

Prepared by:
Return to:

Nereida Barcelo
11117 N.W. 1st Street
Miami, Florida 33172

QUIT CLAIM DEED

On this 12th day of May, 2016, this quit claim deed is executed by:

Gilberto Barcelo, deceased, by and through his spouse Nereida Barcelo, and Nereida Barcelo

as Grantor, whose address is: 11117 N.W. 1st Street, Miami, Florida 33172

to

Nereida Barcelo

as Grantee, whose address is: ~~TTT~~117 N.W. 1st Street, Miami, Florida 33172

on the following described property lying in Flagler County, Florida:

Lot 19 of Block 41, of Palm Coast, Map of Royal Palms, Section 33, according to the plat thereof, as recorded in Map Book 10, at Page 76, of the public Records of Flagler County, Florida (For Sections 1 through 16 inclusive, the aforementioned legal description includes the following language: as amended by instrument recorded in Official Records Book 35, at page 528 of the Public Records of Flagler County, Florida) Property Appraiser's Identification Number 0711317033004100190

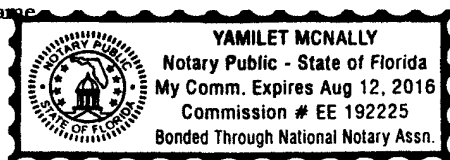
That Grantor(s), for and in consideration of the sum of \$ 10.00 and other valuable considerations to said Grantor(s) in hand paid by said Grantee(s), the receipt whereof is hereby acknowledged, has releases and quit-claimed to the Grantee(s) all of the Grantor's right, title, interest, and claim of demand which the Grantor(s) may have in the above-described land.

IN WITNESS WHEREOF, Grantor has hereunto set Grantor's hand and seal the day and year first above written.

Witnesses:

[Signature]
Luz Fernandez
Print or type name

Print or type name



STATE OF FLORIDA
COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me on this 12th day of May, 2016, by Nereida Soto Barcelo, who is personally known to me or who has produced PLA B624-637-33-836-0 as identification and who did did not take of oath.

My Commission Expires: 8/12/2016

(SEAL)

Grantor(s):

[Signature] L.S.
Gilberto Barcelo, deceased, by and through his spouse Nereida Barcelo
Print or type name
11117 N.W. 1st Street, Miami, Florida 33172
Address

[Signature] L.S.
Nereida Barcelo
Print or type name
11117 N. W 1st Street, Miami, Florida 33172
Address

NOTARY PUBLIC

[Signature]
Yamilet McNally
Print or type name

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY
CERTIFICATE OF DEATH
FLORIDA

CSN 2004R0247359
OR Bk 22195 Pg 2593f (1pa)
RECORDED 04/09/2004 09:21:34
HARVEY RUVIN, CLERK OF COURT
MIAMI-DADE COUNTY, FLORIDA
LAST PAGE

LOCAL FILE NO.		1 DECEDENT'S NAME		2 SEX	
		FIRST MIDDLE LAST GILBERTO BARCELO		Male	
DECEDENT	3 DATE OF DEATH (Month, Day, Year) May 04, 1995		4 SOCIAL SECURITY NUMBER		5a AGE Last Birthday (years) 71
	6 DATE OF BIRTH (Month, Day, Year) April 24, 1924		7 BIRTHPLACE (City and State or Foreign Country) Cuba		5b UNDER 1 YEAR Months Days Hours Minutes
C	8a PLACE OF DEATH (Check only one - see instructions on other side) HOSPITAL Inpatient <input checked="" type="checkbox"/> ENU Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) _____		9a WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) No		9b INSIDE CITY LIMITS? (Yes or No) Yes
	8c FACILITY NAME (If not institution, give street and number) Pan American Hospital		8d CITY, TOWN, OR LOCATION OF DEATH Miami		9c COUNTY OF DEATH Dade
S	10a DECEDENT'S USUAL OCCUPATION Upholsterer		10b KIND OF BUSINESS/INDUSTRY Upholstery		11 MARITAL STATUS - Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced (Specify) _____
	12 SURVIVING SPOUSE (If wife, give maiden name) Nereyda Sosa				
P	13a RESIDENCE - STATE Florida		13b COUNTY Dade		13c CITY, TOWN, OR LOCATION Miami
	13d INSIDE CITY LIMITS? (Yes or No) No		13e ZIP CODE 33126		13f STREET AND NUMBER 495 N.W. 77 Avenue
PARENTS	14 WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Mexican, Cuban, Mexican, Puerto Rican, etc.) No <input checked="" type="checkbox"/> Yes _____		15 RACE - American Indian, Black, White, etc. Specify White		16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary <input checked="" type="checkbox"/> 5 College <input type="checkbox"/> 4 or 5
	17 FATHER'S NAME (First, Middle, Last) Ricardo Barcelo		18 MOTHER'S NAME (First, Middle, Maiden Surname) America Hernandez		
DISPOSITION	19a INFORMANT'S NAME (Type and Print) Gilberto Barcelo Jr.		19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 11947 S.W. 6 Street, Miami, Florida 33184		
	20a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Miami Memorial Park		20c LOCATION - City or Town, State Miami, Florida
CERTIFIER	21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b LICENSE NUMBER (of Licensee) 3672		21c NAME AND ADDRESS OF FACILITY Caballero-Woodlawn Funeral Home 1661 S.W. 37th Avenue, Coral Gables, FL 33145
	22a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title) <i>[Signature]</i>		22b DATE SIGNED (Mo., Day, Yr.) 5/8/95		22c HOUR OF DEATH 8:30P.
CAUSE OF DEATH BY CERTIFIER	22d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Antonio Tejero M.D., 5040 N.W. 7th Street #632, Miami, FL 33144		23a On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated. (Signature and Title) <i>[Signature]</i>		
	23b DATE SIGNED (Mo., Day, Yr.) 5/8/95		23c HOUR OF DEATH 8:30P.		23d MEDICAL EXAMINER'S CASE #
24 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) Antonio Tejero M.D., 5040 N.W. 7th Street #632, Miami, FL 33144		25a SUBREGISTRAR - SIGNATURE AND DATE <i>[Signature]</i> 5-8-95		25b LOCAL REGISTRAR - SIGNATURE <i>[Signature]</i>	
		25c DATE REGISTERED MAY - 9 1995			

This section is deleted per F.S. 382.008

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

Maurice Darden
BY

MAY 11 1995

State Registrar



WARNING:
7004661

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HRS FORM 1564 (6-93)

CERTIFICATION OF VITAL RECORD