

Prepared by, Record, and Return to:

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Tax Id: 40-1N-28-0090-40000-0170

QUIT CLAIM DEED

THIS QUIT CLAIM DEED is made as of the 19th day of March 2024 by and between **Carmen Penalzoza, a single woman**, whose post office address is 6020 SW 64th Avenue, South Miami, FL 33143 (the "Grantor"), to **Carmen Penalzoza, a single woman**, whose post office address is 6020 SW 64th Avenue, South Miami, FL 33143, **Bianca A. Penalzoza, a single woman**, whose post office address is 6001 SW 65th Avenue, South Miami, FL 33143, and **Gabriel A. Penalzoza, a single man**, whose post office address is 8510 SW 29th Street, Miami, FL 33155, as **joint tenants with full rights of survivorship**, (the "Grantee").

WITNESSETH: That Grantors, for and in consideration of the sum of Ten and No/100 Dollars (\$10.00) and for other good and valuable considerations, the receipt and sufficiency of which are hereby conclusively acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto Grantee, its successors and assigns forever, all that certain real property situate in Miami-Dade County, Florida, and more particularly described as follows:

Avalon Beach, Lots 17 and 18, in Block 400, of Part "A" Avalon Beach, Plat of said subdivision, as recorded in Book A, at Pages 1-20 inclusive, in the Official Records of Santa Rosa County, Florida.

FURTHER TOGETHER, with all the tenements, hereditaments and appurtenances thereto or appertaining, and all of the estate, right, title, interest, lien, equity and claim of the Grantor.

TO HAVE AND TO HOLD, the same unto Grantee, its successors and assigns, in fee simple forever.

{SIGNATURES TO FOLLOW ON NEXT PAGE}

IN WITNESS WHEREOF, Grantor has executed this Quit Claim Deed the day and year first above written.

Signed, sealed and delivered in presence of:

GRANTOR:

Janelle Fernandez

Carmen Penalzo

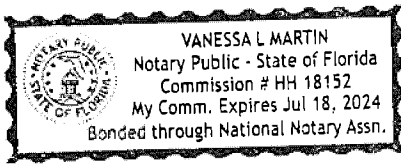
Witness: Janelle Fernandez
2601 S. Bayshore Drive, 18th Floor
Coconut Grove, FL 33133

Carmen Penalzo

Witness: Vanessa L Martin
2601 S. Bayshore Drive, 18th Floor
Coconut Grove, FL 33133

STATE OF FLORIDA }
COUNTY OF MIAMI-DADE }

The foregoing instrument was acknowledged before me by form of physical presence or online presence on March 19, 2024, by Carmen Penalzo, who are personally known to me or who have produced a _____ as identification.



Vanessa L Martin
Notary Public - State of Florida
Print Name: Vanessa L Martin
Commission Date: _____

COPY

STATE OF FLORIDA

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

BUREAU of VITAL STATISTICS

9 3 1 2 8 5 8 7

018099

CERTIFICATE OF DEATH FLORIDA

LOCAL FILE NO. 018099		1. DECEDENT'S NAME FIRST: AMADO MIDDLE: _____ LAST: RODRIGUEZ		2. SEX MALE	
3. DATE OF DEATH (Month, Day, Year) NOVEMBER 8, 1993		4. SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE - Last Birthday (years) 53	
6. DATE OF BIRTH (Month, Day, Year) JULY 12, 1940		7. BIRTHPLACE (City and State or Foreign Country) CARDENAS, CUBA		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) NO	
9a. PLACE OF DEATH (Check only one: see instructions on other side)		9b. INSIDE CITY LIMITS? (Yes or No) YES		9c. COUNTY OF DEATH DADE	
9c. FACILITY NAME (If not institution, give street and number) MERCY HOSPITAL		9d. CITY, TOWN, OR LOCATION OF DEATH MIAMI		9e. COUNTY OF DEATH DADE	
10a. DECEDENT'S USUAL OCCUPATION INVESTOR		10b. KIND OF BUSINESS/INDUSTRY REAL ESTATE		11. MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify) NEVER MARRIED	
12. SURVIVING SPOUSE (If wife, give maiden name)		13a. RESIDENCE — STATE FLORIDA		13b. COUNTY DADE	
13c. CITY, TOWN, OR LOCATION CORAL GABLES		13d. STREET AND NUMBER 618 MENDOZA AVE		13e. INSIDE CITY LIMITS? (Yes or No) YES	
13f. ZIP CODE 33134		14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes — If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Specify: CUBAN		15. RACE — American Indian, Black, White, etc. Specify: WHITE	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 4 College (1-4 or 5+): _____		17. FATHER'S NAME (First, Middle, Last) SERAFIN RODRIGUEZ		18. MOTHER'S NAME (First, Middle, Maiden Surname) HERMINIA JORGE	
19a. INFORMANT'S NAME (Type/Print) OSVALDO DIAZ		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 618 MENDOZA AVE., CORAL GABLES, FL 33134		20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input 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) GRACELAND MEMORIAL PARK CEM.		20c. LOCATION — City or Town, State MIAMI, FLORIDA		21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>	
21b. LICENSE NUMBER (of Licensee) 1119		21c. NAME AND ADDRESS OF FACILITY VAN ORSDEL CORAL GABLES FUNERAL CHAPEL 4600 S.W. 8 ST. CORAL GABLES, FL 33134		22a. To be Completed by CERTIFYING PHYSICIAN Only 22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. <i>[Signature]</i> Karen Raben M.D.	
22b. DATE SIGNED (Mo., Day, Yr.) NOVEMBER 9, 1993		22c. HOUR OF DEATH 10:55 P M		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. <i>[Signature]</i> _____	
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		23b. DATE SIGNED (Mo., Day, Yr.)		23c. HOUR OF DEATH	
24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) KAREN RABEN, M.D. 7000 S.W. 62ND AVE #400, SOUTH MIAMI, FLORIDA 33143		23d. PRONOUNCED DEAD (Mo., Day, Yr.)		23e. PRONOUNCED DEAD (Hour)	
25a. SUBREGISTRAR — SIGNATURE AND DATE <i>[Signature]</i> NOV. 9, 1993		25b. LOCAL REGISTRAR — SIGNATURE <i>[Signature]</i>		25c. DATE REGISTERED NOV 10 1993	

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

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

[Signature], STATE REGISTRAR

DATE ISSUED: January 12, 2023
REQ: 2024790199

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 (03-13)

CERTIFICATION OF VITAL RECORD

