

Meeting Date:

January 24, 2012

Agenda Item

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
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SHORT TITLE APPROVAL TO TRANSFER AND ASSIGN TWO CEMETERY PLOTS FROM JERI L. GLYNN  
BACK TO THE CITY OF POMPANO BEACH

**Summary of Purpose and Why:** The Public Works Department has received a request from Mrs. Jeri L. Glynn to transfer Plots 3 & 4 in Lot 23 of Block 21 in the West Lawn back to the City of Pompano Beach. Mrs. Glynn no longer needs these plots, as stated in her letter dated January 6, 2012 attached. These plots were originally owned by Rose Cocheo who transferred them to the Glynn's in 1991, copy of transfer attached.

- (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: N/A
- (4) Fiscal impact and source of funding: \$1300 from Acct. 621-0000-364-10.00 Cemetery Lot Sales

DEPARTMENTAL COORDINATION	DATE	DEPARTMENTAL RECOMMENDATION	DEPARTMENTAL HEAD SIGNATURE
Public Works	1/12/12	Approve	<i>Robert A. McCaughan</i>
Finance	1/13/12	Approve	<i>[Signature]</i>
Budget	1/17/12		<i>[Signature]</i>

City Manager

*[Signature]*

ACTION TAKEN BY COMMISSION:

<u>Ordinance</u>	<u>Resolution</u>	<u>Consideration</u>
<u>Workshop</u>		
1 <sup>st</sup> Reading	1 <sup>st</sup> Reading	Results:
2 <sup>nd</sup> Reading		Results:

**TRANSFER AND ASSIGNMENT OF BURIAL AGREEMENT**

For value received, I (we), Jeri L. Glynn  
of 1802 E. Barefoot Place, Vero Beach, FL 32903 hereby

assign, transfer and set over to CITY OF POMPAÑO BEACH  
right(s), title and interest in and to Burial Right Agreement(s) entered into

on the 22<sup>ND</sup> day of MARCH A.D. 1991 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 Jeri L. Glynn & William G. Glynn

(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 POMPAÑO BEACH

all my (our) right(s), title and interest in and to the Burial Right Agreement(s) described herein and  
agreed to be conveyed.

Jeri L. Glynn  
(ASSIGNOR)

Block 21 Lot 23 Plot 3+4 Lawn West

Lemily Lyda  
(WITNESS)

Subscribed and sworn to/affirmed before me on January 6, 2012  
by Jeri L. Glynn who is personally known to me or has  
presented as identification.

Janyne F. Kenworthy  
(Notary)

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.



MAYOR - Lamar Fisher

ATTEST:

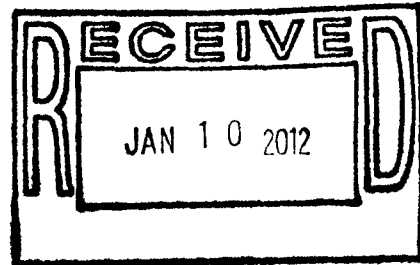
(CITY CLERK) MARY L. CHAMBERS

**JERI L. GLYNN**

**1802 E. Barefoot Place – Vero Beach, FL 32963**

January 6, 2012

**Mr. Tom Curran  
City of Pompano Beach – Bldg. B  
1190 N.E. 3<sup>rd</sup>. Avenue  
Pompano Beach, FL 33060**



Dear Tom:

It was a pleasure talking to you today, regarding the two (2) cemetery plots, (Block 21, Lot 23, Plots 3&4, West Lawn), purchased on March 22, 1991, in the amount of \$1,300. The plots are in the name of William G. and Jeri L. Glynn.


Since we no longer live in Pompano Beach, and with the recent death of my husband, I would like to sell these two (2) plots back to the City of Pompano Beach. Enclosed please find:

1. Transfer and Assignment of Burial Agreement, signed, witnessed and notarized
2. Copy of original cashier's check in the amount of \$1,300, dated March 22, 1991
3. Copy of cemetery map showing location of two (2) plots
4. Certified copy of my husband's death certificate

Please send check payable to Jeri L. Glynn. If you have any questions or need additional information, please feel free to contact me at 772-321-7117 (cell phone).

Thank you.

Regards,

  
Jeri L. Glynn

Enc.

Pompano Beach Cemetery  
**Burial Right Agreement**

No 3154

THIS INDENTURE, made this 27th day of March, A.D. 19 91  
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 Rose Cocheo  
of the County of Broward and State of  
Florida, Part v of the Second Part, whose address is 201 N. Ocean Blvd #701  
Pompano Beach, FL 33062

WITNESSETH, that the said Party of the First Part for and in consideration of the sum of \$ 650.00  
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 Part v of the Second Part, the exclusive and *perpetual Right of Burial* of the hu-  
man dead in that certain parcel of land, situate, lying and being in Broward County, Florida, to wit:

Block 21, Lot 23, of Plot 4 of Pompano Beach Cemetery - West Lawn  
according to a plat thereof recorded in Plat Book 41, 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 Rose Cocheo  
By \_\_\_\_\_  
Eric Potts Cameron  
WITNESS  
\_\_\_\_\_  
WITNESS

CITY OF POMPANO BEACH  
By [Signature]  
CITY MANAGER  
\_\_\_\_\_  
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 April, A.D. 19 91, before me  
personally appeared [Signatures] and [Signatures],  
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

Pompano Beach Cemetery  
**Burial Right Agreement**

No 3153

THIS INDENTURE, made this 27th day of March, A.D. 19 91  
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 Rose Cocheo  
of the County of Broward and State of  
Florida, Part v of the Second Part, whose address is 201 N. Ocean Blvd. #701  
Pompano Beach, FL 33062

WITNESSETH, that the said Party of the First Part for and in consideration of the sum of \$ 650.00  
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 Part v of the Second Part, the exclusive and *perpetual Right of Burial* of the hu-  
man dead in that certain parcel of land, situate, lying and being in Broward County, Florida, to wit:

Block 21, Lot 28, of Plot 3 of Pompano Beach Cemetery - West Lawn  
according to a plat thereof recorded in Plat Book 40, Page 41,  
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 Rose Cocheo

By \_\_\_\_\_

Erica Potts - Commissioner  
WITNESS

\_\_\_\_\_  
WITNESS

CITY OF POMPANO BEACH

By Roy P. Stynes  
CITY MANAGER

[Signature]  
MAYOR-COMMISSIONER

ATTEST

Mary Kitch  
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 April, A.D. 19 91, before me  
personally appeared Roy P. Stynes, William D. Craverman and Mary Kitch  
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

MARCH 27, 1991

I, Rose Cocheo, of 201 N. Ocean Blvd. #701, Pompano Beach, owner of Blk. 21, Lot 23, Plots 3 & 4, hereby assign, transfer, and set over to William & Jeri Glynn, all my rights, title and interest in the above mentioned plots.

Rose Cocheo  
Rose Cocheo

Notary:

STATE OF FLORIDA

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

OFFICE of VITAL STATISTICS

FLORIDA CERTIFICATE OF DEATH

TYPE IN  
PERMANENT  
BLACK INK

LOCAL FILE NO.

1. DECEDENT'S NAME (First, Middle, Last, Suffix) <b>William George Glynn Jr.</b>		2. SEX <b>Male</b>	
3. DATE OF BIRTH (Month, Day, Year) <b>August 27, 1928</b>		4a. AGE - Last Birthday (Years) <b>83</b>	
4b. UNDER 1 YEAR Months <b>0</b> Days <b>0</b>		4c. UNDER 1 DAY Hours <b>0</b> Minutes <b>0</b>	
5. DATE OF DEATH (Month, Day, Year) <b>October 27, 2011</b>			
6. SOCIAL SECURITY NUMBER <b>099-24-6705</b>		7. BIRTHPLACE (City and State, or Foreign Country) <b>New York, New York</b>	
		8. COUNTY OF DEATH <b>Indian River</b>	
9. PLACE OF DEATH HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead On Arrival NON-HOSPITAL: <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
10. FACILITY NAME (If not institution, give street address) <b>Consulate Health Care of Vero Beach</b>		11a. CITY, TOWN, OR LOCATION OF DEATH <b>Vero Beach</b>	
		11b. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
12. MARITAL STATUS (Specify) <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married		13. SURVIVING SPOUSE'S NAME (If wife, give maiden name) <b>Jeri Lynn Bowlds</b>	
14a. RESIDENCE - STATE <b>Florida</b>		14b. COUNTY <b>Indian River</b>	
		14c. CITY, TOWN, OR LOCATION <b>Vero Beach</b>	
14d. STREET AND NUMBER <b>1802 Barefoot Place East</b>		14e. APT. NO.	
		14f. ZIP CODE <b>32963</b>	
		14g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) Do not use "Retired" <b>Realtor</b>		15b. KIND OF BUSINESS/INDUSTRY <b>Real Estate</b>	
16. DECEDENT'S RACE (Specify the race/races to indicate what decedent considered himself/herself to be. More than one race may be specified.) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Specify tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Isl. (Specify) <input type="checkbox"/> Other (Specify)			
17. DECEDENT OF HISPANIC/HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.) <input type="checkbox"/> Yes (If Yes, specify) <input checked="" type="checkbox"/> No <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central/South American <input type="checkbox"/> Other Hispanic (Specify) <input type="checkbox"/> Haitian			
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) <input type="checkbox"/> 8th or less <input type="checkbox"/> High school but no diploma <input checked="" type="checkbox"/> High school diploma or GED <input type="checkbox"/> College but no degree <input type="checkbox"/> College degree (Specify): <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate			19. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20. FATHER'S NAME (First, Middle, Last, Suffix) <b>William George Glynn</b>		21. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Mary Elizabeth Mooney</b>	
22a. INFORMANT'S NAME <b>Jeri Lynn Glynn</b>		22b. RELATIONSHIP TO DECEDENT <b>Wife</b>	
		23a. INFORMANT'S MAILING - STATE <b>Florida</b>	
23b. CITY OR TOWN <b>Vero Beach</b>		23c. STREET ADDRESS <b>1802 Barefoot Place East</b>	
		23d. ZIP CODE <b>32963</b>	
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Edgley Crematory</b>		25a. LOCATION - STATE <b>Florida</b>	
		25b. LOCATION - CITY OR TOWN <b>Riviera Beach</b>	
26a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)			
26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27a. LICENSE NUMBER (of Licensee) <b>F053872</b>	
		27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Buttany...</i>	
28. NAME OF FUNERAL FACILITY <b>Edgley Cremation Services of Martin County</b>		29a. FACILITY'S MAILING - STATE <b>Florida</b>	
29b. CITY OR TOWN <b>Stuart</b>		29c. STREET ADDRESS <b>312 SW Ocean Boulevard</b>	
		29d. ZIP CODE <b>34994</b>	
30. CERTIFIER: <input checked="" type="checkbox"/> 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) <input type="checkbox"/> 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.			
31a. (Signature and Title of Certifier) <i>Melissa Dean, MD</i>		31b. DATE SIGNED (mm/dd/yyyy) <b>10/31/2011</b>	
		32. TIME OF DEATH (24 hr.) <b>2225</b>	
34a. LICENSE NUMBER (of Certifier) <b>ME98123</b>		35. NAME OF ATTENDING PHYSICIAN (If other than Certifier)	
34b. CERTIFIER'S NAME <b>Melissa Dean, MD</b>			
36a. CERTIFIER'S - STATE <b>FL</b>		36b. CITY OR TOWN <b>Vero Beach</b>	
		36c. STREET ADDRESS <b>3745 11th Ct #105</b>	
		36d. ZIP CODE <b>32900</b>	
37. SUBREGISTRAR - Signature and Date <i>Deanna Parker</i>		38a. LOCAL REGISTRAR - Signature <i>Nancy Galuppo DR</i>	
		38b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) <b>November 2, 2011</b>	

DEMOGRAPHIC INFORMATION TO BE COMPLETED BY: FUNERAL DIRECTOR

MEDICAL CERTIFIER

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

*Deanna Parker*  
CHIEF DEPUTY REGISTRAR  
INDIAN RIVER COUNTY

11-2-11

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE. 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.

WARNING:



DH FORM 1946 (04-10)

CERTIFICATION OF VITAL RECORD

FLORIDA DEPARTMENT OF HEALTH