

Doc# 2004076328
Hernando County, Florida
10/14/2004 3:11PM
KAREN NICOLAI, Clerk

MODERNIZATION TRUST FUND\$	2.00
BOCC/COURT TECHNOLOGY \$	6.00
MOD FUND/COURT TECHNOLOG\$	5.78
FACC/CCIS	0.30
RECORDING	13.00
DEED DOC STAMP	140.00
10/14/2004	Deputy Clk

THIS INSTRUMENT PREPARED BY AND RETURN TO:

Julie Graham

Southeast Title Insurance of the Suncoast, Inc.
2190 Mariner Boulevard
Spring Hill, Florida 34609

Property Appraisers Parcel Identification (Folio) Numbers:

R32-323-17-5150-0939-0120

Grantee SS #:

OFFICIAL RECORDS
BK: 1914 PG: 594

SPACE ABOVE THIS LINE FOR RECORDING DATA

THIS WARRANTY DEED, made the 13th day of **September, A.D. 2004** by **Marion M. Juico**, an **unremarried widow and surviving spouse of Leopoldo N. Juico**, herein called the Grantor, to **Kundrat Construction Co., Inc.** whose post office address is **14128 Spring Hill Drive, Spring Hill, FL 34609**, hereinafter called the Grantee:

(Wherever used herein the terms "Grantor" and "Grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations)

WITNESSETH: That the Grantor, for and in consideration of the sum of TEN AND 00/100'S (\$10.00) Dollars and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the Grantee all that certain land situate in **HERNANDO County, State of Florida**, viz:

Lot 12, Block 939, SPRING HILL, UNIT 15, as per plat thereof as recorded in Plat Book 9, Pages 10 - 15, Public Records of Hernando County, Florida.

Subject to easements, restrictions and reservations of record and to taxes for the current year.

Grantor hereinstates that she and Leopoldo N. Juico were continuously married from the date they acquired title to the above described property until the death of said spouse, and that Grantor has not since remarried. A true copy of the death certificate of Leopoldo N. Juico is attached hereto and made a part thereof.

TOGETHER, with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

TO HAVE AND TO HOLD, the same in fee simple forever.

AND, the Grantor hereby covenants with said Grantee that the Grantor is lawfully seized of said land in fee simple; that the Grantor has good right and lawful authority to sell and convey said land, and hereby warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 2003.

IN WITNESS WHEREOF, the said Grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in the presence of:

Witness #1 Signature

Laura Howard

Witness #1 Printed Name

Witness #2 Signature

H. DANIEL Fordham

Witness #2 Printed Name

Marion M. Juico

L.S.

Marion M. Juico

11701 Mary Catherine Drive, Clinton, MD 20735

STATE OF Maryland
COUNTY OF Prince George

The foregoing instrument was acknowledged before me this 13 day of SEPT, 2004 by Marion M. Juico who is personally known to me or has produced NO DRIVERS LICENSE as identification.

SEAL

My Commission Expires:

H. DANIEL FORDHAM
NOTARY PUBLIC STATE OF MARYLAND
MY COMMISSION EXPIRES AUG. 1, 2006

Notary Signature

H. DANIEL Fordham
Printed Notary Signature

REPUBLIC OF THE PHILIPPINES
OFFICIAL RECORDS
CERTIFICATE OF DEATH
BK: 1914 PG: 595
(Fill out completely, accurately and legibly in ink or typewriter)

PROVINCE
CITY/MUNICIPALITY

LOCAL CIVIL REGISTRY NO. 90-00317

1. NAME (First) (Middle) (Last)
LEOPOLDO NEPOMUCENO JUICO

2. SEX (Place 'X' on appropriate answer)
1 Male 2 Female

3. AGE If 1 year or above If under 1 year If under 1 day
Complete years Months Days Hours
2 64 1 0

4. CIVIL STATUS (Place 'X' on appropriate answer)
1 Single 2 Married 3 Widowed 4 Others

5. NATIONALITY American

6. USUAL RESIDENCE (Street/Barangay) (City/Municipality) (Province)
Wawadue Subic Zamboales

7. USUAL OCCUPATION (If 15 years old and over) 8. DATE OF DEATH (Day) (Month) (Year)
Physician 13 April 1990

9. PLACE OF DEATH (Name of Hospital/Clinic; if not in hospital, give street/barangay) (City/Municipality) (Province)
OLONGAPO CITY GENERAL HOSPITAL OLONGAPO CITY

10. SURVIVING SPOUSE (Name) (Address)
MARION MARION JUICO 11701 Mary Catherine Dr. Clifton
MEDICAL CERTIFICATE Mary land 20735

11. CAUSE OF DEATH (Please see instructions at the back) Interval Between Onset and Death
I. Immediate cause: a. Respiratory Arrest Secondary to aspiration
Antecedent cause: b. of retained secretions; Hypostatic Pneumonia
Underlying cause: c. Respiratory acidosis, secondary
II. Other significant conditions contributing to death: Parkinsons Disease

12. DEATH BY NON-NATURAL CAUSES
a. Manner of death (Place 'X' on appropriate answer) b. Place of occurrence (e.g. home, farm, factory, street, sea, etc.)
1 Homicide 2 Suicide 3 Accident 4 Others(Specify)

13. MEDICAL ATTENDANCE (Place 'X' on appropriate answer) If medically attended state duration:
1 Private Physician 2 Public Health Officer 3 Hospital Authority 4 None
From April 12, 19 90
To April 11, 19 90

14. CERTIFICATION OF DEATH
I hereby certify that the foregoing particulars are correct as near as same can be ascertained and I further certify that I have/have not attended the deceased, and that death occurred at 1:30 p.m. on the date indicated above.
Signature Address Olongapo City General Hospital
Name in print AGNES SANTANG-ESTRADA, M.D. Olongapo City
Title or position Resident Physician Date April 18, 1990

15. INFORMANT
Signature Address 11701 Mary Catherine Dr. Clifton
Name in print MARION MARION JUICO Mary land 20735
Relationship to the deceased Wife Date April 18, 1990

16a. PREPARED BY b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
Signature
Name in print AIDA J. BARNIENTO
Title or position Med. Rec. Clerk
Date April 18, 1990
Signature
Name in print
Title or position
Date

17. CORPSE DISPOSAL (Place 'X' on appropriate answer) 18. BURIAL/CREMATION PERMIT
1 Burial 2 Cremation 3 Others(Specify) Number 176-1240 Date Issued 4/19/90

(This portion below is to be filled out at the Office of the Local Civil Registrar)

PROVINCE
CITY/MUNICIPALITY

Local Civil Registry No. 9000317
Registration Status 10

Sex 1 16 Age 64 17 Civil Status 2 20 Nationality 3 21 Usual Residence 23 Usual Occupation 27

Date of Death 130490 30 Place of Death 71076 36 Cause of Death 41 Medical Attendance 45

NAME OF DECEASED
First M.I. Last
LEOPOLDO M. JUICO
46 58 60

POSTMORTEM CERTIFICATE OF DEATH

I HEREBY CERTIFY that I have this ____ day of _____, 19 ____ performed an autopsy upon the body of the deceased _____ and that the cause of death was as follows _____
(Name of deceased)

Signature _____ Title/Designation _____
Name in Print _____ Address _____

CERTIFICATION OF EMBALMER

I HEREBY CERTIFY that I have embalmed LEOPOLDO N. SUICO after having followed all the regulations prescribed by the Ministry of Health.
(Name of deceased)
Signature _____ Title/Designation Lic. E.B.
Name in Print DANILDO S. FERNANDEZ License No. 704
Address Managua City Issued on 3/8/89 at MLC

HOW TO ACCOMPLISH THIS FORM

1. Accomplish this form in triplicate copies. Upon registration submit the original and duplicate copies to the Local Civil Registrar and keep the third copy for your personal file.
2. The attending physician or the local health officer should complete the medical certification part (Items 11 - 14). When an autopsy has been performed, the medical examiner or coroner should complete this part.
Causes of death are reported in Item 11. Enter only one cause per line for (a), (b) and (c). In Part I give the sequence of events leading directly to death. Report in line (a) the cause leading directly to death. Do not report the symptoms or the mode of dying e.g. heart failure, asthenia, etc. Rather state the disease, injury or complication which caused the death. Report in lines (b) and (c) the antecedent conditions which, in the judgment of the physician, gave rise to the cause of death reported in line (a), the underlying condition being stated last. If the immediate cause of death, line (a) describes completely the sequence of events no entry is necessary in lines (b) and (c).
In Part II report any other important disease or condition that influenced the course of the illness and thus contributed to the fatal outcome but which was not related to the disease or condition reported in line (a) as the immediate cause of death.
Enter the approximate interval between onset of the condition and death in the space provided for. This should be given as accurately as possible and a unit of time should be specified e.g. 14 days, 2 months, 1 year. If the interval is not precisely known, an estimate may be made.
3. Complete items 12 a-b if the death was due to violence or external causes. This is usually furnished by the medical examiner or coroner.
4. Complete the postmortem certificate of death if an autopsy has been performed.
5. Complete certification of embalmer if the dead body has been embalmed.
6. Registration status refers to whether or not registration is delayed. If delayed, place '2' in box 15, otherwise place '1'.

PENALTY CLAUSE OF ACT NO. 3753

Section 16 - False Statements - Any person who shall knowingly make false statements in the forms furnished and shall, present the same for entry in the civil registrar, shall be punished by imprisonment for not less than one month nor more than six, or by a fine of not less than two hundred pesos nor more than five hundred, or both, in the discretion of the court.

Section 17 - Failure to Report - Other Violations - Any person whose duty is to report any fact concerning the civil status of persons and who knowingly fails to perform such duty, and any person convicted of having violated any of the provisions of this Act, shall be punished by a fine of not less than ten nor more than two hundred pesos.

Section 18 - Neglect of Duty with Reference to the Provisions of this Act. Any local civil registrar who fails properly to perform his duties in accordance with the provisions of this Act and of the regulations issued hereunder, shall be punished, for the first offense, by an administrative fine in a sum equal to his salary for not less than fifteen days nor more than three months, and for a second or repeated offense, by removal from the service.