

Meeting Date:

Agenda Item

February 22, 2011

1

REQUESTED COMMISSION ACTION:

| | | | | |
|---|------------------------------------|-------------------------------------|---|---------------------------------------|
| <input checked="" type="checkbox"/> Consent | <input type="checkbox"/> Ordinance | <input type="checkbox"/> Resolution | <input type="checkbox"/> Consideration/ Discussion | <input type="checkbox"/> Presentation |
|---|------------------------------------|-------------------------------------|---|---------------------------------------|

SHORT TITLE Approval to Transfer and Assign One Cemetery Plot from Charlene Gregg Kingdollar Back to the City of Pompano Beach,

Summary of Purpose and Why: The Public Works Department has received a request from Charlene Gregg Kingdollar to transfer Plot 3, in Lot 10, of Block 39 in the North Lawn back to the City. Mrs. Kingdollar moved out of the area and no longer will require the use of this plot.

- (1) Origin of request for this action: Staff
- (2) Primary staff contact: Robert A. McCaughan, Public Works Director Ext. 4097
- (3) Expiration of contract, if applicable: _____
- (4) Fiscal impact and source of funding: \$350.00 from Account 621-0000-364-10.00 Cemetery Lot Sales

| DEPARTMENTAL COORDINATION | DATE | DEPARTMENTAL RECOMMENDATION | DEPARTMENTAL HEAD SIGNATURE |
|---------------------------|----------------|-----------------------------|-----------------------------|
| Public Works | <u>2/11/11</u> | <u>APPROVE</u> | <u>Robert A. McCaughan</u> |
| Finance | <u>2/4/11</u> | <u>Approve</u> | <u>J. Sabale</u> |
| Budget | <u>2/4/11</u> | <u>APPROVE</u> | <u>[Signature]</u> |

City Manager

Dennis W. Beard

ACTION TAKEN BY COMMISSION:

| <u>Ordinance</u> | <u>Resolution</u> | <u>Consideration</u> |
|-------------------------|-------------------------|----------------------|
| <u>Workshop</u> | | |
| 1 st Reading | 1 st Reading | Results: _____ |
| 2 nd Reading | | Results: _____ |

CEMETERY TRANSFER AND ASSIGNMENT OF BURIAL RIGHT AGREEMENT

I (we), Charlene Gregg Kingdollar

(Assignor)

of 1877 West Chatham Road West Palm Beach Fl 33415 hereby
(Address)

assign, transfer and set over this date to City of Pompano Beach of
(Assignee)

100 West Atlantic Blvd Pompano Beach Fl 33060

(Address)

right(s), title and interest in and to Burial Right Agreement(s) # 2297 entered into on the day of

 , between the City of Pompano Beach, a municipal corporation existing under the laws of the State of Florida, and being in Broward County, Florida, and Charlene Gregg Kingdollar

(Assignor)

(Said burial agreement(s) attached hereto) subject to all the terms and conditions thereof, and do hereby remise, release and quit-claim unto the said City of Pompano Beach Charlene Gregg Kingdollar

(Assignee)

all my (our) right(s), title and interest in and to the Burial Right Agreement(s) described herein and agreed to be conveyed.
Block 39 Lot(s) 1 Plot(s) 3 Lawn NL

Charlene T. Kingdollar

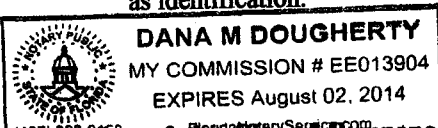
(Assignor)

(Assignor)

(Witness)

Subscribed and sworn to/affirmed before me on December 11, 2010, by Charlene Kingdollar
who is personally known to me or has presented Florida ID card

as identification.



Dana M Dougherty
Notary Public

The City Commission of the City of Pompano Beach, Florida, hereby accepts the foregoing assignment of Burial Right Agreement(s), subject to all terms and conditions thereof.

Lamar Fisher, Mayor

ATTEST:

Mary L. Chambers, City Clerk

Burial Right Agreement

No 02297

THIS INDENTURE, made this 28th day of December, A.D. 19 81, between CITY OF POMPANO BEACH, a municipal corporation existing under the laws of the State of Florida, and being in Broward County, Florida, Party of the First Part, and Charlene Gregg of the County of Broward and State of Florida, Party of the Second Part, whose address is 1010 S. Cypress Rd. Pompano Beach, Florida 33060

WITNESSETH, that the said Party of the First Part for and in consideration of the sum of \$ 350.00 to it in hand paid by the Part V of the Second Part, receipt of which is hereby acknowledged, does hereby give and grant to the said Party of the Second Part, the exclusive and perpetual Right of Burial of the human dead in that certain parcel of land, situate, lying and being in Broward County, Florida, to wit:

Block 39, Lot 10, of Plot 3 of Pompano Beach Cemetery according to a plat thereof recorded in Plat Book #1, Page 40, of the public records of Broward County, Florida.

The right hereby granted and given shall be exercised and used in accordance with the Rules and Regulations of the Board of Trustees, governing such property now in existence, and as hereafter prescribed, altered or amended from time to time. The Party of the Second Part, by acceptance of this Burial Right Agreement, acknowledges that he or she has received a copy of the Rules and Regulations now in effect, and does agree that such rules and regulations may be amended or altered from time to time by the Board of Trustees, and as so amended will be valid and binding against the right herein given and granted. The Party of the Second Part does hereby agree that the premises above described shall remain under the perpetual care of the Party of the First Part in accordance with the Rules and Regulations now or hereafter in effect; and Party of the First Part hereby agrees that a true and correct copy of current Rules and Regulations in existence shall be kept in the office of the Cemetery Management for inspection by Party of Second Part at all reasonable times.

IN WITNESS WHEREOF, the said City of Pompano Beach has caused these presents to be signed in its name by its Mayor-Commissioner and City Manager and its corporate seal to be affixed, attested by its City Clerk the day and year above written.

PARTY OF THE SECOND PART

By Charlene Gregg

By Vincent Kusich

WITNESS

CITY OF POMPANO BEACH By [Signature] CITY MANAGER

[Signature] MAYOR-COMMISSIONER

ATTEST [Signature] CITY AUDITOR-CLERK

Signed, sealed and delivered (SEAL)

in our presence: [Signature] WITNESS

[Signature] WITNESS

STATE OF FLORIDA COUNTY OF BROWARD

I HEREBY CERTIFY, that on this 5th day of January, A.D. 19 82, before me personally appeared Danielle Olmelt, Emma Leibel and Charlette Lutz respectively, City Manager, Mayor-Commissioner and City Clerk of the City of Pompano Beach, a municipal corporation existing under the laws of the State of Florida, to me known to be the persons described in and who executed the foregoing instrument, and severally acknowledged the execution thereof to be their free act and deed as such officers, for the uses and purposes therein mentioned; and that they affixed thereto the official seal of said City and said instrument is the act and deed of said City.

WITNESS my signature and official seal at Pompano Beach in the County of Broward and State of Florida, the day and year last aforesaid.

[Signature] NOTARY PUBLIC, STATE OF FLORIDA

CITY OF POMPANO BEACH, FLORIDA

No. 8- 01364

CEMETERY RECEIPT

400 S.E. 22nd Avenue
Pompano Beach, Florida 33062

Phone: (305) 942-1100
Ext. 460

RECEIVED OF CHARLENE GREGG
1010 S. CYPRESS RD.
POMPANO BEACH, FLA. DATE DEC. 28, 1981
THREE HUNDRED AND FIFTY 00/100 DOLLARS

IN PAYMENT OF THE FOLLOWING:

PURCHASE OF CEMETERY PLOT.

BURIAL RIGHT AGREEMENT NO. 2297

BLOCK 39 LOT 10 PLOT 3 North LAWN

| CD | FUND | ACCOUNT NO. | DESCRIPTION | AMOUNT |
|----|------|-----------------------------------|--------------------------------|---------------|
| — | ZH | 001 343.301 | Cemetery Service Charges | _____ |
| — | ZI | 001 343.302 | Cemetery Markers Sales | _____ |
| X | ZQ | 001 365.101 | Cemetery Lot Sales | <u>175.00</u> |
| — | M | 002 343.303 | Special Cemetery Service Chg | _____ |
| — | ZF | 610 212.101 | Sales Tax Payable | _____ |
| — | ZD | 621 343.301 | Cemetery Service Chg (So Lawn) | _____ |
| X | ZZ | 621 365.101 | Cemetery Lot Sales | <u>175.00</u> |
| — | — | — | — | _____ |
| — | — | — | — | _____ |

0378-132473 12/29/81
175.00

0380-132474 12/29/81
175.00

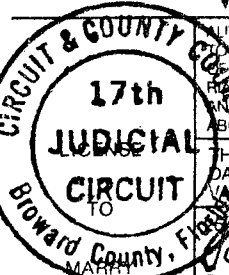
Received by Vincent Kurlich
Form No. 154.55 (10/80)

Total \$ 350.00

| | | | | | | |
|---------------|----------------------|--|--|--|---|--|
| PERSONAL DATA | APPLICATION TO MARRY | 1. Name of Male (First, Middle, Last) DENNIS ROBERT KINGDOLLAR | | | 2. Race WHITE | |
| | | 3. Usual Residence of Male (City or Town, County, State) POMPANO BEACH, BROWARD, FLORIDA | | | 4A. DATE OF BIRTH 6-22-59 | |
| PERSONAL DATA | APPLICATION TO MARRY | 5. NUMBER OF THIS MARRIAGE 1 | | | 7. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) NEW YORK | |
| | | IF PREVIOUSLY MARRIED 6A. LAST MARRIAGE ENDED BY (SPECIFY DEATH, DIVORCE OR ANNULMENT) DIVORCE | | | 6B. DATE LAST MARRIAGE ENDED April 15, 1982 | |
| PERSONAL DATA | APPLICATION TO MARRY | 8. Name of Female (First, Middle, Last) CHARLENE THERESA GREGG | | | 9. Race WHITE | |
| | | 10. Usual Residence of Female (City or Town, County, State) POMPANO BEACH, BROWARD, FLORIDA | | | 11A. DATE OF BIRTH 12-1-53 | |
| PERSONAL DATA | APPLICATION TO MARRY | 12. NUMBER OF THIS MARRIAGE 2 | | | 14. STATE OF BIRTH (IF NOT U.S.A., NAME COUNTRY) ILLINOIS | |
| | | IF PREVIOUSLY MARRIED 13A. LAST MARRIAGE ENDED BY (SPECIFY DEATH, DIVORCE OR ANNULMENT) Divorce | | | 13B. DATE LAST MARRIAGE ENDED April 15, 1982 | |

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF, STATE THAT THE FOREGOING INFORMATION IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

| | | |
|------------------------------|--|--|
| AFFIDAVIT OF FEMALE AND MALE | 15. Male (Sign full name) <i>Dennis Robert Kingdollar</i> | 19. Female (Sign full name) <i>Charlene Theresa Gregg</i> |
| | 16. Subscribed and sworn to before me on: Oct. 2, 1987 | 17. Title Deputy Clerk |
| | 18. Signature <i>Norma Gleason</i> | 22. Signature <i>Norma Gleason</i> |

| | | | | | | |
|---|--|---|--|--|--|--|
| RECORDED |  | | LICENSE TO MARRY | | CERTIFICATE OF MARRIAGE | |
| | AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. | | 23. DATE LICENSE ISSUED Oct. 2, 1987 | | 27. I HEREBY CERTIFY THAT THE ABOVE NAMED BRIDE AND GROOM WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA. | |
| THIS LICENSE MUST BE USED ON OR BEFORE THE ABOVE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID. | | 24. EXPIRATION DATE Nov, 30, 1987 | | ON Oct. 2, 1987 AT Ft. Lauderdale FLORIDA DATE CITY OR TOWN | | |
| SIGNATURE OF PERSON ISSUING LICENSE <i>Robert E. Lockwood</i> | | 25B. BY D.C. <i>[Signature]</i> | | 28A. SIGNATURE OF PERSON PERFORMING CEREMONY <i>Norma Gleason</i> SEAL | | |
| 25C. TITLE CLERK OF COURT | | 28B. NAME OF PERSON PERFORMING CEREMONY (TYPE OR PRINT) Norma Gleason | | 28C. TITLE Deputy Clerk | | |
| 26. COUNTY BROWARD | | 28D. ADDRESS Broward County Courthouse 201 SE 6th St., Ft. Lauderdale, Fl 33301 | | 29. WITNESS TO CEREMONY <i>Beta Peters</i> | | |
| 31. Date Returned | | 32. Recorded in Book _____ Page _____ | | 30. WITNESS TO CEREMONY <i>William P. Cassee</i> | | |
| 33. CLERK OF COURT | | | | | | |

HRS Form 743, Jul 84
(Obsoletes previous editions as of 12-31-84)

This license not valid unless seal of Clerk, Circuit or County Court, appears thereon.

AUDIT CONTROL NO. 373430

Charlene Kingdollar

A TRUE COPY

*Please Return to me
1877 W. Chatham Rd*

LOCAL FILE NO

FLORIDA CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last, Suffix) **Dannis Kingdollar** 2. SEX **Male**

3. DATE OF BIRTH (Month, Day, Year) **June 22, 1959** 4a. AGE Last Birthday (Years) **49** 4b. MONTH **12** 4c. DAY **22** 4d. HOUR **12** 4e. MINUTES **00** 5. DATE OF DEATH (Month, Day, Year) **January 4, 2009**

6. SOCIAL SECURITY NUMBER **120-58-6820** 7. BIRTHPLACE (City and State or Foreign Country) **ALBION, NEW YORK** 8. COUNTY OF DEATH **Palm Beach**

9. PLACE OF DEATH (Check only one) **HOSPITAL** Inpatient Emergency Room/Outpatient Dead on Arrival
 10. FACILITY NAME (If not institution, give street address) **5117 Carribean Blvd., Apt. 327** 11a. CITY, TOWN, OR LOCATION OF DEATH **West Palm Beach** 11b. INSIDE CITY LIMITS? Yes No

12. MARITAL STATUS (Specify) Married Married, Not Separated Widowed Divorced Never Married **CHARLENE DEVORE** 13. SURVIVING SPOUSE'S NAME (If wife, give maiden name)

14a. RESIDENCE - STATE **Florida** 14b. COUNTY **Palm Beach** 14c. CITY, TOWN, OR LOCATION **West Palm Beach** 14d. STREET ADDRESS **5117 Carribean Blvd.** 14e. APT. NO. **327** 14f. ZIP CODE **33407** 14g. INSIDE CITY LIMITS? Yes No

15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) **LABORER** 15b. KIND OF BUSINESS/INDUSTRY **CONSTRUCTION**

16. DECEDENT'S RACE (Specify the categories to indicate what decedent considered himself/herself to be. More than one race may be specified.)
 White Black or African American American Indian or Alaska Native (Specify tribe)
 Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian (Specify)
 Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Is. (Specify)
 Other Hispanic (Specify) Puerto Rican Cuban Central/South American Hawaiian

17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian origin) Yes (If Yes, specify) No Mexican Puerto Rican Cuban Central/South American

18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.)
 8th or less High school but no diploma High school diploma or GED College but no degree College degree (Specify) Associate Bachelor's Master's Doctorate

19. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes No

20. FATHER'S NAME (First, Middle, Last, Suffix) **ROBERT KINGDOLLAR** 21. MOTHER'S NAME (First, Middle, Last, Suffix) **JUDITH GAINES**

22a. INFORMANT'S NAME **Charlene Kingdollar** 22b. RELATIONSHIP TO DECEDENT **Wife** 22c. INFORMANT'S MARITAL - STATE **Florida**

23a. CITY OR TOWN **West Palm Beach** 23b. STREET ADDRESS **5117 Carribean Blvd. Apt. #327** 23c. ZIP CODE **33407**

24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **ALL COUNTY CREMATORY** 24a. LOCATION - STATE **FLORIDA** 24b. LOCATION - CITY OR TOWN **LAKE WORTH**

25a. METHOD OF DISPOSITION Burial Entombment Cremation Donation Disposal (See Note) Other (Specify)

25b. IF CREMATION, DONATION OR BURIAL AT SEA, HAS FEDERAL BURIAL PERMIT APPROVAL GRANTED? Yes No 25c. LICENSE NUMBER (if cremation) **F27200** 25d. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH **Kenneth R. Carlton**

26. NAME OF FUNERAL FACILITY **ALL COUNTY FUNERAL HOME AND CREMATORY** 26a. FACILITY'S MARITAL - STATE **FLORIDA**

26b. CITY OR TOWN **LAKE WORTH** 26c. STREET ADDRESS **1107 LAKE AVNEUE** 26d. ZIP CODE **33460**

27. CERTIFIER Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated (Check one) Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated

27a. Signature and Title of Certifier **David Kiner, D.O.** 27b. DATE SIGNED (month/year) **1/7/2009** 27c. TIME OF DEATH (24 hr.) **0108** 27d. MEDICAL EXAMINER'S CASE NUMBER

27e. LICENSE NUMBER (if Certifier) **052045** 27f. NAME OF ATTENDING PHYSICIAN (If other than Certifier)

27g. CERTIFIER'S STATE **Florida** 27h. CITY OR TOWN **Lake Worth** 27i. STREET ADDRESS **4801 South Congress Ave. #304** 27j. ZIP CODE **33461**

28. REGISTRAR Signature and Date LOCAL REGISTRAR'S Signature DATE FILED BY REGISTRAR (M., Day, Y.)

Charlene Kingdollar

Please Return 1877 W. Chatham Rd.

State of Florida, Department of Health, Vital Statistics

29. PROBABLE MANNER OF DEATH: The following are under the jurisdiction of the medical examiner:
 Natural Accident Suicide Homicide Pending Investigation Unintentional

30. REPORTED TO MEDICAL EXAMINER DUE TO CAUSE OF DEATH? Yes No

31. CAUSE OF DEATH - PART I (Use International or ICD-10) Enter the IMMEDIATE disease, disorder, injury, or complication - that directly caused the death. Enter only one cause on a line. DO NOT enter internal cause such as cardiac arrest, respiratory arrest, or vascular insufficiency without stating the etiology. **Coronary Artery Disease**
Sudden Myocardial Infarction

31a. IMMEDIATE CAUSE (Specify disease or condition resulting in death)

31b. UNDERLYING CAUSE (Specify disease or injury that initiated the events resulting in death) LAST

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I

32. IF BARBITURATE MENTIONED IN PART I OR II, ENTER REASON FOR SURVEY? Yes No 33. DATE OF SURVEY (Mo., Day, Y.) 34. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes No Probably Unknown

35. IF FEMALE, WAS SHE PREGNANT WITHIN THE PAST YEAR? Yes No Unknown

36. DATE OF BURIAL (Month, Day, Year) 37. TIME OF BURIAL (24 hr.) 38. INJURY AT WORK? Yes No 39. LOCATION OF BURIAL - STATE

40a. CITY OR TOWN 40b. STREET ADDRESS 40c. APT. NO. 40d. ZIP CODE

41. PLACE OF BURIAL (e.g. Decedent's home, crematorium site, restaurant, wooded area)

42. IF TRANSPORTATION INJURY, 52a. Status of Decedent Driver/Operator Passenger Pedestrian Other (Specify)

42a. Type of Vehicle Car/Truck SUV Motorcycle Boat

STATE OF FLORIDA, DEPARTMENT OF HEALTH, VITAL STATISTICS