



09/11/2002 12:03:07 20020477623  
OR BK 14138 PG 1424  
Palm Beach County, Florida

RECORD AND RETURN TO:  
MICHAEL A. LAMPERET, ESQUIRE  
1655 Palm Beach Lakes Blvd., Suite 900 West Palm Beach, FL 33401

**CONTINUOUS MARRIAGE  
AFFIDAVIT**

STATE OF FLORIDA )  
 ) SS:  
COUNTY OF PALM BEACH )

BEFORE ME, the undersigned authority, personally appeared JOSEPHINE JOHNSON WINTER, who, being first duly sworn, deposes and says as follows:

1. That I am the present owner in fee simple of the following described property lying and being in, Florida, to wit:

Lot 1, of Plat No. 1 of Point Manalpan, according to the plat thereof on file in the office of Clerk in and for Palm Beach County, FL recorded in PB 25, Page 110, less the South 30 feet thereof.

2. Said lands were deeded to me jointly with my deceased spouse, LEO WINTER, JR., by warranty deed dated March 12, 2001, and recorded, March 14, 2001, in Official Records Book 12377, Page 1468, of the Public Records of Palm Beach County, Florida.

3. My said spouse died on March 26, 2002, whereupon I became the sole owner of said lands by survivorship. LEO WINTER, JR.'s Death Certificate is attached hereto as Exhibit "A" for recording.

4. My said spouse, LEO WINTER, JR., and I were married on August 3, 1975 and were continuously married, without interruption, from the time we acquired said property until the date of death of my said spouse and since that time I have not remarried.

FURTHER, AFFIANT SAYETH NAUGHT.

WITNESSETH:

Carlene Porter  
Reba Cooley

Josephine Johnson Winter  
JOSEPHINE JOHNSON WINTER

State of Florida  
County of Palm Beach

On this 18<sup>th</sup> day of April, 2002, before me, the undersigned Notary Public of the State of Florida, the foregoing instrument was acknowledged by JOSEPHINE JOHNSON WINTER,  personally known to me, or  has produced identification: \_\_\_\_\_



Michael A. Lampert  
MY COMMISSION # CC776848 EXPIRES  
October 21, 2002  
BONDED THRU TROY FAIN INSURANCE, INC

Notary Public, State of Florida  
Printed Name: Michael A. Lampert  
Commission No: \_\_\_\_\_  
Commission Expiration: \_\_\_\_\_

Name

Address:

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH  
FLORIDA

LOCAL FILE NO. 2002-3534

PRINT IN  
PERMANENT  
BLACK INK

1 DECEASED'S NAME FIRST: LEO MIDDLE: WINTER, JR. LAST: WINTER, JR.		2 SEX MALE
3 DATE OF DEATH (Month, Day, Year) MARCH 26, 2002		4 SOCIAL SECURITY NUMBER
5a AGE-Last Birthday (year) 75		5b UNDER 1 YEAR Months: Days: Hours: Minutes:
6 DATE OF BIRTH (Month, Day, Year) JULY 26, 1926		7 BIRTHPLACE (City and State or Foreign Country) NEW YORK, NEW YORK
8 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) YES		9a INSIDE CITY LIMITS? (Yes or No) YES
9b PLACE OF DEATH (Check only one; see instructions on other side) HOSPITAL: Inpatient <input type="checkbox"/> ER/Outpatient <input checked="" type="checkbox"/> DCA <input type="checkbox"/> OTHER: Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		
9c FACILITY NAME (if not institution, give street and number) 101 WESTWOOD COURT		9d CITY, TOWN, OR LOCATION OF DEATH ATLANTIS
9e COUNTY OF DEATH PALM BEACH		
10a DECEASED'S USUAL OCCUPATION RESEARCH		10b KIND OF BUSINESS/INDUSTRY MEDICAL
11 MARITAL STATUS - Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> (Specify)		12 SURVIVING SPOUSE (if wife, give maiden name) JOSEPHINE LYNNE JOHNSON
13a RESIDENCE - STATE FLORIDA		13b COUNTY PALM BEACH
13c CITY, TOWN, OR LOCATION ATLANTIS		13d STREET AND NUMBER 101 WESTWOOD COURT
14 WAS DECEASED OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - if yes, specify Italian, Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		15 RACE - American Indian, Black, White, etc. (Specify) WHITE
16 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary College (1-4) 5+ 5 +		
17 FATHER'S NAME (First, Middle, Last) LEO WINTER, SR.		18 MOTHER'S NAME (First, Middle, Maiden Surname) SYLVIA HIRSHBERG
19a INFORMANT'S NAME (Type/Print) JOSEPHINE LYNNE WINTER		
19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 101 WESTWOOD COURT, ATLANTIS, FL 33462		
20a METHOD OF DISPOSITION Burial <input type="checkbox"/> Cremation <input checked="" 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) GOLD COAST CREMATORY
20c LOCATION - City or Town, State FT. LAUDERDALE, FLORIDA		
21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>M. E. West</i>		21b LICENSE NUMBER (of Licensee) 18279
21c NAME AND ADDRESS OF FACILITY DORSEY FUNERAL HOME 3525 SOUTH CONGRESS AVENUE LAKE WORTH, FLORIDA 33461		
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>Earl Lysaker</i>		22b 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>Earl Lysaker</i>
22c DATE SIGNED (Mo., Day, Yr.) 3/28/02		22d HOUR OF DEATH 8:40 A.M.
22e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22f MEDICAL EXAMINER'S CASE #
24 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) EARL LYSAKER, MD, 5503 S. CONGRESS AVENUE, SUITE 205, ATLANTIS, FLORIDA 33462		
25a SUBREGISTRAR - SIGNATURE AND DATE <i>Dorothy H. Wilken</i>		25b LOCAL REGISTRAR - SIGNATURE <i>Dorothy H. Wilken</i>
		25c DATE REGISTERED APR 02 2002

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

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

BY State Registrar

*Pearlie Brown* APR 02 2002

**WARNING:** THIS 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.

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THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.



DOH FORM 1564 (10-99)

CERTIFICATION OF VITAL RECORD