

4/23/2026 3:36 PM

KAREN E. RUSHING

CLERK OF THE CIRCUIT COURT
SARASOTA COUNTY, FLORIDA

SIMPLIFILE

Receipt # 3484928

PREPARED BY & RETURN TO:

Ira S. Wiesner, Esquire
Law Office of Wiesner Smith, PLLC
328 N. Rhodes Ave.
Sarasota, Florida 34237
(941) 365-9900

Doc Stamp-Deed: \$0.70

Prop. I.D.#: 0386070002

SPECIAL WARRANTY DEED
From Trust

THIS INDENTURE, made this 23 day of April, 2026, between **Christina I. Bienick**, as Trustee of the **Wolfer Family Trust** dated **March 09, 2017**, made by **Ernest & Lisa Wolfer** (deceased), hereinafter the "**GRANTOR**", who has been granted full power and authority either to protect, conserve and sell, or to lease, or to encumber, or otherwise to manage and dispose of the real property described below, and whose post office address is 4681 Sweet Meadow Circle, Sarasota, Florida 34238, and

Christina I. Bienick, Trustee of the **Christina I. Bienick Trust** dated **March 09, 2017** whose post office address is 4681 Sweet Meadow Circle, Sarasota, Florida 34238, and **Corina L. Wolfer**, Trustee of the **Corina L. Wolfer Trust** dated **March 09, 2017** whose post office address is 901 Madison Street, Apt. 4C, Hoboken, New Jersey 07030, as tenants in common, each to an undivided one-half (1/2) interest, hereinafter the "**GRANTEES**".

(Wherever used herein, the terms "Grantor," "Grantee," and "Trustee" shall include singular and plural, heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

WITNESSETH, that **GRANTOR**, pursuant to the powers granted under that certain Deed dated July 10, 2017, and recorded in Official Records as Instrument #2017091440 of the Public Records of Sarasota County, Florida, and pursuant to the powers granted in the Trust Agreement dated March 09, 2017, referred to above; and in consideration of the sum of Ten Dollars (\$10.00) and other good and valuable considerations to **GRANTOR** in hand paid by **GRANTEE**, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the **GRANTEE** and **GRANTEE**'s successors and assigns forever, the following described land (the Land) situate, lying and being in Sarasota County, Florida, to wit:

Tract 12, SORRENTO RANCHES, as per the plat thereof recorded in Plat Book 26, Pages 50 and 50A, Public Records of Sarasota County, Florida.

Subject to restrictions, reservations, limitations, encumbrances and easements of record, and taxes for the current year and subsequent years.

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

AND THE **GRANTOR** covenants to and with the **GRANTEES**, the **GRANTEE'S**

heirs, personal representatives, successors and assigns, that **Christina I. Bienick** presently serves as Trustee under Agreement dated **March 09, 2017**, made by **Ernest & Lisa Wolfer**, that the Trust is in full force and effect, that **Christina I. Bienick** as Trustee is empowered by the Trust to enter into this deed, and that all things preliminary to and in and about this conveyance and the laws of the State of Florida have been followed and complied with in all respects.

AND THE **GRANTOR** further covenants with the **GRANTEE** that the **GRANTOR** has good right and lawful authority to convey the property and **GRANTOR** warrants the title to the property for any acts of **GRANTOR** and will defend the title against all lawful claims of all persons claiming by, through, or under the **GRANTOR**.

THIS INSTRUMENT has been prepared without the benefit of title search/examination.

IN WITNESS WHEREOF, **GRANTOR** has signed and sealed this Deed on the date first written above.

Signed, sealed and delivered in the presence of:

Sign Here: Sherr M. Fritz

Print name: Sherr M. Fritz

Christina I. Bienick (SEAL)

Christina I. Bienick, as Trustee of the Wolfer Family Trust, GRANTOR

Address of Witness #1:
328 N. Rhodes Avenue
Sarasota, FL 34237

Sign Here: Laura Owsianka

Print Name: Laura Owsianka

Address of Witness #2:
328 N. Rhodes Avenue
Sarasota, FL 34237

STATE OF FLORIDA
COUNTY OF SARASOTA

The foregoing instrument was acknowledged before me, by means of physical presence or () online notarization, this 23 day of April, 2026, by **Christina I. Bienick**, as Trustee of the **Wolfer Family Trust**, () who is personally known to me or has produced FL DL as identification.

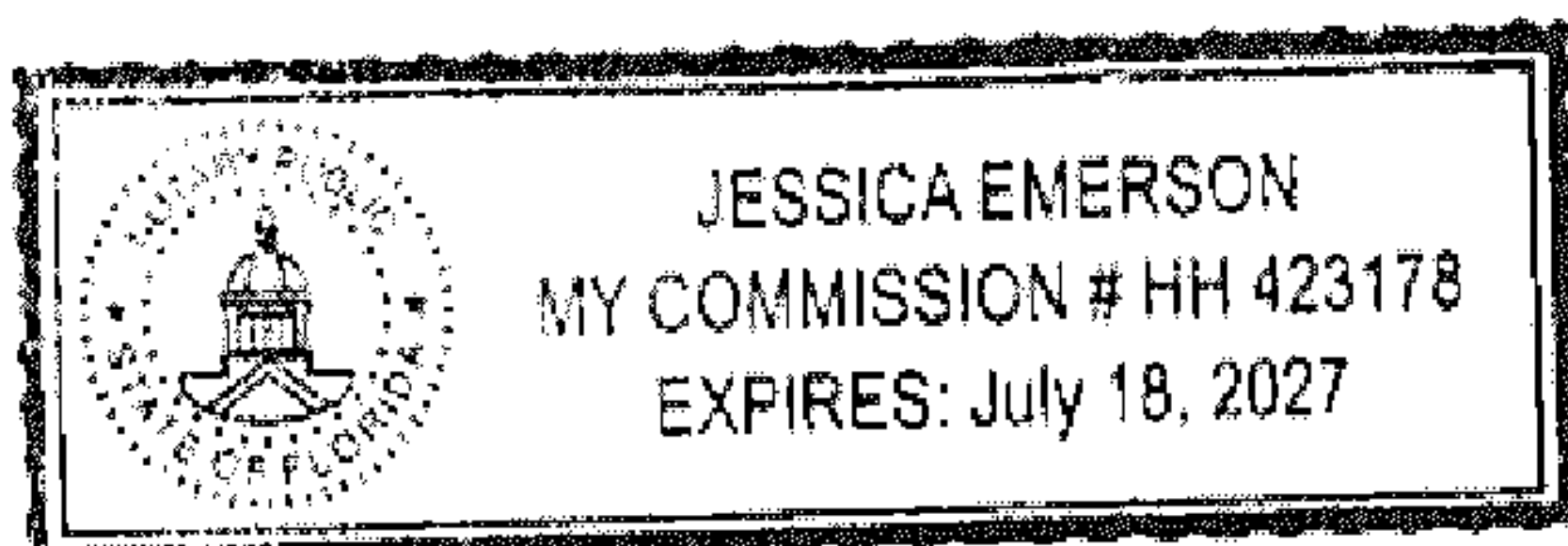
Jessie Emerson

Notary Public

Print Name:

My Commission Expires:

Commission No.:



BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2024128260

DATE ISSUED: AUGUST 29, 2024

DECEDENT INFORMATION

DATE FILED: AUGUST 29, 2024

NAME: ERNEST PAUL WOLFER

DATE OF DEATH: AUGUST 21, 2024

SEX: MALE

AGE: 092 YEARS

DATE OF BIRTH: JUNE 3, 1932

SSN: ***-**-****

BIRTHPLACE: FRAUENFELD, SWITZERLAND

PLACE WHERE DEATH OCCURRED: HOSPICE

FACILITY NAME OR STREET ADDRESS: TIDEWELL HOSPICE, INC.

LOCATION OF DEATH: SARASOTA, SARASOTA COUNTY, 34238

RESIDENCE: 8400 VAMO ROAD APT NO. 1105, SARASOTA, FLORIDA 34231, UNITED STATES

COUNTY: SARASOTA

OCCUPATION, INDUSTRY: SENIOR VICE PRESIDENT, PAPERMILLS

EDUCATION: MASTERS DEGREE

EVER IN U.S. ARMED FORCES? NO

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: WHITE

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: MARRIED

SURVIVING SPOUSE NAME: LISA ZOLLINGER

FATHER'S/PARENT'S NAME: HEINRICH WOLFER

MOTHER'S/PARENT'S NAME: FREDERICKE STEMPFLE

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: LISA WOLFER

RELATIONSHIP TO DECEDENT: WIFE

INFORMANT'S ADDRESS: 8400 VAMO ROAD APT NO. 1105, SARASOTA, FLORIDA 34231, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: KATHRYN MARIE KANNAPEL, F723492

FUNERAL FACILITY: NATIONAL CREMATION & BURIAL SOCIETY - SARASOTA F041128

2990 BEE RIDGE RD, SARASOTA, FLORIDA 34239

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MANASOTA MEMORIAL CREMATORY
BRADENTON, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 HOUR): 1245

DATE CERTIFIED: AUGUST 22, 2024

CERTIFIER'S NAME: RICHARD LEE DIAMOND

CERTIFIER'S LICENSE NUMBER: ME88423

NAME OF ATTENDING PRACTITIONER (IF OTHER THAN CERTIFIER): NOT ENTERED

The first five digits of the decedent's Social Security Number have been redacted pursuant to §119.071(5), Florida Statutes.



, STATE REGISTRAR

REQ: 2026878363

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.



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DH FORM 1946 (08/01/2022)

CERTIFICATION OF VITAL RECORD



VOID IF ALTERED OR ERASED

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BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2025077298

DATE ISSUED: MAY 5, 2025

DECEDENT INFORMATION

DATE FILED: MAY 2, 2025

NAME: LISA G WOLFER

DATE OF DEATH: APRIL 28, 2025

SEX: FEMALE

AGE: 092 YEARS

DATE OF BIRTH: AUGUST 7, 1932

SSN: ***-**-

BIRTHPLACE: ZURICH, SWITZERLAND

PLACE WHERE DEATH OCCURRED: ASSISTED LIVING

FACILITY NAME OR STREET ADDRESS: BAY VILLAGE OF SARASOTA INC

LOCATION OF DEATH: SARASOTA, SARASOTA COUNTY, 34231

RESIDENCE: 8400 VAMO ROAD APT NO. 9, SARASOTA, FLORIDA 34231, UNITED STATES

COUNTY: SARASOTA

OCCUPATION, INDUSTRY: GROUND PERSONNEL, AIRLINES

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED EVER IN U.S. ARMED FORCES? NO

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: WHITE

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE NAME: NONE

FATHER'S/PARENT'S NAME: ROBERT ZOLLINGER

MOTHER'S/PARENT'S NAME: JULIA NESENHORN

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: CORINA WOLFER

RELATIONSHIP TO DECEDENT: DAUGHTER

INFORMANT'S ADDRESS: 901 MADISON STREET APT NO. 4C, HOBOKEN, NEW JERSEY 07030, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: KELLY P. LYON, F044674

FUNERAL FACILITY: NATIONAL CREMATION & BURIAL SOCIETY - SARASOTA F041128

2990 BEE RIDGE RD, SARASOTA, FLORIDA 34239

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MANASOTA MEMORIAL CREMATORY
BRADENTON, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 HOUR): 1122

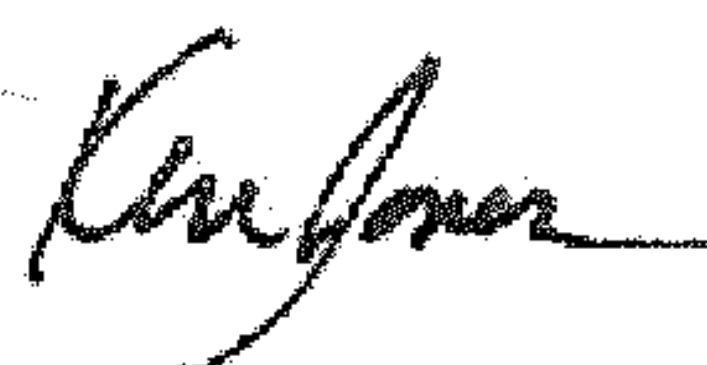
DATE CERTIFIED: MAY 1, 2025

CERTIFIER'S NAME: STACIE WENK

CERTIFIER'S LICENSE NUMBER: OS15095

NAME OF ATTENDING PRACTITIONER (IF OTHER THAN CERTIFIER): NOT ENTERED

The first five digits of the decedent's Social Security Number have been redacted pursuant to §119.071(5), Florida Statutes.



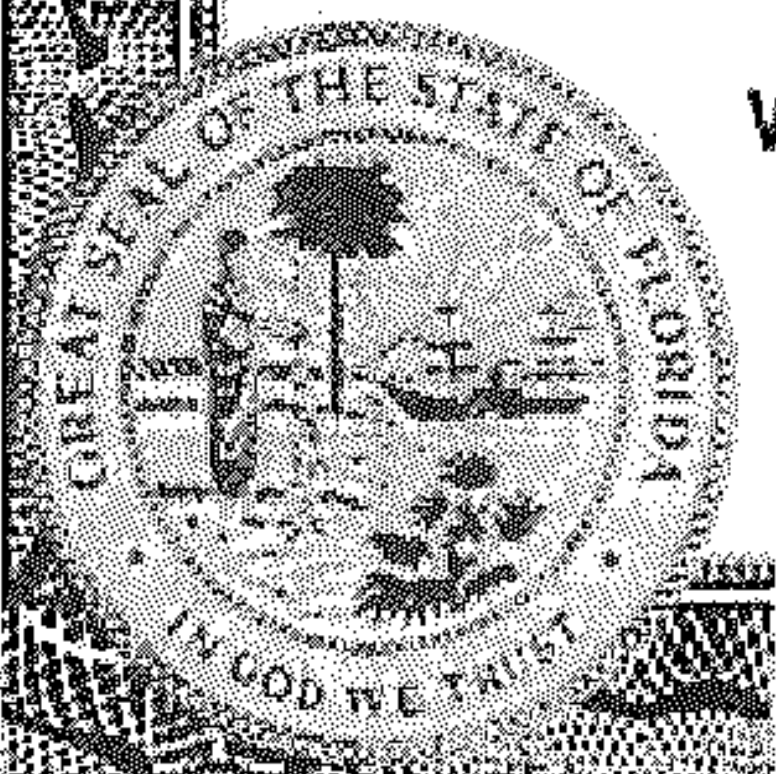
, STATE REGISTRAR

REQ: 2027766820

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CERTIFICATION OF VITAL RECORD

