

This instrument prepared by:
Office of County Engineer
412 SE 25th Avenue
Ocala, FL. 34471

July 27, 2020

Return to:
Office of County Engineer
412 SE 25th Avenue Bldg 1
Ocala, FL. 34471

Project: SW 49th Avenue South, Segment A
Project Parcel #: 1
Parcel ID #: 8007-1021-16

PURCHASE AGREEMENT

THIS **AGREEMENT** is made by and between: JOYCE P. MARTINEZ, ELIZABETH MARTINEZ-MARQUEZ, FRANCISCO P. MARTINEZ, ROBERTO B. MARTINEZ, JACOBO B. MARTINEZ, DOMINGO B. MARTINEZ, MELANIE M. PRICE, ELENITA M. CARSTENSEN, MARIA ELENA GRACIA M. FELICIANO, JOHN B. MARTINEZ and SABINIANO B. MARTINEZ, as their interest may appear, having a mailing address of 4640 Benton Street, Antioch, CA 94531-7160, hereinafter referred to as the SELLER and MARION COUNTY, a political subdivision of the State of Florida for use and benefit of MARION COUNTY, hereinafter referred to as BUYER.

WITNESSETH

For and in consideration of the mutual covenants and conditions herein contained, SELLER hereby agrees to sell and BUYER hereby agrees to buy the following property or interest therein, upon the following terms and conditions:

I. DESCRIPTION

- (a) Real estate or interest therein, identified as Parcel ID #: 8007-1021-16 and further shown on Right of Way Maps and/or Sketch of Description for the SW 49th Avenue South, Segment A project incorporated herein by reference and attached as Exhibit "A".

- (x) Fee Simple
- () Temporary Construction Easement
- () Permanent Easement
- () Leasehold Interest

- (b) Personal property identified as follows:

N/A

II. PURCHASE PRICE

- (a) Itemized purchase price, fees and costs:

Land	\$ <u>13,000.00</u>
Improvements	\$ <u>0.00</u>
Damages (Severance/Cost-to-Cure)	\$ <u>0.00</u>
Other: _____	\$ <u>0.00</u>
Other: _____	\$ <u>0.00</u>

Sub-Total \$ 13,000.00

- (b) Amount to be paid by BUYER to SELLER at closing including fees and costs. \$ 13,000.00

III. CONDITIONS AND LIMITATIONS

- (a) It is mutually understood that this Agreement is contingent to and not binding upon the SELLER or BUYER until ratified and accepted by the Marion County Board of County Commissioners, signed by its Chairman, or Vice-Chair, and attested by the Clerk of the Court. This agreement shall be deemed rejected by BUYER if not ratified and accepted by the Board of County Commissioners and the SELLER acknowledges and agrees that this provision cannot be waived by BUYER or any Agent of BUYER.
- (b) SELLER is responsible for all taxes due and owing on the property as of the date of closing and agrees that all current taxes for the year in which this agreement is made on the property acquired shall be prorated and SELLER agrees to pay his and/or her share of said prorated taxes as of the date of closing. BUYER agrees to pay closings costs, such as recording fees, doc stamps and title insurance. The purchase amount is inclusive of all fees and costs associated with the acquisition of the Property. Additionally, any delinquent taxes shall be collected and delivered to the Marion County Tax Collector.
- (c) SELLER is responsible for delivering unencumbered title to BUYER at closing. Any sums which BUYER must expend to clear encumbrances shall be deducted at closing from the purchase price shown in Section II. SELLER shall be liable for any existing encumbrances or any encumbrances arising after closing as a result of actions of the SELLER. The terms of this sub-section shall survive the closing.
- (d) Any extension of occupancy beyond the date of closing must be authorized by the BUYER in writing. During the period from the date of closing until the SELLER surrenders possession to the BUYER, the SELLER shall exercise diligent care in protecting the property from theft and vandalism. All property, whether real or personal, included in this agreement shall be delivered to BUYER in the same condition existing as the effective date of this agreement, less any reasonable wear and tear.
- (e) Other: None

IV. CLOSING DATE

- (a) This transaction shall be closed and the instrument of conveyance delivered within 90 days of the date of Board of County Commissioners acceptance. The time to close may be extended by BUYER to give SELLER time to cure title defects to deliver marketable fee simple title to the BUYER.

V. TYPEWRITTEN OR HANDWRITTEN PROVISIONS

- (a) Typewritten or handwritten provisions inserted herein or attached hereto as Addenda, and initialed by all parties, shall control all printed provisions in conflict herewith. All Addenda, whether typewritten or handwritten, attached hereto must be referenced and initialed in this section. In addition, all addenda must be signed by both the SELLER and BUYER.

There () is (X) is not an addendum to this agreement.

VI. ENTIRE AGREEMENT

- (a) This agreement shall bind and inure to the benefit of the parties and their successors in interest. This agreement and any exhibits attached hereto constitutes the entire agreement between the BUYER and SELLER, and there are no other covenants, agreements, promises, terms, provisions, conditions, undertakings, or understandings, either oral or written, between them concerning the property other than those set forth herein. No subsequent alteration, amendment, change, deletion, or addition to this agreement shall be binding upon the BUYER or SELLER unless in writing and signed by both parties.

IN WITNESS WHEREOF, THE PARTIES has caused these presents to be executed in their respective name(s).

WITNESSES:

Julia L Kendziora
(Signature)

JULIA L Kendziora
(Print or type name)

Lawrence D. Lillwitz
(Signature)

LAWRENCE D. LILLWITZ
(Print or type name)

SELLER:

Joyce P. Martinez
(Signature)

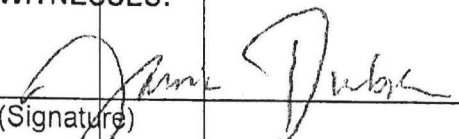
Joyce P. Martinez
(Print or type name)

10/20/20
(Date)


This signature page refers solely to the sale of Parcel ID# 8007-1021-16 to Marion County, FL.

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WITNESSES:

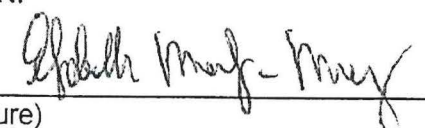

(Signature)

Janice Durbin
(Print or type name)


(Signature)

Liza Santana
(Print or type name)

SELLER:


(Signature)

ELIZABETH MARTINEZ - MARQUEZ
Elizabeth Martinez-Marquez
(Print or type name)

10/22/2020
(Date)

This signature page refers solely to the sale of Parcel ID# 8007-1021-16 to Marion County, FL.

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WITNESSES:

(Signature)

TEODORO LAGO
(Print or type name)

(Signature)

MEYNARD A. ENRIQUEZ
(Print or type name)

SELLER:

(Signature)

Francisco P. Martinez
(Print or type name)

Oct. 19, 2020
(Date)

This signature page refers solely to the sale of Parcel ID# 8007-1021-16 to Marion County, FL.

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WITNESSES:

(Signature)

(Print or type name)

(Signature)

(Print or type name)

SELLER:

DECEASED - see attached death certificate

(Signature)

Roberto B. Martinez

(Print or type name)

10/19/2020

(Date)

This signature page refers solely to the sale of Parcel ID# 8007-1021-16 to Marion County, FL.

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STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY PUBLIC HEALTH DEPARTMENT


3052019192693

CERTIFICATE OF DEATH

3201901006890

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE	
ROBERTO		BALBAGO	
3. LAST (Family)		MARTINEZ	
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs	
09/15/1936		83	
6. SEX		7. DATE OF DEATH mm/dd/yyyy	
M		09/23/2019	
8. BIRTH STATE/FOREIGN COUNTRY		9. HOUR 24 Hours	
PI		0740	
10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
548-94-4805		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
12. MARRIAGE STATUS (at Time of Death)		13. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back)	
MARRIED		FILIPINO	
14. EDUCATION - Highest Grade Completed (see worksheet on back)		15. USUAL OCCUPATION - Type of work for most of life (DO NOT USE RETIRED)	
DOCTORATE		PROPERTY ACCOUNTANT	
16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		17. YEARS IN OCCUPATION	
GOVERNMENT RESEARCH		15	
18. DECEDENT'S RESIDENCE (Street and number, or location)			
476 COLEEN STREET			
19. CITY		20. COUNTY/PROVINCE	
LIVERMORE		ALAMEDA	
21. ZIP CODE		22. YEARS IN COUNTY	
94550		46	
23. STATE/FOREIGN COUNTRY		24. YEARS IN COUNTRY	
CA		25. STATE/FOREIGN COUNTRY	
26. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)	
REGINA MARTINEZ MORABE, DAUGHTER		202 DUNDEE DRIVE, SOUTH SAN FRANCISCO, CA 94080	
28. NAME OF SURVIVING SPOUSE/SPOUSE-FIRST		29. MIDDLE	
ADELAIDA		MABUTE	
30. LAST (BIRTH NAME)		31. BIRTH STATE	
ANICAL		PI	
32. NAME OF FATHER/PARENT-FIRST		33. MIDDLE	
MARIANO		+	
34. LAST (BIRTH NAME)		35. BIRTH STATE	
BALBAGO		PI	
36. NAME OF MOTHER/PARENT-FIRST		37. MIDDLE	
REGINA		+	
38. LAST (BIRTH NAME)		39. BIRTH STATE	
BALBAGO		PI	
40. PLACE OF FINAL DISPOSITION		41. TYPE OF DISPOSITION	
MEMORY GARDENS CEMETERY		CR/BU	
3873 EAST AVENUE, LIVERMORE, CA 94550		42. SIGNATURE OF EMBALMER	
43. LICENSE NUMBER		44. SIGNATURE OF LOCAL REGISTRAR	
EMB7748		ERICA PAN, MD	
45. LICENSE NUMBER		46. DATE mm/dd/yyyy	
FD416		09/25/2019	
101. PLACE OF DEATH			
OWN RESIDENCE			
102. IF HOSPITAL, SPECIFY ONE			
103. IF OTHER THAN HOSPITAL, SPECIFY ONE			
104. CITY			
LIVERMORE			
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)			
476 COLEEN STREET			
106. COUNTY			
ALAMEDA			
107. CAUSE OF DEATH			
(A) IMMEDIATE CAUSE (Final disease or condition resulting in death)			
(B) MALIGNANT NEOPLASM OF PANCREAS			
(C) CAUSE (Immediate or underlying cause of death)			
(D) CAUSE (Immediate or underlying cause of death)			
(E) CAUSE (Immediate or underlying cause of death)			
(F) CAUSE (Immediate or underlying cause of death)			
(G) CAUSE (Immediate or underlying cause of death)			
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(W) CAUSE (Immediate or underlying cause of death)			
(X) CAUSE (Immediate or underlying cause of death)			
(Y) CAUSE (Immediate or underlying cause of death)			
(Z) CAUSE (Immediate or underlying cause of death)			
108. DEATH REPORTED TO CORONER?			
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
109. CORPSE PERFORMED?			
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
110. AUTOPSY PERFORMED?			
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
111. USED IN DETERMINING CAUSE?			
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107			
NONE			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)			
NO			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED			
115. SIGNATURE AND TITLE OF CERTIFIER			
KULJEET KAUR MULTANI M.D.			
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE			
KULJEET KAUR MULTANI M.D.			
6377 CLARK AVENUE #100, DUBLIN, CA 94568			
117. DATE mm/dd/yyyy			
09/23/2019			
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED			
119. MANNER OF DEATH			
NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> HOMICIDE <input type="checkbox"/> SUICIDE <input type="checkbox"/> UNK <input type="checkbox"/>			
120. INJURED AT WORK?			
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>			
121. INJURY DATE mm/dd/yyyy			
122. HOUR (24 Hours)			
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
125. LOCATION OF INJURY (Street and number, or location, and city and zip)			
126. SIGNATURE OF CORONER / DEPUTY CORONER			
127. DATE mm/dd/yyyy			
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
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350. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
351. SIGNATURE OF CORONER / DEPUTY CORONER			
352. DATE mm/dd/yyyy			
353. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
354. SIGNATURE OF CORONER / DEPUTY CORONER			
355. DATE mm/dd/yyyy			
356. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
357. SIGNATURE OF CORONER / DEPUTY CORONER			
358. DATE mm/dd/yyyy			
359. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
360. SIGNATURE OF CORONER / DEPUTY CORONER			
361. DATE mm/dd/yyyy			
362. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
363. SIGNATURE OF CORONER / DEPUTY CORONER			
364. DATE mm/dd/yyyy			
365. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
366. SIGNATURE OF CORONER / DEPUTY CORONER			
367. DATE mm/dd/yyyy			
368. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
369. SIGNATURE OF CORONER / DEPUTY CORONER			
370. DATE mm/dd/yyyy			
371. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
372. SIGNATURE OF CORONER / DEPUTY CORONER			
373. DATE mm/dd/yyyy			
374. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
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376. DATE mm/dd/yyyy			
377. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
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379. DATE mm/dd/yyyy			
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381. SIGNATURE OF CORONER / DEPUTY CORONER			
382. DATE mm/dd/yyyy			
383. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
384. SIGNATURE OF CORONER / DEPUTY CORONER			
385. DATE mm/dd/yyyy			
386. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
387. SIGNATURE OF CORONER / DEPUTY CORONER			
388. DATE mm/dd/yyyy			
389. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
390. SIGNATURE OF CORONER / DEPUTY CORONER			
391. DATE mm/dd/yyyy			
392. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
393. SIGNATURE OF CORONER / DEPUTY CORONER			
394. DATE mm/dd/yyyy			
395. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
39			

WITNESSES:



(Signature)

LARRY MAYELLA
(Print or type name)


(Signature)

JENNIFER O. CANLORO
(Print or type name)

SELLER:


(Signature)

Jacobo B. Martinez
(Print or type name)

Nov. 05, 2020
(Date)

This signature page refers solely to the sale of Parcel ID# 8007-1021-16 to Marion County, FL.

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WITNESSES:

(Signature)

(Print or type name)

(Signature)

(Print or type name)

SELLER:

DECEASED - See attached Death Certificate

(Signature)

Domingo B. Martinez

(Print or type name)

10/19/2020

(Date)

This signature page refers solely to the sale of Parcel ID# 8007-1021-16 to Marion County, FL.

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Municipal Form No. 103 (Revised January 2007)		Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL		Accounts shown in quadrants using back sheet	
Province METRO MANILA			Registry No. 2015-1877		
City/Municipality TAGUIG CITY					
1. NAME (First) (Middle) (Last) DOMINGO BALBAGO MARTINEZ			2. SEX (Male female) MALE		
3. DATE OF DEATH (Day Month Year) 07 AUGUST 2016		4. DATE OF BIRTH (Day) (Month) (Year) 15 SEPTEMBER 1946		5. AGE AT THE TIME OF DEATH (Full in years, category) a. 7 YEARS OR ABOVE b. 12 Complete years c. 69	
6. PLACE OF DEATH (Name of Hospital/Church/Rest Home/No. St., Barangay, City/Municipality, Province) ST. LUKE'S MEDICAL CENTER, RIZAL DRIVE, COR 5TH AVE., 32ND AVE., BONIFACIO GLOBAL CITY, FORT BONIFACIO, TAGUIG CITY, METRO MANILA, PHILIPPINES				7. CIVIL STATUS (Single Married/Widow/Widower/Annulled/Divorced) MARRIED	
8. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC		9. CITIZENSHIP FILIPINO		10. RESIDENCE (House No., St., Barangay, City/Municipality, Province, Country) 68 MANILA BAY DRIVE SOUTHBAY GARDENS, SUCAT PARAÑAQUE CITY, METRO MANILA PHILIPPINES	
11. OCCUPATION RETIRED		12. NAME OF FATHER (First, Middle, Last) MARIANO MARTINEZ		13. MAIDEN NAME OF MOTHER (First, Middle, Last) MARIA BALBAGO	
MEDICAL CERTIFICATE (For ages 0 to 7 days, accomplish items 14-19a at the back)					
19b. CAUSES OF DEATH (If the deceased is aged 8 days and over) Interval Between Onset and Death					
I. Immediate cause : a. SEPTIC SHOCK SECONDARY TO PNEUMONIA					
Antecedent cause : b. HYPOVOLEMIC SHOCK SECONDARY TO MASSIVE ACUTE BLOOD LOSS					
Underlying cause : c. COLON CANCER STAGE IV WITH LIVER METASTASIS					
II. Other significant conditions contributing to death: DISSIMINATED INTRAVASCULAR COAGULOPATHY					
19c. MATERNAL CONDITION (If the deceased is female aged 15-49 years old)					
a. pregnant, not in labour b. pregnant, in labour c. loss than 42 days after delivery d. 42 days to 1 year after delivery e. None of the choices					
19d. DEATH BY EXTERNAL CAUSES					
a. Manner of death (Homicide, Suicide, Accident, Legal intervention, etc.)					
b. Place of Occurrence of External Cause (e.g. home, farm, factory, street, sea, etc.)					
20. AUTOPSY (Yes/No) No					
21a. ATTENDANT 2. Public Health 3. Hospital 4. None 5. Others Specify					
21b. If attended, state duration (mm/dd/yyyy) From 07/10/2016 To 08/07/2016					
22. CERTIFICATION OF DEATH					
I hereby certify that the foregoing particulars are correct as far as same can be ascertained and I further certify that I have attended/ have not attended the deceased and that death occurred at 09:55 PM a.m/p.m on the date of death specified above					
Signature APRIL C. BADERE, MD					
Name in Print APRIL C. BADERE, MD					
Title or Position MEDICAL RESIDENT					
Address ST. LUKE'S MEDICAL CENTER, RIZAL DRIVE, COR 5TH AVE., 32ND AVE., BONIFACIO GLOBAL CITY, FORT BONIFACIO, TAGUIG CITY, METRO MANILA, PHILIPPINES					
Date AUGUST 7, 2016					
23. CORPSE DISPOSAL (Burial, Cremation, if others, specify) Cremation					
24a. BURIAL/CREMATION PERMIT Number Date Issued MA					
24b. TRANSFER PERMIT Number Date Issued MA					
25. NAME AND ADDRESS OF CEMETERY OR CREMATORY Manila Memorial Park Crematory, Parañaque City, MM					
26. CERTIFICATION OF INFORMANT					
I hereby certify that all information supplied is true and correct to my own knowledge and belief.					
Signature MA. THERESA I. MARTINEZ					
Name in Print MA. THERESA I. MARTINEZ					
Relationship to the Deceased WIFE					
Address 68 MANILA BAY DRIVE SOUTHBAY GARDENS, SUCAT PARAÑAQUE CITY, METRO MANILA PHILIPPINES					
Date 7 AUGUST 2016					
27. PREPARED BY					
Signature MELISSA ANNE C. POBLADOR					
Name in Print MELISSA ANNE C. POBLADOR					
Title or Position ADMISSION OFFICER					
Date 7 AUGUST 2016					
28. RECEIVED BY					
Signature GERALDINE I. FETALCORIN					
Name in Print GERALDINE I. FETALCORIN					
Title or Position ADMIN AIDE I					
Date AUG 10 2016					
29. REGISTERED BY THE CIVIL REGISTRAR					
Signature CYNTHIA T. IGNACIO					
Name in Print CYNTHIA T. IGNACIO					
Title or Position CITY CIVIL REGISTRAR					
Date AUG 10 2016					
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)					
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR					
5 269 08 01 10 008 07 009 022 11 19a(1)/19b 19c 189					

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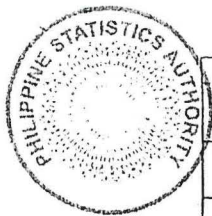
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Stamp Tax PaidLisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General
Philippine Statistics Authority



CHILDREN AND INFANTS		
1. NAME OF MOTHER	15. METHOD OF DELIVERY (Normal spontaneous vertex, if others, specify)	16. LENGTH OF PREGNANCY (in completed weeks)
17. TYPE OF BIRTH (Single, Twin, Triplet, etc.)		18. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.)
MEDICAL CERTIFICATE		
19a. CAUSES OF DEATH		
a. Main disease/condition of Infant		
b. Other diseases/conditions of Infant		
c. Main maternal disease/condition affecting infant		
d. Other maternal disease/condition affecting infant		
e. Other relevant circumstances		
CONTINUE TO FILL UP ITEM 20		

POSTMORTEM CERTIFICATE OF DEATH	
I HEREBY CERTIFY that I have performed an autopsy upon the body of the deceased and that the cause of death was	
Signature	Title/Designation
Name in Print	Address
Date	

CERTIFICATION OF EMBALMER	
I HEREBY CERTIFY that I have embalmed <u>Domingo B. Martinez</u> following all the regulations prescribed by the Department of Health.	
Signature	Title/Designation
<u>Christine Lorraine T. Carreon</u>	<u>Lic. Embalmer</u>
Name in Print	License No.
<u>LA FUNERARIA PAZ-SUCAT INC</u>	<u>4314</u>
Address	Issued on
<u>177 J. A. SANTOS AVE. PARANAQUE CITY</u>	<u>9/29/10</u>
	at <u>Manila</u>
	Expiry Date <u>October 29, 2016</u>

AFFIDAVIT FOR DELAYED REGISTRATION OF DEATH	
I, _____, of legal age, single/married/divorced/widow/widower, with residence and postal address _____, after being duly sworn in accordance with law, do hereby depose and say:	
1. That _____ died on _____ in _____ and was buried/cremated in _____ on _____.	
2. That the deceased at the time of his/her death:	
<input type="checkbox"/> was attended by _____.	
<input type="checkbox"/> was not attended.	
3. That the cause of death of the deceased was _____.	
4. That the reason for the delay in registering this death was due to _____.	
5. That I am executing this affidavit to attest to the truthfulness of the foregoing statements for all legal intents and purposes.	
In truth whereof, I have affixed my signature below this _____ day of _____ at _____, Philippines.	
(Signature Over Printed Name of Affiant)	
SUBSCRIBED AND SWORN to before me this _____ day of _____ at _____, Philippines, affiant who exhibited to me his Community Tax Cert. _____ Issued on _____ at _____.	
Signature of the Administering Officer	Position / Title / Designation
Name in Print	Address

06159-DE-004JAA-00435-DI004

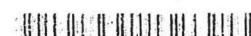
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SK500990809

Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General
Philippine Statistics Authority



WITNESSES:

Cornazon Reyes
(Signature)

CORNAZON REYES
(Print or type name)

Georgina L. Rodriguez
(Signature)

GEORGINA L. RODRIGUEZ
(Print or type name)

SELLER:

Melanie M. Price
(Signature)

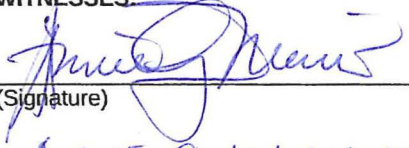
Melanie M. Price
(Print or type name)

October 26, 2020
(Date)

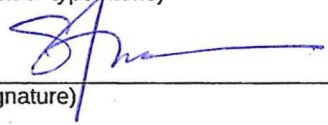
This signature page refers solely to the sale of Parcel ID# 8007-1021-16 to Marion County, FL.

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WITNESSES:


(Signature)

ANNIE G. MARIANO
(Print or type name)


(Signature)

CHARLEY MARIANO
(Print or type name)

SELLER:


(Signature)

Elenita M. Carstensen
(Print or type name)

2 Oct. 2020
(Date)

This signature page refers solely to the sale of Parcel ID# 8007-1021-16 to Marion County, FL.

[This portion of page intentionally left blank. Signature pages follow]

WITNESSES:

(Signature)

WILFREDO PAREDES
(Print or type name)

(Signature)

JENNIFER PAREDES
(Print or type name)

SELLER:

(Signature)

Maria Elena Gracia M. Feliciano
(Print or type name)

(Date)

9/28/20

This signature page refers solely to the sale of Parcel ID# 8007-1021-16 to Marion County, FL.

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WITNESSES:

Angelita D De la Cruz
(Signature)

ANGELITA D DELA CRUZ
(Print or type name)

John M. Funelas
(Signature)

BELEN M. FUNELAS
(Print or type name)

SELLER:

John B. Martinez
(Signature)


John B. Martinez
(Print or type name)

10/24/2020
(Date)

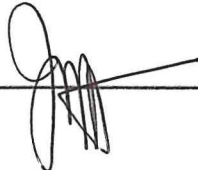
This signature page refers solely to the sale of Parcel ID# 8007-1021-16 to Marion County, FL.

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WITNESSES:



(Signature)

Josephine R. Lucero
(Print or type name)


(Signature)

NICOLE NICOLE LUCERO TALON
(Print or type name)

SELLER:


(Signature)

Sabiniano B. Martinez
(Print or type name)

12/18/2020
(Date)

This signature page refers solely to the sale of Parcel ID# 8007-1021-16 to Marion County, FL.

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ATTEST:

GREGORY C. HARRELL,
CLERK OF THE COURT

BUYER:
MARION COUNTY, A POLITICAL SUBDIVISION OF
THE STATE OF FLORIDA BY ITS BOARD OF
COUNTY COMMISSIONERS

BY: JEFF GOLD, CHAIRMAN

(Date)

FOR USE AND RELIANCE OF
MARION COUNTY ONLY,
APPROVED AS TO FORM AND
LEGAL SUFFICIENCY:



ELIZABETH ALT,
SENIOR ASSISTANT COUNTY ATTORNEY