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This instrument prepared by:
KEYSTONE HEIGHTS CEMETERY ASSOC.
POST OFFICE DRAWER 790
KEYSTONE HEIGHTS, FLORIDA 32656

Parcel #18-08-23-022586-000-00



X

Book: 1615
Page: 2078
Rec: 08/12/96
09:01 A.M.
File# 9630073
John Keene
Clerk Of Courts
Clay County, FL
FEE: \$10.50
DOC: \$2.10

WARRANTY DEED

THIS WARRANTY DEED made and executed the 9 day
of August A.D. 1996 by KEYSTONE HEIGHTS CEMETERY ASSOCIATION,
INC. (non-profit), a corporation existing under the laws of the
State of Florida, and having its principal place of business at
Keystone Heights, Florida hereinafter called the Grantor,
to Ruby C. Thomas
whose post office address is 4704 Gadara Rd, Keystone
hereinafter called the Grantee: HTS., FL, 32656

WITNESSETH: That the Grantor, for and in consideration
of the sum of \$10.00 and other valuable considerations, receipt
whereof is hereby acknowledged, by these presents does grant,
bargain, sell alien, remise, release, convey and confirm unto the
Grantee, all that certain land situate in CLAY County, Florida,
viz:

Lot 7 AND 8, Block 210,
KEYSTONE MEMORIAL GARDENS, according to plat thereof
recorded in Plat Book 14, pages 34 and 35 of the public
records of Clay County, Florida.

This deed is given subject to the following covenants and
restrictions:

1. All markers, stones, or the like must be set flush with the ground, and must be of a type and material approved by the association.
2. All planting will be in designated planting areas only and then only with the consent of the association.
3. All burials to be in concrete vaults of a type approved by the association.
4. The association reserves the right to amend or alter their restrictions or to promulgate new restrictions as may be required by simple majority vote of the Board of Directors.

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.

THOMAS, Charles (Charles)
 RUBY

Keystone Memorial
 LOTS 7 & 8 BK 210

	Initials	Date
Prepared By		
Approved By		

460.00

9/30/89
 11/5/90
 12/6/90
 1/8/91
 2/7/91
 3/11/91
 4/5/91
 5/6/91
 6/7/91
 7/8/91
 8/8/91
 6/24/96
 7/17/96

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Deed Issued
 8/9/96
 Per in full

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KEYSTONE HEIGHTS CEMETERY ASSOC, INC.

P. O. DRAWER 790

KEYSTONE HEIGHTS, FLORIDA 32656

Charles Thomas

4704 GASANA RD

KH 7C 32656

6/5/96

RUBY THOMAS

4704 GASANA RD

473-7072

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LOTS 74(8) BK 210 Keystone Memorial

The cemetery association will be under new management as of July 1996. Our records indicate you owe a balance of \$105.00 on lots you reserved. All accounts must be brought current on or before June 25, 1996 or unused lots will be returned to inventory and turned over to the new management for re-sale. If you wish to keep the lots remit payment in full or a substantial payment to bring the account current. The account will then be turned over in July for collection by new management.

Pd 55.00 6/24
Bal \$ 50.00

KEYSTONE HEIGHTS CEMETERY ASSOC., INC.

Post Office Drawer 998 790

Keystone Heights, Florida 32656

Charles Thomas

4707 Dadora Rd

ICH FL 32656

10/25 1990

~~7. P.O. Box 4704~~

~~ICH~~

LOTS 7 & 8 Blk 210

\$ 205.00

Bal on acct.

Monthly payments required to reserve

pd 10.00 11/5

105.00

KEYSTONE HEIGHTS CEMETERY ASSOC.

P. O. Drawer 790 473-4993

Keystone Heights, Florida 32656

Please furnish the following information when selling cemetery lots:

NAME: ^{deceased} CHARLES E. & RUBY H. THOMAS

ADDRESS: 4707 GADARA RD. ← KEYSTONE

PHONE NUMBER 473-7072

LOTS ARE \$230.00 each payable when lot is used. If lots are reserved a monthly payment of at least \$25.00 is required to reserve lots.

(please check one)

LOT NUMBER 7-8 BLOCK 210

KEYSTONE MEMORIAL
 KEYSTONE 2nd ADDITION
 OLD CEMETERY

AMOUNT OWED	\$ <u>460.00</u>
AMOUNT PAID	\$ <u>255.00</u>
BALANCE DUE	\$ <u>205.00</u>

PLANTING OF FLOWERS IS RESTRICTED IN NEW CEMETERY

ALL MARKERS MUST BE GROUND LEVEL IN NEW CEMETERY

Keystone Heights Cemetery Assoc. Inc.
PO Drawer 790

I'm sending \$55.00 + will
send the other \$50.00 next
month. Please don't sell
that lot. 748 - Blk 210
Keystone Memorial. If the
lady a phone no. I would
call you, but there was
not one in the letter. Please
call me at 473-7072

Thank you

Bruce Thomas

Please don't sell that lot.

Please send me all the papers on these
2 lots 7+8 - Blt 2/0 Keystone Memorial
Paid in Full, I don't need this thing to

Pop up again. I lent you, ^{pop}

Ruby C. Thomas

4904 Sadara Rd.

(Paid \$55.00 6-18-96) Keystone Heights Fla, 32656
(Paid 50.00 7-17-96)

Paid 6-18-96 \$105.00
7-17-96

Ruby Thomas
4704 Sadana Rd.
Keystone Heights, Fla 32654



Keystone Heights Cemetery Association Inc,
P.O. Drawer 798
Keystone Heights, Fla. 32654



State of Florida, Department of Health, Vital Statistics
APPLICATION FOR BURIAL - TRANSIT PERMIT

A. (TYPE)

1. Name of Deceased	First RUBY	Middle CLYDE	Last THOMAS	Date of Death	Month October	Day 19,	Year 2009
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2. Place of Death	City, Town or Location Palatka	Name of (If neither, give street address) Hosp. or Inst. Putnam Community Medical Center
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3. Name of Medical Certifier Jack Matheny, M.D.	Address 205 Zeagler Dr. #101, Palatka, FL 32177	Phone Number (386)328-6746
<input type="checkbox"/> Medical Examiner <input checked="" type="checkbox"/> Physician		

4. Name of Funeral Home/Direct Disposal Johnson-Overturf Funeral Home	Address 307 S. Palm Ave Palatka, FL 32177-	Fla. Lic. No./Reg. No. 1555	Phone No. (Area Code) (386)325-4521
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5. Check appropriate Box

a. The medical certification has been completed and signed. A completed certificate of death accompanies this application.
X Jack Matheny, M.D. 10/20/2009

b. _____ was contacted on _____
He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that **Jack Matheny, M.D.** will complete and sign the medical certification of cause of death within 72 hours.

c. _____ was contacted on _____ He/she verified that _____, Medical Examiner, will complete and sign the medical certification of cause of death within 72 hours.

6. Funeral Director/Direct Disposer Charles L. Overturf	Signature <i>Charles L. Overturf</i>	F.E. No./Reg. No. FO43813	Date Signed 10/21/2009
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B. **BURIAL - TRANSIT PERMIT** Permit No. **1555-09-194**

Permission is hereby granted to dispose of this body.

A five (5) day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted since the physician has been contacted by the funeral director and will not be able to complete the medical certification of cause-of-death section of the death certificate within 72 hours.

No extension of time for filing the death certificate has been requested.

Registrar or Subregistrar Signature <i>Stephen D. Overturf</i>	Date Issued 10/19/2009	Date Certificate Due 10/24/2009
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*KM
BLK 210
LOT 7*