

RESOLUTION NO. 87-14

RESOLUTION OF THE BOARD OF COUNTY
COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA

WHEREAS, James J. DuPont as agent for Lillian M. Carter, owner, has filed a petition with supporting documents to vacate the following portion of a subdivision plat:

All of Block S and the north half of Block T along with that portion of Pomont Avenue lying between both blocks, Ponce de Leon Heights Subdivision in Government Lot 8 Township 7S Range 29E, as recorded in Map Book 3 Page 72 of the Public Records of St. Johns County, Florida; and

WHEREAS, notice of the public hearing to consider his petition has been duly published

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA as follows:

Section 1. It is hereby found and determined that the vacating of the above described portion of Ponce de Leon Heights Subdivision will not affect the ownership or right of convenient access of persons owning other parts of the subdivision and that the portion of Pomont Avenue lying between Blocks S and T of said subdivision is not a highway that is necessary for use by the traveling public.

Section 2. The following portion of Ponce de Leon Heights subdivision as recorded in Map Book 3 Page 72 of the public records of St. Johns County, Florida is hereby vacated:

All of Block S and the north half of Block T along with that portion of Pomont Avenue lying between Block S and Block T.

Section 3. The Clerk is instructed to file a certified copy of this Resolution in the offices of the circuit court clerk and to record a certified copy of this Resolution in the official public records of St. Johns County at owner's expense.

ADOPTED by the Board of County Commissioners of St. Johns County, Florida, this 27 day of January, 1987.

BOARD OF COUNTY COMMISSIONERS
OF ST. JOHNS COUNTY, FLORIDA

BY: Phyllis L. Lyda
Its Chairman

ATTEST: Carl "Bud" Markel, Clerk

By: Cheryl Kent
Deputy Clerk

I, Lillian Carter, property-owner, hereby authorize JAMES J. DU PONT to act as my agent in petitioning the Board of County Commissioners of St. Johns County, Florida, to vacate a portion of a plat on the following described land located in St. Johns County, Florida, to wit: all of Block S and the north half of Block T along with that portion of Pomont Avenue lying between both blocks, Ponce de Leon Heights Subdivision in Government Lot 8 Township 7S Range 29E, as recorded in Map Book 3 Page 72 of the Public Records of St. Johns County, Florida.

Lillian Carter ^{rsjd}

Lillian Carter

STATE OF FLORIDA

COUNTY OF ST. JOHNS

Sworn to and subscribed before me this 8 day of January

A.D. 1987

Dorinda Hamilton

Notary Public

My Commission expires:

My Commission Expires 01/01/91
Notary Public - State of Florida

(seal)

PETITION

I, JAMES J. DU PONT, as agent for Lillian Carter, property-owner, hereby petition the Board of County Commissioners of St. Johns County, Florida, to vacate a portion of a plat on the following described land located in St. Johns County, Florida, to wit: all of Block S and the north half of Block T along with that portion of Pomont Avenue lying between both blocks, Ponce de Leon Heights Subdivision in Government Lot 8 Township 7S Range 29E, as recorded in Map Book 3 Page 72 of the Public Records of St. Johns County, Florida.


James J. DuPont

TITLE INS. FILE NO.:

Info. Search 14,735

ABSTRACT NO.:

DATE: December 3, 1986

To: Mrs. Lillian Carter

INVOICE

St. Johns County Title & Abstract Company

P.O. BOX 389 — PHONE: (904) 829-9083

ST. AUGUSTINE, FLORIDA 32085

| DATE | REAL ESTATE | RECORDING FEES | TITLE INSURANCE | ABSTRACTING |
|---|---|----------------|-----------------|-------------|
| 12/3/86 | Information search in re: Lots in Blocks S and T of Ponce de Leon Heights, Unit No. 2, St. Augustine, St. Johns County, Florida | | | \$50.00 |
| OWNER: Carter | | | | |
| TITLE INSURANCE BINDER COMMITMENT () ABSTRACT () DELIVERED TO: | | | | |
| REMARKS: | | | TOTAL | \$50.00 |



ST. JOHNS COUNTY TITLE & ABSTRACT

93A ORANGE STREET, P.O. BOX 389
ST. AUGUSTINE, FLORIDA 32085-0389
(904) 829-9082

December 3, 1986

Info. Search No. 14,735

Mrs. Lilliam Carter
St. Augustine, Florida

Dear Mrs. Carter:

In re: Lots 1 to 28, inclusive, of Block S, and Lots
1 to 14, inclusive, of Block T, of PONCE DE LEON
HEIGHTS, UNIT NO. TWO, as per plat of same recorded
in Map Book 3, page 72, of the public records of
St. Johns County, Florida.

A search of the public records of St. Johns County, Florida, and records
as maintained in this office, reveals the record titleholder to the above
captioned lands to be William L. Carter and Lillian M. Carter, his wife.

Encumbrances: None

Judgments: None

Period of search: 9/13/52 to 11/5/86.

In furnishing this information, the St. Johns County Title & Abstract Company
assumes no monetary liability.

Yours truly,

ST. JOHNS COUNTY TITLE & ABSTRACT



Mary Jane Dardi,
Manager

d

NOTE: We are informed that William L. Carter is now deceased.

**CERTIFICATE OF DEATH
FLORIDA**

TYPE OR PRINT PERMANENT BLACK INK SEE HANDBOOK FOR INSTRUCTIONS

| | | | | | | |
|---|--|--|--|--|--|--|
| LOCAL FILE NO. | | DECEASED - NAME FIRST MIDDLE LAST William Lensie Carter | | | SEX Male | DATE OF DEATH (Mo. Day Yr.) Sept. 4, 1985 |
| RACE (e.g. White, Black, American Indian, etc. Specify) | AGE (Last Birthdate) | UNDER YEAR | UNDER DAY | DATE OF BIRTH (Mo. Day Yr.) | COUNTY OF DEATH | |
| White | 55 | 5 | 5 | Sep 29, 1919 | St. Johns | |
| CITY, TOWN OR LOCATION OF DEATH St. Augustine | | HOSPITAL OR OTHER INSTITUTION (Name if not in register give street and number) 233 Pomont Ave. | | | IF HOSP. OR INST. Indicate ICD-9-CM, ICD-10, or ICD-9-CM (Specify) | |
| STATE OF BIRTH (If not in U.S.A. name country) Louisiana | CITIZEN OF WHAT COUNTRY USA | MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify) Married | | SURVIVING SPOUSE (If wife, give maiden name) Lillian Norton | | |
| SOCIAL SECURITY NUMBER 264-16-9080 | USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Supervisor | | KIND OF BUSINESS OR INDUSTRY Maintenance/ Fairchild | | | |
| RESIDENCE - STATE Florida | COUNTY St. Johns | CITY, TOWN OR LOCATION St. Augustine | STREET AND NUMBER 233 Pomont Ave | | INSIDE CITY LIMITS (Specify Yes or No) No | |
| FATHER - NAME FIRST MIDDLE LAST Charles C. Carter | | | MOTHER - MAIDEN NAME FIRST MIDDLE LAST Louella Bloodsworth | | | |
| INFORMANT (Name, Type of Person) Lillian Carter | | MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 233 Pomont Ave St. Augustine Florida 32084 | | | | |
| BURIAL (CREMATION, REMOVAL, OTHER) (Specify) | CEMETERY OR CREMATORY - NAME | | LOCATION | CITY OR TOWN | STATE | |
| Burial | Pellicer Creek | | | St. Augustine, Florida | | |
| FUNERAL DIRECTOR (Name) | FUNERAL HOME ADDRESS Craig Funeral Home, P.O. Box 99, St. Augustine, FL | | | | | |
| 20a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i> | | | | 21a On the basis of my examination and investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i> | | |
| DATE SIGNED (Mo. Day Yr.) Sept. 5, 1985 | | HOUR OF DEATH Unk. | | DATE SIGNED (Mo. Day Yr.) Sept. 5, 1985 | | HOUR OF DEATH Unk. |
| NAME OF ATTENDING PHYSICIAN (If other than certifier, Type or Print) Robert J. McConaghie, M.D., Med.Exam.; Rt. 10, Box 84-B, St. Augustine, FL 32084 | | | | PRONOUNCED DEAD (Mo. Day Yr.) Sept. 4, 1985 | | PRONOUNCED DEAD (Hour: AT) 5:45 P |
| 23 NAME AND ADDRESS OF CERTIFIER (Physician, Medical Examiner) (Type or Print) | | | | | | |
| Robert J. McConaghie, M.D., Med.Exam.; Rt. 10, Box 84-B, St. Augustine, FL 32084 | | | | | | |
| REGISTRAR SIGNATURE <i>[Signature]</i> | | | | | DATE RECEIVED BY REGISTRAR (Mo. Day Yr.) Sept 6, 1985 | |
| 24 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) Occlusive Coronary Artery Disease | | | | | | Interval between onset and death years |
| DUE TO OR AS A CONSEQUENCE OF (Condition(s) which gave rise to cause (a) - List underlying cause last) Hypertensive Arteriosclerotic Cardiovascular Disease | | | | | | Interval between onset and death years |
| DUE TO OR AS A CONSEQUENCE OF | | | | | | Interval between onset and death |
| PART II OTHER SIGNIFICANT CONDITIONS - Condition(s) accompanying a death but not related to cause given in PART I (a) | | | | PART III FEMALE: WAS THERE A PREGNANCY IN THE PAST 6 MONTHS? NO | | PAGE REFERRED TO MEDICAL EXAMINER (Specify page) yes |
| Probably ACCIDENT, SUICIDE, HOMICIDE or UNDETERMINED (Specify) | | DATE OF INJURY (Mo. Day Yr.) | | HOUR OF INJURY | | |
| | | | | | | |
| INJURY AT WORK (Specify Yes or No) | | PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) | | LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE | | |
| | | | | | | |

DECEASED

PARENTS

DISPOSITION

CERTIFIER

CAUSE OF DEATH

RS Form 512, 84 (Obsolete previous editions as of 12-31-84)

THIS IS A TRUE COPY OF THE DEATH CERTIFICATE OF WILLIAM LENSIE CARTER

Mary J. Jones

DEPUTY REGISTRAR
Sept. 9, 1985

ST. JOHNS COUNTY CLEARANCE SHEET
REQUIRED FOR ALL CONSTRUCTION AND MOBILE HOME PERMITS

DATE: 4-18-86
OWNER NAME: ^{WILLIAM b} LILIAN CARTER R.E. TAX NO.: 090020-0000
APPLICANT'S NAME JAMES DUPONT PHONE NO. 445-4323

after
12:00

LEGAL DESCRIPTION: LOTS 4, 5, 6, 7, 25, 24, 23, 22 BLOCK "S" OF PONCE DE
LEON HEIGHTS (MOBILE HOME TO BE LOCATED ON LOTS 4 & 25)
STREET NAME: POMOUT AVENUE

WELL; WATER SYSTEM; SEPTIC TANK; SEWER SYSTEM- * PROOF REQUIRED
LOCATED IN COASTAL BUILDING ZONE YES NO (If YES, attach Certificate)
LOCATED IN WETLAND ZONE YES NO
D.E.R. JURISDICTION LETTER REQUIRED? YES NO ; RECEIVED-DATE _____

FIA ZONE: C MINIMUM ELEVATION: _____ *PANEL: 0145 D INITIAL: SJM
* Must have survey and plot plan showing all elevations listed.

ENGINEERING ROAD AND DRAINAGE REVIEW:
TYPE OF ACCESS: _____ CONDITION _____
 RECORDED EASEMENT (_____ WIDE) IF LESS THAN 30'-PRIOR TO 1979? _____
 COUNTY DIRT ROAD STATE ROAD DOT PERMIT REQUIRED
 PRIVATE DIRT ROAD DOT PERMIT RECEIVED
 COUNTY PAVED ROAD HASTINGS ROAD
 PRIVATE PAVED ROAD
 EXISTING DRAINAGE _____
 CULVERT PERMIT REQ. PAVED SMALE REQ. RETENTION REQ.

ZONING DATA:
ABOVE DESCRIBED PROPERTY IS ZONED RS-3 AND ALLOWS THE LOCATION OF:
a mobile home to be located on lots
4 and 25

ZONING MAP SHEET PAGE: 4E/11 ZONING DISTRICT: E
ADDITIONAL INFORMATION: Exception granted E-86-061 conditions:
Non-rental, sketched, located on lots 4 and 25

THE FOLLOWING APPROVALS ARE REQUIRED PRIOR TO THE ISSUANCE OF A PERMIT OR
INITIATION OF USE. SIGNATURES 1, 2, & 3 MUST BE OBTAINED PRIOR TO DELIVERY TO
THE ST. JOHNS COUNTY HEALTH DEPARTMENT.

- 1. WETLAND APPROVAL N/A DATE _____
- 2. ZONING DEPARTMENT Jina Marshall DATE 6/6/86
- 3. RELEASE FOR SEPTIC TANK TEST S. Hauer DATE 4-18-86
- 4. ROAD & DRAINAGE APPROVAL _____ DATE _____

DAMAGE TO ROADWAY OR DRAINAGE A
OR TRANSPORT OF HEAVY EQUIPMENT
BEFORE A CERTIFICATE OF OCCUPAN
Approval
for Road
Access. ↑
PART OF A MOBILE HOME,
ES MUST BE CORRECTED

