DIRECTOR Dec. 23, 04	
37. — Certifying Physician (Physician certifying cause of death) "To the best of my knowledge death occurred at the time and date, and due to the cause(s) and manner stated." — Medical Examiner & Coroner "On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place, and due to the cause(s) and manner stated." Signature: Max Motley				38. DATE SIGNED (Month, Day, Year) January 3, 2005			
39. TIME AND DATE OF DEATH December 13, 2004 10:30am		40. DATE AND TIME PROMULGATED (For Coroner/M.E. use only) December 13, 2004 10:30am		41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) Max Motley, Coroner			
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) 208 S. Greenwood, Geneva, AL 36340						43. CERTIFIER LICENSE NUMBER	
44. REGISTRAR—Signature Cythia P. Deal						45. DATE FILED (Month, Day, Year) January 3, 2005	

MEDICAL CERTIFICATION

46. _____

49. _____

55. _____

This is a legal record and must be filed within five (5) days after death.

JAN 04 2005

ADPH-HS 2/Rev. 11-03

EXHIBIT A1

Attachment
Page

ALABAMA
Center for Health Statistics

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Amendment No. **024360**

ALABAMA
AMENDMENT TO RECORD OF DEATH
This amendment corrects and/or completes the record identified below.

INFORMATION FROM ORIGINAL RECORD:

Name Geneva LOWERY
County of Death Geneva

Certificate No. 2004-42801
Date of Death FOUND December 13, 2004
File Date January 3, 2005

ITEM# ITEM DESCRIPTION

CORRECT INFORMATION

1 Deceased Name
11 & 13 Age & Date of Birth
14 Social Security Number
15 Education
16 & 17 Marital Status & Surviving Spouse
18 Decedent Ever in Armed Forces
19 State of Birth
20,21,22 Residence State, County, City & Zip
23 & 24 Inside City Limits & Street and Number
25 Informant (for Amendment)
26 & 27 Usual Occupation & Industry
28 & 29 Father & Maiden Name of Mother

Julia Margaret DAVIS
65 years & October 28, 1939
[REDACTED]
High School 12 Years
Married & Jerry Joe Davis
No
New Jersey
Florida, Wakulla, Crawfordville, 32327
Yes & 22 Eagles Ridge Drive
Jerry Davis, 22 Eagles Ridge Dr, Crawfordville, FL
Housewife & Own Home
Herman John Zinser & Margaret Wilhelm

EVIDENCE SUPPORTING CORRECTION:

[REDACTED]

PERSON REQUESTING CORRECTION:

Name JIMMY BOTTOMS Relationship FUNERAL DIRECTOR
Address PO BOX 296 City, State, Zip HARTFORD, AL 36344

I certify the foregoing amendment is hereby made a part of the record concerned without determination of its probative value. Done this 26th day of May, 2005.

By Dorothy Harshbarger
Recording Clerk

EXHIBIT Ar

ADPH-F-HS-38/Rev. 3-03

I, Dorothy S. Harshbarger, State Registrar of Health Statistics, certify this is a true and exact copy of the original certificate filed in the Center for Health Statistics, State of Alabama, Department of Public Health, Montgomery, Alabama, and have caused the official seal of the Center for Health Statistics to be affixed. 2005-251-513-0

June 1, 2005

Dorothy S. Harshbarger
Dorothy S. Harshbarger, State Registrar