

APN# _____

Recording Requested by/Mail to:

Name: Allender & Allender, P.A.

Address: 719 Garden Street

City/State/Zip: Titusville, FL 32796

Mail Tax Statements to:

Name: Jennifer Natherson

Address: 1850 Goldenrod Road

City/State/Zip: Sarasota, FL 34239



KAREN ELLISON, RECORDER

CERTIFICATION OF DEATH

Title of Document (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

Signature

Joan Golembiewski

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

Prepared By and Return to:
Allender & Allender, PA
719 Garden Street
Titusville, Florida 32796
Our File No.: 20-351-JG

AFFIDAVIT OF DEATH

STATE OF FLORIDA
COUNTY OF BREVARD

BEFORE ME, the undersigned authority, authorized to take acknowledgments in the State and County aforesaid personally appeared, **JOAN GOLEMBIEWSKI**, who after being duly sworn deposes and says:

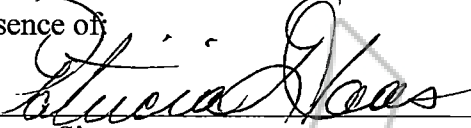
That I have reviewed a certified copy of the Death Certificate of **JUDITH LOU MCLOUTH**, (the deceased), a certified copy of which I have attached hereto and made a part hereof.

The following information is contained within the Death Certificate pertaining to the Deceased:

Sex: FEMALE
Date of Birth: APRIL 20, 1936
Date of Death: JULY 22, 2020
Place of Residence: MERRITT ISLAND, FLORIDA
Marital Status: MARRIED
Surviving Spouses Name: MALCOLM MCLOUTH

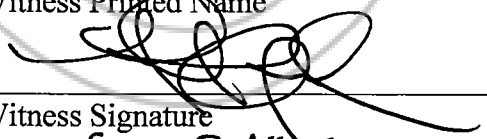
Further Affiant sayeth not:

Signed, Sealed and Delivered in the presence of



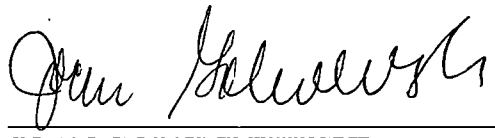
Witness Signature
Patricia Haas

Witness Printed Name



Witness Signature
Steven C. Allender

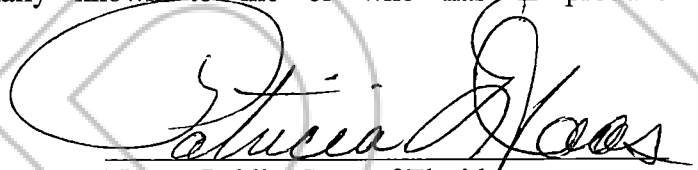
Witness Printed Name



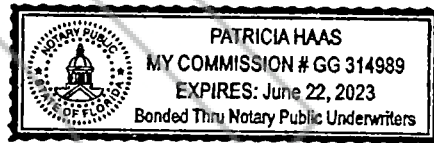
JOAN GOLEMBIEWSKI
719 Garden Street
Titusville, FL 32796

STATE OF FLORIDA
COUNTY OF BREVARD

The foregoing instrument was sworn to, subscribed and acknowledged before me by means of physical presence or online notarization on this 4 day of August, 2021, by **JOAN GOLEMBIEWSKI**, who is personally known to me or who has produced _____ as identification.



Notary Public, State of Florida
My Commission Expires:



BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2020125359

DATE ISSUED: JULY 24, 2020

DECEDENT INFORMATION

DATE FILED: JULY 23, 2020

NAME: JUDITH LOU MCLOUTH

DATE OF DEATH: JULY 22, 2020

SEX: FEMALE SSN: [REDACTED] 3808

AGE: 084 YEARS

DATE OF BIRTH: APRIL 20, 1936

BIRTHPLACE: BLACK RIVER FALLS, WISCONSIN, UNITED STATES

PLACE OF DEATH: DECEDENT'S HOME

FACILITY NAME OR STREET ADDRESS: COURTENAY SPRINGS VILLAGE HEALTH CENTER UNIT 915

LOCATION OF DEATH: MERRITT ISLAND, BREVARD COUNTY, 32952

RESIDENCE: COURTENAY SPRINGS VILLAGE HEALTH CENTER APT NO. 901, MERRITT ISLAND, FLORIDA 32952, UNITED STATES COUNTY: BREVARD

OCCUPATION, INDUSTRY: REGISTERED NURSE, MEDICAL

EDUCATION: MASTERS DEGREE

EVER IN U.S. ARMED FORCES? NO

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: WHITE

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: MARRIED

SURVIVING SPOUSE NAME: MALCOLM MCLOUTH

FATHER'S/PARENT'S NAME: LOUIE GARDIPEE

MOTHER'S/PARENT'S NAME: INEZ ROIX

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: MALCOLM MCLOUTH

RELATIONSHIP TO DECEDENT: HUSBAND

INFORMANT'S ADDRESS: COURTENAY SPRINGS VILLAGE HEALTH CENTER APT NO. 901, MERRITT ISLAND, FLORIDA 32952, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: SHANE SPANGLER, F078041

FUNERAL FACILITY: BECKMAN-WILLIAMSON FUNERAL HOMES & CREMATORY - COCOA BEACH F135560

101 NORTH BREVARD AVE, COCOA BEACH, FLORIDA 32931

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: ATLAS CREMATORY
ROCKLEDGE, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 HOUR): 0740

DATE CERTIFIED: JULY 22, 2020

CERTIFIER'S NAME: DAVID ARNOLD TREVINO

CERTIFIER'S LICENSE NUMBER: ME73957

NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): NOT APPLICABLE

CAUSE OF DEATH AND INJURY INFORMATION

MANNER OF DEATH: NATURAL

CAUSE OF DEATH - PART I - AND APPROXIMATE INTERVAL: ONSET TO DEATH

a. PROBABLE MYOCARDIAL INFARCTION

24 HOUR

- b.
- c.
- d.

PART II - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I:

DEMENTIA, ALZHEIMER'S TYPE

AUTOPSY PERFORMED? NO

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?

DATE OF SURGERY:

DID TOBACCO USE CONTRIBUTE TO DEATH? NOT STATED

REASON FOR SURGERY:

PREGNANCY INFORMATION: NOT PREGNANT WITHIN PAST YEAR

DATE OF INJURY: NOT APPLICABLE

TIME OF INJURY (24 HOUR):

INJURY AT WORK?

LOCATION OF INJURY:

DESCRIBE HOW INJURY OCCURRED:

PLACE OF INJURY:

IF TRANSPORTATION INJURY, STATUS OF DECEDENT:

TYPE OF VEHICLE:

Ken Jones

,STATE REGISTRAR

REQ: 2021751041

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. THIS DOCUMENT WILL NOT PRODUCE A COLOR COPY.



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VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

