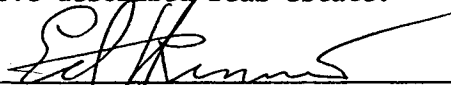


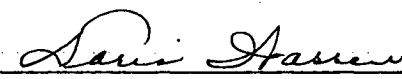


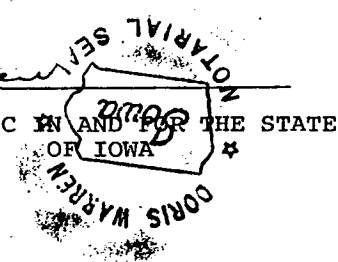
filed of record in the records of the Madison County Recorder's Office in Book 115 at Page 426. That said contract has been performed in full and a deed was executed by Catherine M. McLemore, formerly Catherine M. Stewart, surviving spouse of Raymond M. Stewart, and her present spouse, Vernon McLemore, on the 28th day of February, 1992 in full performance of said real estate contract referred to herein, and duly notarized in Sumter County, Florida.

That this affidavit is made for the purpose of explanation of the title to the above described real estate.

  
 ED SKINNER

Subscribed and sworn to before me by the said Ed Skinner on this the 23rd day of April, 1992.

  
 Doris Warren NOTARY PUBLIC IN AND FOR THE STATE OF IOWA



RETURN TO  
 Ed Skinner, Atty.  
 204-8th St. S.E.  
 P.O. Box 367  
 Altoona, IA 50009

Catherine M. McLeMore, formerly  
Catherine M. Stewart - Ralph Hyde

EXHIBIT "A"

Commencing at the Southeast Corner of the Northeast Quarter of the Northeast Quarter of Section 33, Township 74 North, Range 26 West of the 5th P.M., thence S 0°00'00" Four hundred fifty-three and Twenty-seven Hundredths Feet (453.27') along the East line of said Sec. 33, thence S 15°23'54" E Twenty-two and Ninety-four hundredths feet (22.94') to the Point of Beginning. Said Point being on the center line of County Road, thence S 15°23'54" E three hundred twenty-four and ninety-seven hundredths feet (324.97') along said centerline, thence S 79°38'16" W ninety-three and ninety-one hundredths feet (93.91') to the East line of said sec. 33, thence continuing S 79°38'16" W one hundred twenty and eighty-six hundredths feet (120.86'), thence N 10°50'10" W three hundred twenty-three and seventy-two hundredths feet (323.72') thence N 79°38'16" E one hundred eighty-two and seventy-three hundredths feet (182.73') to the East ln. of said Sec. 33. Thence N 79°38'16" E six and nineteen hundredths feet (6.19') to the Point of Beginning. Said parcel contains 1.500 Acres including 0.224 Acres of road Right-of-way.

CERTIFIED COPY

EXHIBIT "B"

REC 446

610

5.00 TK  
1.00 TK

RETURN TO  
Ed Warner, Esq.  
204 Ben St. S.E.  
P.O. Box 107  
Milton, FL 32609

CERTIFICATE OF DEATH  
FLORIDA

LOCAL FILE NO. \_\_\_\_\_

1. DECEDENT'S NAME: FIRST **Raymond**, MIDDLE **Madison**, LAST **Stewart** 2. SEX **Male**

3. DATE OF DEATH (Month, Day, Year) **April 28, 1991** 4. SOCIAL SECURITY NUMBER [REDACTED] 5a. AGE Last Birthday (years) **74** 5b. UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_ 5c. UNDER 1 DAY: Hours \_\_\_\_\_ Minutes \_\_\_\_\_

6. DATE OF BIRTH (Month, Day, Year) **August 19, 1916** 7. BIRTHPLACE (City and State or Foreign Country) **Winston Salem, North Carolina** 8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) **Yes**

9a. PLACE OF DEATH (Check only one - see instructions on other side) \_\_\_\_\_ 9b. INSIDE CITY LIMITS? (Yes or No) **no**

10. HOSPITAL: \_\_\_\_\_ 11. OTHER (Including Home or Residence) (Specify) \_\_\_\_\_

12. FACILITY NAME (If applicable, give street and number) **Rt 2, Box 230-3, CR 130E** 13. CITY, TOWN OR LOCATION OF DEATH **Wildwood** 14. COUNTY OF DEATH **Sumter**

15. DECEASED'S USUAL OCCUPATION **Engineer** 16. KIND OF BUSINESS/INDUSTRY **Mechanical** 17. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)) **married** 18. SURVIVING SPOUSE (If wife, give maiden name) **Cathrine Davis**

19a. RESIDENCE - STATE **Florida** 19b. COUNTY **Sumter** 19c. CITY, TOWN, OR LOCATION **Wildwood** 19d. STREET AND NUMBER **County Road 130E**

20. INSIDE CITY LIMITS? (Yes or No) **no** 21. ZIP CODE **34785** 22. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If Yes Specify Mexican, Cuban, Mexican Puerto Rican, etc.) **Specify** 23. RACE - American Indian, Black, White, etc. Specify **White** 24. DECEASED'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12) **12** College (13-16) \_\_\_\_\_

25. FATHER'S NAME (First, Middle, Last) **Curtis Stewart** 26. MOTHER'S NAME (First, Middle, Maiden Surname) **Sarah Lamberth**

27. INFORMANT'S NAME (Last, First) **Cathrine Stewart** 28. MAILING ADDRESS (Street and Number or P.O. Box Number, City or Town, State, Zip Code) **Rt 2, Box 230-3, Wildwood, Florida 34785**

29. METHOD OF DISPOSITION:  Burial  Cremation  Partially Buried  Donation  Other (Specify) \_\_\_\_\_ 30. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **Florida National Cemetery Bushnell, Florida** 31. LOCATION - City or Town, State \_\_\_\_\_

32. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: \_\_\_\_\_ 33. LICENSE NUMBER (If Licensee) **FE1605** 34. NAME AND ADDRESS OF FACILITY **Banks Funeral Home P.O. Box 1057, Wildwood, FL 34785**

35. SIGNATURE AND TITLE: \_\_\_\_\_ 36. DATE SIGNED (Mo., Day, Yr) **5-01-91** 37. HOUR OF DEATH **5:54P**

38. NAME OF ATTENDING PHYSICIAN (If Other Than Certifier) (Type or Print) \_\_\_\_\_ 39. PRONOUNCED DEAD (Mo., Day, Yr) \_\_\_\_\_ 40. PRONOUNCED DEAD (Hour) \_\_\_\_\_

41. NAME AND ADDRESS OF CERTIFIER (Physician, Medical Examiner) (Type or Print) **Dr. Joseph C. Sahas, MD, 914 Dixie Ave., Leesburg, Florida 34748**

42. SUBREGISTRAR - SIGNATURE AND DATE: \_\_\_\_\_ 43. LOCAL REGISTRAR - SIGNATURE: \_\_\_\_\_ 44. DATE REGISTERED: \_\_\_\_\_

45. PART I: Enter the disease, ailment, or complications that caused the death. Do not enter only the mode of dying, such as cardiac or respiratory arrest. Check, or mark with an "X", only one cause on each line. **End Stage Chronic Obstructive Pulmonary Disease** (Due to (OR) AS A CONSEQUENCE OF)

46. IMMEDIATE CAUSE (Final disease or condition resulting in death) \_\_\_\_\_ (Due to (OR) AS A CONSEQUENCE OF)

47. SEQUENTIALLY list conditions (from second to immediate cause) which caused the death. (Cause in bold italicized type resulting in death last.) \_\_\_\_\_ (Due to (OR) AS A CONSEQUENCE OF)

48. PART II: Enter significant conditions contributing to death but not resulting in the underlying cause given in Part I. \_\_\_\_\_ 49. WAS AN AUTOPSY PERFORMED? (Yes or No) **no** 50. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No) **no** 51. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No) **no**

52. IF FEMALE, HAS THERE A PREGNANTcy IN THE PAST 3 MONTHS? (Yes or No) \_\_\_\_\_ 53. IF SURVIVOR IS MENTIONED IN PART I, ENTER CONDITION FOR WHICH IT WAS PERFORMED \_\_\_\_\_ 54. DATE OF SURGERY (Mo., Day, Year) \_\_\_\_\_

55. PROBABLE MANNER OF DEATH RELATED TO CONDITIONS IN PART I ABOVE (Suicide, Homicide, or undetermined) **Natural** 56. DATE OF INJURY (Month, Day, Year) \_\_\_\_\_ 57. TIME OF INJURY \_\_\_\_\_ 58. INJURY AT WORK? (Yes or No) \_\_\_\_\_ 59. DESCRIBE HOW INJURY OCCURRED \_\_\_\_\_

60. PLACE OF INJURY - at home, farm, street, factory, etc. (Specify) \_\_\_\_\_ 61. LOCATION (Street and Number or Rural Route Number, City or Town, State) \_\_\_\_\_

CERTIFIER: \_\_\_\_\_

CAUSE OF DEATH BY CERTIFIER

RECORDED IN PUBLIC RECORDS OF SUMTER COUNTY, FLA. REGISTERED 2444442

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

BY: \_\_\_\_\_ J. WILKINSON, State Registrar

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 AT LEAST ON ONE FRAME. THIS CERTIFICATION

