

OFFICE of VITAL STATISTICS

CERTIFIED COPY

20031027000714980 Pg 1/4 20.00
Shelby Cnty Judge of Probate, AL
10/27/2003 10:49:00 FILED/CERTIFIEDTYPE OR
PRINT IN
PERMANENT
BLACK INKCERTIFICATE OF DEATH
FLORIDA

LOCAL FILE NO.		1. DECEDENT'S NAME FIRST: <u>Leona</u> MIDDLE: <u>Sanders</u> LAST: <u>Hogwood</u>		2. SEX <u>Female</u>	
3. DATE OF DEATH (Month, Day, Year) <u>October 6, 2003</u>		4. SOCIAL SECURITY NUMBER <u>[REDACTED]</u>		5a. AGE-Last Birthday (years) <u>90</u>	
6. DATE OF BIRTH (Month, Day, Year) <u>August 6, 1913</u>		7. BIRTHPLACE (City and State or Foreign Country) <u>Atmore Alabama</u>		5b. UNDER 1 YEAR Months: <u> </u> Days: <u> </u>	
8a. PLACE OF DEATH (Check only one: see instructions on other side) <u>HOSPITAL: X Inpatient</u> ER/Outpatient <u> </u> DOA <u> </u> OTHER: <u>Nursing Home</u> Residence <u> </u> Other (Specify) <u> </u>		8b. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) <u>NO</u>		5c. UNDER 1 Day Hours: <u> </u> Minutes: <u> </u>	
9c. FACILITY NAME (If not institution, give street and number) <u>Memorial Regional Hospital</u>		9d. CITY, TOWN, OR LOCATION OF DEATH <u>Hollywood</u>		9e. INSIDE CITY LIMITS? (Yes or No) <u>Yes</u>	
10a. DECEDENT'S USUAL OCCUPATION <u>Teacher</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Public Education</u>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>	
12. SURVIVING SPOUSE (If wife, give maiden name) <u>William H. Hogwood</u>		13a. RESIDENCE - STATE <u>Florida</u>		13b. COUNTY <u>Broward</u>	
13c. CITY, TOWN, OR LOCATION <u>Hollywood</u>		13d. STREET AND NUMBER <u>3630 SW 32nd Court</u>		14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) <u>X</u> No <u> </u> Yes <u> </u>	
15. RACE - American Indian, Black, White, etc. Specify: <u>White</u>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <u> </u> College (13-16) <u>5+</u>		17. FATHER'S NAME (First, Middle, Last) <u>Lewis E. Millender</u>	
18. MOTHER'S NAME (First, Middle, Maiden Surname) <u>Silas H. Downs</u>		19a. INFORMANT'S NAME (Type/Print) <u>William H. Hogwood</u>		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <u>3630 SW 32nd Court Hollywood, Florida 33023</u>	
20a. METHOD OF DISPOSITION <u>X</u> Burial <u> </u> Cremation <u> </u> Removal from State <u> </u> Donation <u> </u> Other (Specify) <u> </u>		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Forest Lawn South</u>		20c. LOCATION - City or Town, State <u>Ft. Lauderdale Florida</u>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Joseph G. Parikh</u>		21b. LICENSE NUMBER (of Licensee) <u>3639</u>		21c. NAME AND ADDRESS OF FACILITY <u>Boyd's Family Funeral Homes 6400 Hollywood Blvd. Pembroke Pines, Florida 33024</u>	
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) <u>Howard Barron MD</u>		22b. DATE SIGNED (Mo., Day, Yr) <u>10/8/03</u>		22c. HOUR OF DEATH <u>6:05 PM</u>	
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u>Howard Barron MD</u>		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) <u>Howard Barron MD</u>		23b. DATE SIGNED (Mo., Day, Yr) <u>10/8/03</u>	
23c. HOUR OF DEATH <u>6:05 PM</u>		23d. MEDICAL EXAMINER'S CASE # <u> </u>		24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) <u>Howard Barron MD 3700 Washington Street, Suite 500 Hollywood, Florida</u>	
25a. SUBREGISTRAR'S SIGNATURE AND DATE <u>[Signature]</u> Oct 8, 2003		25b. LOCAL REGISTRAR - SIGNATURE <u>[Signature]</u>		25c. DATE REGISTERED <u>OCT 9 2003</u>	
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or approximate interval.					

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

Doris Owens
Deputy Chief Registrar

OCT 10 2003

BY

State Registrar

WARNING:
14967061THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.
THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.FLORIDA DEPARTMENT OF
HEALTH

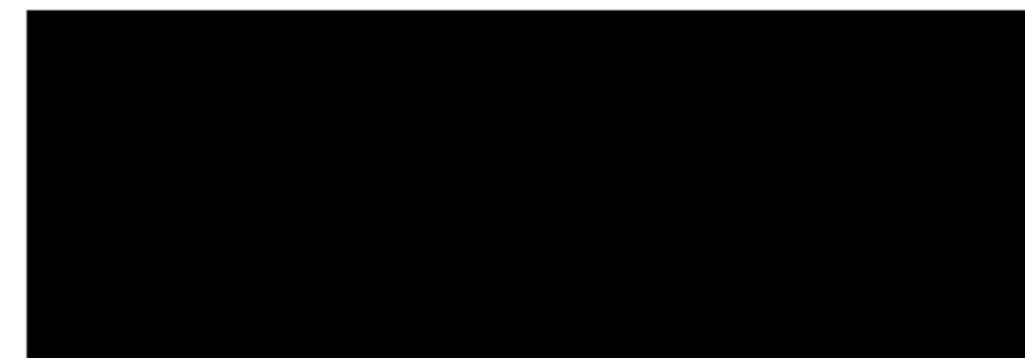
DOH FORM 1564 (10-98)

CERTIFICATION OF VITAL RECORD

Title: Affidavit of No Florida Estate Tax Due

Decedent's Name: Leona Sanders Hogwood

Decedent's Social
Security Number:



Date of Death: October 6, 2003

Legal Description: That certain lot, or parcel of land, situated in the Town of Vincent, Alabama, described as follows: Beginning at the Northeast corner of the A.P. Hitchcock lot and running thence North 116 feet to a point; running thence West 220.5 feet to a point; running thence South 116 feet to a point; running thence East 220.5 feet to the point of beginning, and containing one-half acre, more or less, and being a part of the Southwest Quarter of the Northwest Quarter, and a part of the Northwest Quarter of the Southwest Quarter, of Section 14, Township 19, South, Range 2 East in Shelby County, Alabama, and being the same lot conveyed by W. B. Sanders and wife, Minnie Law Sanders to Leona Sanders Wilder and husband, L. A. Wilder, by deed dated October 22, 1943, and recorded in Deed Book 116, on Page 139, in the office of the Judge of Probate of Shelby County, Alabama

AFFIDAVIT OF NO FLORIDA ESTATE TAX DUE

IN RE: ESTATE OF
LEONA S. HOGWOOD,
Deceased _____/

STATE OF FLORIDA)
COUNTY OF BROWAD)

I, the undersigned, **William H. Hogwood**, do hereby state:

1. I am one of the surviving heirs at law, as defined in s. 198.01 or s. 731.201, Florida Statutes (FS), as the case may be, of the Estate of Leona S. Hogwood.

2. The decedent referenced above, whose Social Security Number is [REDACTED] who died on **October 6, 2003**, and was domiciled, as defined in s. 198.015, FS at the time of death in the State of **Florida**.

3. A federal estate tax return (federal Form 706 or 706-NA) is not required to be filed for the Estate.

4. The Estate does not owe Florida estate tax pursuant to Chapter 198, F.S.

5. I acknowledge personal liability for distribution in whole or in part of any of the Estate by having obtained release of such property from the lien of the Florida estate tax.

Under penalties of perjury, I declare that I have read this Affidavit and that the facts stated are true.

Executed this 14 day of October, 2003.

Signature: William H. Hogwood
Printed name: William H. Hogwood
Mailing address: 3630 S.W. 32nd Court
Hollywood, FL 33023
Telephone No.: 954-925-8080

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to and subscribed before me by **William H. Hogwood**, on this 14 day of October, 2003.

Signature of Notary: Marilyn B. Kelly
Print Name of Notary: MARILYN B. KELLY

Personally known _____ Or Produced Identification _____
Type of Identification Produced _____



Marilyn B. Kelly
MY COMMISSION # CC987665 EXPIRES
January 25, 2005
BONDED THRU TROY FAIR INSURANCE, INC.

Title: Death Certificate

Decedent's Name: Leona Sanders Hogwood

Decedent's Social
Security Number:



Date of Death: October 6, 2003

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