

10.60
17.50
10.

Warranty Deed

The terms "Grantor" and "Grantee" shall include their respective heirs, devisees, personal representatives, successors and assigns; any gender shall include all genders, the plural number the singular and the singular, the plural.

92032141

OFFICIAL RECORDS
BOOK-2379
PAGE 1998

This Indenture made this 23rd day of March A.D. 19 92 by and between PEYTON HURST, surviving spouse of HAZEL HURST, Deceased, whose post office address is 526 S. Pelican Drive, Sarasota, Florida 34237, hereinafter referred to as Grantor, and PEYTON HURST and GARY P. HURST, as Joint Tenants with the express right of survivorship, hereinafter referred to as Grantee, whose post office address is 526 S. Pelican Drive, Sarasota, Florida 34237,

Witnesseth: Grantor, in consideration of the sum of ten dollars and other valuable considerations to him in hand paid by Grantee, receipt of which is hereby acknowledged, does hereby grant, bargain, sell and convey to Grantee, his heirs and assigns forever, the following described property situate in Sarasota County, Florida:

The East 7.51 feet of Lot 17 and the West 1/2 of Lot 19, Block 6, Original Plat of Sarasota, as per plat thereof recorded in Plat Book 1, Page 21, Public Records of Manatee County, Florida.

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

The purpose and intent of this Deed is to create a joint tenancy in the Grantees with the express right of survivorship.

TRANS NUM:00141481
DOC STAMPS PD: \$.60
INTANG. TAX PD: \$.00
KAREN E. RUSHING SARASOTA CO.
BY: [Signature] D.C.

together with all appurtenances, privileges, rights, interests, dower, reversions, remainders and easements thereunto appertaining. Grantor hereby covenants with Grantee that Grantor is lawfully seized of said property in fee simple; that it is free of encumbrances except as above stated; that Grantor has good right and lawful authority to convey same; and that Grantee shall have quiet enjoyment thereof. Grantor does hereby fully warrant the title to said property, and will defend the same against the lawful claims of all persons whomsoever.

In Witness Whereof, Grantor has signed and sealed this deed the date above written.

Signed, sealed and delivered in the presence of:

[Signature]

[Signature] (SEAL)
PEYTON HURST

George A. Dietz
Print Name of Witness

_____ (SEAL)

[Signature]

_____ (SEAL)

SANDRA W. ALTMAN
Print Name of Witness

_____ (SEAL)

STATE OF FLORIDA)
COUNTY OF SARASOTA)

The foregoing instrument was acknowledged before me this 23 day of March 19 92

by PEYTON HURST
who is personally known to me and did not take an oath.

[Signature]
Notary Public

My Commission Expires:
(NOTARY SEAL)

275 ✓

Prepared by: George A. Dietz, Esq.
Williams, Parker, Harrison, Dietz & Getzen
1550 Ringling Boulevard, P.O. Box 3258
Sarasota, Florida 34230

SANDRA W. ALTMAN
Notary Public State
Of Florida
No. CC159487
Commission Expires Dec 1, 1995

Ret.

C8847

RECEIDENT'S NAME (If not known, last) Hazel Oleta HURST		IF DECEDENT IS FEMALE, ENTER MAIDEN LAST NAME Starr		DATE OF DEATH (Mo., Day, Year) December 7, 1987	
CITY, TOWN OR LOCATION OF DEATH Atlanta		COUNTY DeKalb		COUNTY OF DEATH Fulton	
RACE (White, Black, Amer. Indian, etc.) White		AGE (Last birthday) 63		SEX Female	
HOSPITAL OR OTHER INSTITUTION NAME (If not in hospital, give street and no.) Northside Hospital		DATE OF BIRTH (Mo., Day, Year) March 22, 1924		UNDER 1 YEAR Days: _____ Hours: _____ Minutes: _____	
CITIZEN OF WHAT COUNTRY? U.S.A.		MARRIAGE STATUS Married		IF HOSPITAL OR INST. (Indicate DIALYSEIS, OPERATOR, etc.) Piner Room	
SOCIAL SECURITY NUMBER [REDACTED]		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home maker		WAS DECEDENT EVER IN U.S. ARMED FORCES? No	
RESIDENCE - STATE Georgia		CITY, TOWN OR LOCATION Dumwoody		STREET AND NUMBER 1603 N. Springs Dr.	
FATHER'S NAME Ireland		MOTHER'S MAIDEN NAME Starr		INSIDE CITY LIMITS? No	
INFORMANT'S NAME Rex P. Hurst		MAILING ADDRESS (Street, R.F.D. No., City or Town, State, Zip) 1603 N. Springs Dr. Dumwoody, GA 30338		RELATIONSHIP Husband	
FUNERAL SERVICE LICENSEE [REDACTED]		CEMETERY OR CREMATORY NAME Mt. Harmony Crematorium		LOCATION (City or Town, State, Zip, County) Mableton, GA Cobb Co.	
BURIAL CREMATION (Disposition date) Dec. 7, 1987		FUR. DRG. LICENSE NO. 1303		EST. LICENSE NO. 415	
EMPLOYER'S NAME [REDACTED]		NAME AND ADDRESS OF FACILITY (Street, R.F.D. No., City or Town, State, Zip) H. M. Patterson & Son Oglethorpe Hill 4550 Peachtree Rd., N.E. Atlanta, GA 30319		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 hrs	
MEDICAL CAUSE Probable pulmonary arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 hrs		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 hrs	
PART II OTHER SIGNIFICANT CONDITIONS (conditions contributing to death but not related to cause of death) X Yes 11/23/87 total hip		DATE OF OPERATION (Mo., Day, Year) 11/23/87		AUTOPSY (Y or N) (If YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH?) No	
ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED No		DATE OF INJURY (Mo., Day, Year) 11/23/87		DESCRIBE HOW INJURY OCCURRED [REDACTED]	
INJURY AT WORK? (Y or N) No		PLACE OF INJURY (Home, Farm, Street, Factory, Office, etc.) (Specify) [REDACTED]		LOCATION (Street, R.F.D. No., City or Town, State, Zip, County) [REDACTED]	
DATE SIGNED (Mo., Day, Year) 12/7/87		HOUR OF DEATH 10:30 PM		HOUR OF DEATH [REDACTED]	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [REDACTED]		DATE PRONOUNCED DEAD (Mo., Day, Year) [REDACTED]		HOUR PRONOUNCED DEAD [REDACTED]	
NAME AND TITLE OF CERTIFIER (Physician, Medical Examiner, or Coroner) Dennis E. Lee, M.D.		ADDRESS OF CERTIFIER (Street, R.F.D. No., City or Town, State, Zip) 993 Johnson Ferry Rd. Atlanta, GA 30342		DATE RECEIVED BY REGISTRAR (Mo., Day, Year) DEC 9 1987	

" CERTIFICATE OF RECORD "

This is an exact copy of the death certificate received for filing in Fulton Georgia.

Anne Parr
Local Custodian
County of Fulton, Atlanta, Ga.

Signed by: _____
Date: _____

RECORDED IN OFFICIAL RECORDS
RECORD VERIFIED
MAR 23 4 34 PM '92
CLERK OF DISTRICT COURT
SARASOTA COUNTY, FL

RECORDER'S MEMO: Legibility of writing, typing or printing for reproductive purpose may be unsatisfactory in this document when received.

275 Williams Parker