

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

2017-0816TD                      3282017  
 BANK OF AMERICA NA  
 9000 SOUTHSIDE BLVD BLDG 700  
 JACKSONVILLE, FL 32256



9590 9402 2229 6193 9154 85

## 2. Article Number (Transfer from service label)

7015 0920 0001 7365 0008

PS Form 3811, July 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

 Agent Addressee

## B. Received by (Printed Name)

D. Feunell

## C. Date of Delivery

17 FEB 06

- D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

## 3. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                         | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

Domestic Return Receipt



**VERIFIED MAIL**

**BILL KINSAUL  
CLERK OF COURT  
& COMPTROLLER**

**BAY COUNTY**

300 East 4th Street • P.O. Box 2269  
Panama City, Florida • 32402-2269

**RECORDING DEPARTMENT**



7015 0920 0001 7364 9897

Hasler  
02/02/2017  
**US POSTAGE \$006.56**

FIRST CLASS MAIL



ZIP 32401  
01E12650507

2017-0816TD

3/28/2017

*Handwritten mark resembling a stylized '2' or '7' with a horizontal line*

CLAUS H VINCENT  
511 FORTNER AVE  
MEXICO BEACH, FL 32410

MIKE

302 311

www.flcourts.gov

**RETURN TO SENDER  
NO MAIL RECEIPT**

32456-01511

**BILL KINSAUL**  
**CLERK OF COURT**  
**& COMPTROLLER**

BAY COUNTY  
300 East 4th Street • P.O. Box 2269  
Panama City, Florida • 32402-2269

**RECORDING DEPARTMENT**

**VERIFIED MAIL**



0210212017

Hasler

FIRST-CLASS MAIL

02/02/2017

**US POSTAGE \$006.56**



ZIP 32401  
014E12690507

7015 0920 0001 7364 9989

2017 0816TD

3/28/2017

JODY S VINCENT  
8813-A PHILEMA ROAD SOUTH-  
LEESBURG, GA 32410

**MIXIE**

**522 5E11**

**0027/05/17**

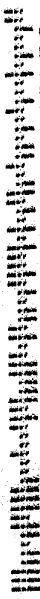
RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD

UTP

EC: 3240222969

\*2728-01952-02-43

3240222969  
31769-366679



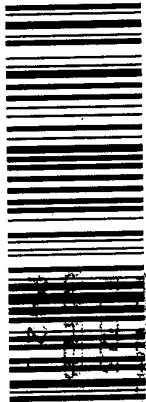
UTP

**BILL KINSAUL**  
**CLERK OF COURT**  
**& COMPTROLLER**

BAY COUNTY

300 East 4th Street • P.O. Box 2269  
Panama City, Florida • 32402-2269  
**RECORDING DEPARTMENT**

**CERTIFIED MAIL**



PERMIT NO. 1014

PD15 0920 0001 7364 9958

Hasler  
02/02/2017  
**US POSTAGE \$006.56**

FIRST-CLASS MAIL



ZIP 32401  
011E10660607

2017-0816TD

3/28/2017

CLAUSS VINCENT  
8813-A PHILEMA ROAD SOU  
LEESBURG, GA 32410

NIXIE

322 35E 1

0002/03/17

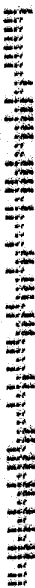
RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSEED  
UNABLE TO FORWARD

DATE

RC: 324022269

\*2722-2172-02-43

324022269  
31769-366401



UTP

**BILL KINSAUL**  
**CLERK OF COURT**  
**& COMPTROLLER**  
BAY COUNTY  
300 East 4th Street • P.O. Box 2269  
Panama City, Florida • 32402-2269  
**RECORDING DEPARTMENT**

**CERTIFIED MAIL**



7015 0920 0001 7364 9880

Hasler  
02/02/2017  
**US POSTAGE \$006.56**

FIRST-CLASS MAIL



ZIP 32401  
011E12850507

2017-0816TD

3/28/2017

CLAUSS H VINCENT  
831A PHILEMA RD SOUTH  
LEESBURG, GA 31763

NIXIE

322 7E 1

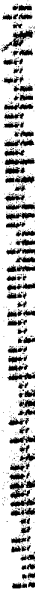
02/02/17

RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD

EC: 32402226969

\*2538-0507-02-43

31763-335673



*WTF*

 **BILL KINSAUL**  
**CLERK OF COURT**  
**& COMPTROLLER**

BAY COUNTY  
300 East 4th Street • P.O. Box 2269  
Panama City, Florida • 32402-2269

RECORDING DEPARTMENT

**CERTIFIED MAIL**



7015 0920 0001 7364 9903

Hasler  
02/02/2017  
FIRST CLASS MAIL  
US POSTAGE \$006.56



ZIP 32401  
01E10850507

2017-0816TD

3/28/2017

JODY S VINCENT  
831A PHILEMA RD SOUTH  
LEESBURG, GA 31763

NIXIE

322 7E 1

0902/05/17

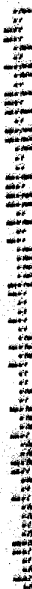
RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD

UTE

EC: 32482225969

\*2538-8988-62-43

31763-335673



UTE

**BILL KINSAUL**  
**CLERK OF COURT**  
**& COMPTROLLER**

BAY COUNTY

300 East 4th Street • P.O. Box 2269  
Panama City, Florida • 32402-2269

RECORDING DEPARTMENT

**CERTIFIED MAIL**



70J5 092D 0001 7364 991D

2017-0816TD

3/28/2017

JODY S VINCENT  
511 FORTNER AVE  
MEXICO BEACH, FL 32410

RETURN TO SENDER  
NO POSTAGE NECESSARY  
IF MAILED IN THE UNITED STATES

32456-011511

Hasler

FIRST-CLASS MAIL

02/02/2017

US POSTAGE

\$006.56



ZIP 32401  
01E12650507

*MR*

  
**BILL KINSAUL**  
**CLERK OF COURT**  
**& COMPTROLLER**

BAY COUNTY

300 East 4th Street • P.O. Box 2269  
Panama City, Florida • 32402-2269  
**RECORDING DEPARTMENT**

2017-0816TD

CLAUS H VINCENT  
511 FORTNER AVE  
MEXICO BEACH, FL 32410

32456-01511

PERMISSION  
FL 325  
02 FEB '17  
PM 1 L

3/28/2017

MINUTE  
322 ST 1  
WWW.PM17  
RETURN TO SENDER  
NO POSTAGE NECESSARY  
IF MAILED IN THE UNITED STATES

Hasler

FIRST-CLASS MAIL

02/02/2017

US POSTAGE \$000.46<sup>2</sup>



ZIP 32401  
041010850507

*MP*

 **BILL KINSAUL**  
**CLERK OF COURT**  
**& COMPTROLLER**

**BAY COUNTY**

300 East 4th Street • P.O. Box 2269  
Panama City, Florida • 32402-2269

**RECORDING DEPARTMENT**

2017-0816TD

JODY S VINCENT  
511 FORTNER AVE  
MEXICO BEACH, FL 32410

32456-01511

PREPAID  
PL 325  
02 FEB 17  
PM 1 L

3/28/2017

MAIL  
RETURN TO SENDER  
NO MAIL RECEIPT

Hasler

FIRST-CLASS MAIL

02/02/2017

**US POSTAGE \$000.46**



ZIP 32401  
01E12660507

*MR*

 **BILL KINSAUL**  
**CLERK OF COURT**  
**& COMPTROLLER**

BAY COUNTY

300 East 4th Street • P.O. Box 2269  
Panama City, Florida • 32402-2269

RECORDING DEPARTMENT

2017-0816TD

3/28/2017

JODY S VINCENT  
831A PHILEMA RD SOUTH  
LEESBURG, GA 31763

NIXIE

322 7E 1

0802/05/17

RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD

EC: 32402226969

\*2538-97243-02-43

~~31763-338673~~

PERIOD ACCOUNT  
FL 325

02 FEB '17

PM 11

Hasler

FIRST CLASS MAIL

02/02/2017

**US POSTAGE \$000.46**



ZIP 32401  
041E12650507

 **BILL KINSAUL**  
**CLERK OF COURT**  
**& COMPTROLLER**

BAY COUNTY

300 East 4th Street • P.O. Box 2269  
Panama City, Florida • 32402-2269

RECORDING DEPARTMENT

PERMITS SECTION

FL 325

02 FEB '17

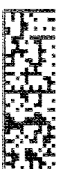
PM 5 L

Hasler

FIRST-CLASS MAIL

02/02/2017

**US POSTAGE \$000.46**



ZIP 32401

014E12650507

2017-0816TD

3/28/2017

CLAUS H VINCENT  
8813-A PHILEMA ROAD SOUTH  
LEESBURG, GA 32410

NIXIE

322 3E 1

0002/05/17

RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD

UTR

BCI 22492225959

\*2538-07539-02-44

~~31763-333481~~

 **BILL KINSAUL**  
**CLERK OF COURT**  
**& COMPTROLLER**

BAY COUNTY

300 East 4th Street • P.O. Box 2269  
Panama City, Florida • 32402-2269

RECORDING DEPARTMENT

2017-0816TD

3/28/2017

JODY S VINCENT  
8813-A PHILEMA ROAD SOUTH  
LEESBURG, GA 32410

NIXIE

522 SE 1

0002/05/17

RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD

DTF

EC: 324022269

\* 2722-02830-02-44

324022269  
31763-995673

PENSACOLA  
FL 325  
02 FEB 17  
PM 2 L

Hasler

FIRST-CLASS MAIL

02/02/2017

US POSTAGE \$000.46



ZIP 32401  
01E12660507

 **BILL KINSAUL**  
**CLERK OF COURT**  
**& COMPTROLLER**

BAY COUNTY

300 East 4th Street • P.O. Box 2269  
Panama City, Florida • 32402-2269

RECORDING DEPARTMENT

FLORIDA

FL 325

02 FEB '17

PM 11

Hasler

02/02/2017

**US POSTAGE \$000.46**

FIRST CLASS MAIL



ZIP 32401  
01E12650507

2017-0816TD

3/28/2017

CLAUS H VINCENT  
831A PHILEMARD SOUTH  
LEESBURG, GA 31763

NIXIE

522 7E 1

0002/05/17

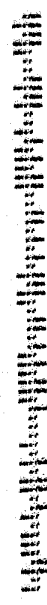
RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD

UTF

EC: 32402226969

\*2632-99572-02-43

31763-505679



**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

2017-0816TD                      3282017  
 BANK OF AMERICA NA  
 4161 PIEDMONT PARKWAY  
 GREENSBORO, NC 27410-8110



9590 9402 2229 6193 9155 77

**2. Article Number (Transfer from service label)**

7015 0920 0001 7364 9927

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY****A. Signature**

*MCF*

- Agent  
 Addressee

**B. Received by (Printed Name)**

*MCF*

**C. Date of Delivery**

*2-6-17*

- D. Is delivery address different from item 1?**  Yes  
 If YES, enter delivery address below:  No

**3. Service Type**

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                               | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input checked="" type="checkbox"/> Collect on Delivery                | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail (over \$500)                     |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

Domestic Return Receipt

**BILL KINSAUL  
CLERK OF COURT  
& COMPTROLLER**

BAY COUNTY

300 East 4th Street • P.O. Box 2269  
Panama City, Florida • 32402-2269

**RECORDING DEPARTMENT**

*FOE*

**CERTIFIED MAIL**



7016 0600 0001 0250 6114

2017-0816TD

3/28/2017

BANK OF AMERICA NA  
6700 LAKEVIEW CENTER DRIV  
TAMPA, FL 33619

NIXIE

339 7E 1

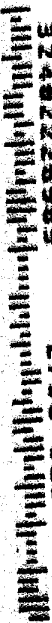
0002/08/17

RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD

EC: 32402228959

\*2738-01946-02-43

33619-110859



Hasler

FIRST CLASS MAIL

00/09/2017

**US POSTAGE \$006.56**



ZIP 32401

011E12650507

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

7-0816TD 3282017  
 JOY S VINCENT  
 21ST AVE  
 ATLANTA, GA 31701-1109



9590 9402 2229 6193 9155 22

2. Article Number. (Transfer from service label)

7015 0920 0001 7364 9965

PS Form 3811, July 2015 PSN 7530-02-000-9058

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*  Agent  Address

B. Received by (Printed Name)

VINCENT

C. Date of

2-7-1701

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

2017-0816TD                      3282017  
 BANK OF AMERICA NA  
 101 SOUTH TYRON STREET #1000  
 CHARLOTTE, NC 28280



9590 9402 2229 6193 9154 47

**2. Article Number (Transfer from service label)**

7016 0600 0001 0250 6121

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

Agent  
 Addressee

**B. Received by (Printed Name)**

**C. Date of Delivery**

2/10/17

**D. Is delivery address different from item 1?**

Yes

If YES, enter delivery address below:

No

**3. Service Type**

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insulated Mail
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation
- Signature Restricted Delivery
- Signature Restricted Delivery (00)
- Signature Restricted Delivery (00)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

17-08161D 3282017

BANK OF AMERICA NA  
3476 STATEVIEW BLVD  
FORT MILL, SC 29715



9590 9402 2229 6193 9154 61

2. Article Number (Transfer from service label)

7016 0600 0001 0250 6107

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Handwritten Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

*[Handwritten Name]*

C. Date of Delivery

- D. Is delivery address different from item 1?  Yes
- If YES, enter delivery address below:  No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

2017-0816TD 3282017  
 BANK OF AMERICA NA  
 100 NORTH TRYON STREET  
 CHARLOTTE, NC 28255



9590 9402 2229 6193 9154 92

2. Article Number (Transfer from service label)

7015 0920 0001 7364 9996

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature **Matthew Delph**

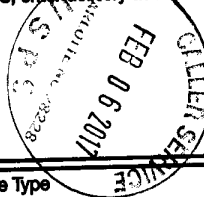
- Agent
- Addressee

X

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No



3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Registered Mail Restricted Delivery (500)

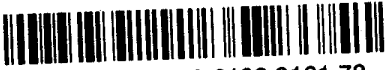
Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

2017-0816TD 3282017  
 BRYANNA VINCENT  
 6106 WILLOW ROAD  
 ALBANY, GA 31705



9590 9402 2229 6193 9161 78

2. Article Number (Transfer from service label)

7016 0600 0001 0250 6145

© 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *B. Vincent*  Agent  Addressee

B. Received by (Printed Name)

*B. Vincent*

C. Date of Delivery

*2-9-17*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Mail Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

**DEFERRED MAIL**

**BILL KINSAUL**  
**CLERK OF COURT**  
**& COMPTROLLER**

BAY COUNTY  
300 East 4th Street • P.O. Box 2269  
Panama City, Florida • 32402-2269

RECORDING DEPARTMENT



7015 0920 0001 7364 9934

Hasler

02/02/2017

US POSTAGE \$006.56



ZIP 32401  
01E12650507

7015 0920 0001 7364 9934

2017-0816TD

CLAUS H VINCENT  
801 21ST AVE  
ALBANY, GA 31701-1109

3/28/2017

NIXIE

322 SE 1

0002/24/17

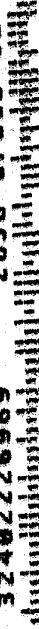
RETURN TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD

UNC

8C: 32402226969

\*2638-07893-02-43

317012490501



**CERTIFIED MAIL**

**BILL KINSAUL  
CLERK OF COURT  
& COMPTROLLER**

BAY COUNTY  
300 East 4th Street • P.O. Box 2269  
Panama City, Florida • 32402-2269

RECORDING DEPARTMENT



7015 0920 0001 7364 9941

2017-0816TD

CLAUS H VINCENT  
2817 PALMYRA ROAD  
ALBANY, GA 31707-1846

3/28/2017

*[Handwritten signature]*

Haster

02/02/2017

US POSTAGE \$006.56



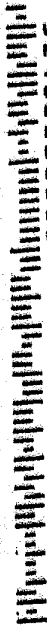
ZIP 32401  
01E12650907

NIXIE 322 7E 1 0002/23/17

RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD

BC: 32402226969 \*2656-66201-02-43

31707-1846

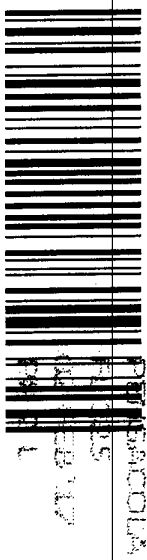


**UNITED MAIL**

**BILL KINSAUL  
CLERK OF COURT  
& COMPTROLLER**

**BAY COUNTY**  
300 East 4th Street • P.O. Box 2269  
Panama City, Florida • 32402-2269

**RECORDING DEPARTMENT**



7015 0920 0001 7364 9972

2017-0816TD

JODY S VINCENT  
2817 PALMYRA ROAD  
ALBANY, GA 31707-1846

*Delivered*  
*3/28/2017*

Haster

02/02/2017  
**US POSTAGE \$006.56**



ZIP 32401  
01E12550507

MIKE 322 7E 1 0002/23/17

RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD

32402-2269  
31707-1846  
SC 324022269  
2736-63727-62-43

**BILL KINSAUL**  
**CLERK OF COURT**  
**& COMPTROLLER**

BAY COUNTY

300 East 4th Street • P.O. Box 2269  
Panama City, Florida • 32402-2269

**RECORDING DEPARTMENT**

2017-0816TD

JODY S VINCENT  
2817 PALMYRA ROAD  
ALBANY, GA 31707-1846

31707-1846

FL 325

02 FEB '17

PM 11

Hastler

02/02/2017

**US POSTAGE \$000.46**



ZIP 32401  
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3/28/2017

NIXIE

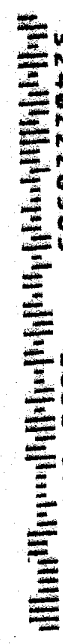
322 7E 1

0802/23/17

RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD

SC: 3246226869

2638-67533-62-44



**BILL KINSAUL**  
**CLERK OF COURT**  
**& COMPTROLLER**

BAY COUNTY

300 East 4th Street • P.O. Box 2269  
Panama City, Florida • 32402-2269

RECORDING DEPARTMENT

2017-0816TD

CLAUS H VINCENT  
2817 PALMYRA ROAD  
ALBANY, GA 31707-1846

31707-1846

FL 326  
02 FEB '17  
PM 11

02/02/2017  
US POSTAGE \$000.46



ZIP 32401  
014E12660907

3/28/2017

NIXIE

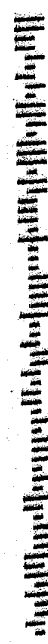
322 FEB 1

0822/23/17

RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD

CC: 32462226969

\*2638-6662-02-43



**CERTIFIED MAIL**

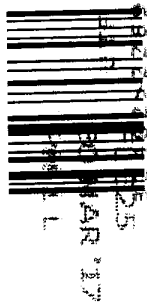
12-55-34328-2801\* 55692220428 :08

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DESSEBDDY SY. STAVANT  
REGONES OL NRRALTR

41/50/40000 T 31 228 SIX IN 7365 0466

Panama City, Florida • 32402-2269

**RECORDS DEPARTMENT**



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**US POSTAGE \$006.56**



ZIP 32401  
011512550507

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4/11/17*

2017-0816TD

3/28/2017

JODY S VINCENT  
511 FORTNER AVE  
MEXICO BEACH, FL 32410

*Mark*

32456-011511



**CERTIFIED MAIL**

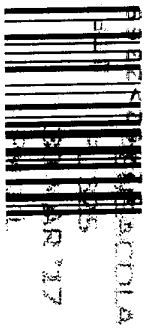
12-60-54120-2801 \* 85692220428 : 38

GRANDDAD OF STEVEN  
ADDY SW 3794 AVENUE 10N  
MENDEN OT NURNBER

41/60/4000 1 34 228 SIXIN 11 7365 0442

Panama City, Florida • 32402-2269

**RECORDING DEPARTMENT**



POSTAGE \$006.562



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15515500507

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2/11/17*

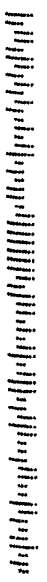
2017-0816TD

3/28/2017

CLAUSS H VINCENT  
511 FORTNER AVE  
MEXICO BEACH, FL 32410

*Handwritten initials*

32456-011511



**BILL KINSAUL**  
**CLERK OF COURT**  
**& COMPTROLLER**  
BAY COUNTY  
300 East 4th Street • P.O. Box 2269  
Panama City, Florida • 32402-2269

RECORDING DEPARTMENT

**CERTIFIED MAIL**



7015 0920 0001 7365 0497

PENSACOLA

APR 17



ZIP 32404

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10001 N 40600

POSTAGE \$006.56

2017-0816TD

3/28/2017

CLAUS H VINCENT  
2817 PALMYRA ROAD  
ALBANY, GA 31707-1846

NIXIE

222 SC 1

0001/04/17

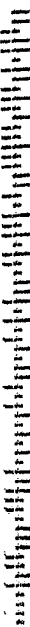
RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD

UTR

BC: 32402226969

\*2638-01491-30-43

9170721828399

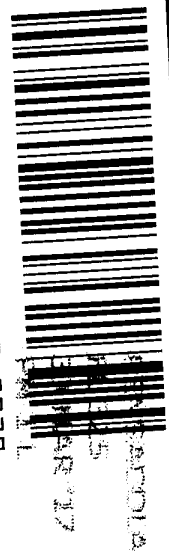


**BILL KINSAUL**  
**CLERK OF COURT**  
**& COMPTROLLER**  
**BAY COUNTY**

300 East 4th Street • P.O. Box 2269  
Panama City, Florida • 32402-2269

RECORDED BY 100017

**CERTIFIED MAIL**



7015 0920 0001 7365 0039



ZIP 32401  
91812650507

Hasler  
POSTAGE \$006.56

2017-0816TD

3/28/2017

JODY S VINCENT  
2817 PALMYRA ROAD  
ALBANY, GA 31707-1846

NIXIE 322 EC 1 0004/04/17  
RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD

DATE 07F  
91707218461846

8C: 32402226969 \*2638-04073-30-43

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: 3282017

JODY S VINCENT  
 801 21ST AVE  
 ALBANY, GA 31701-1109



9590 9402 2229 6193 9172 50

2. Article Number (Transfer from service label)

7015 0920 0001 7365 0022

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Handwritten Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

VINCENT 4-6-17DP

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Restricted Delivery

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: 3282017  
 JODY'S VINCENT  
 1046 WHITE POND RD  
 LEESBURG, GA 31763-3205



9590 9402 2229 6193 9169 49

2. Article Number (Transfer from service label)

7015 0920 0001 7364 8722

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *[Handwritten Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

*VINCENT*

C. Date of Delivery

*4-6-170P*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

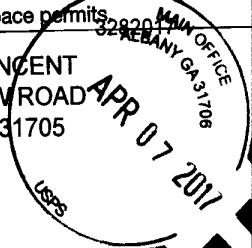
Domestic Re

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

2017-08-16 10  
 32820  
 BRYANNA VINCENT  
 6106 WILLOW ROAD  
 ALBANY, GA 31705



9590 9402 2229 6193 9170 07

2. Article Number (Transfer from service label)

7015 0920 0001 7364 8715

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *B. Vincent*

- Agent
- Addressee

B. Received by (Printed Name)

*B. Vincent*

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:  Yes  No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Registered Mail
- Registered Mail Restricted Delivery

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

**SENDER: COMPLETE THIS SECTION**


**COMPLETE THIS SECTION ON DELIVERY**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

2017-0816TD                      3282017

CHARLOTTE STEVENS  
PO BOX 13825  
MEXICO BEACH, FL 32410



9590 9402 2229 6193 9174 10

2. Article Number (Transfer from service label)

7015 0920 0001 7364 8739

A. Signature  Agent  
*Charlotte Stevens*  Addressee

B. Received by (Printed Name) *Charlotte Stevens*      C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No



3. Service Type
- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                         | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured™                                |   |
| <input type="checkbox"/> Insured™ all Restricted Delivery        |   |

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3 on the reverse side of this card.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: 3282017  
 BANK OF AMERICA NA  
 4161 PIEDMONT PARKWAY  
 GREENSBORO, NC 27410-8110



9590 9402 2229 6193 9172 98

2. Article Number (Transfer from service label)  
 7015 0920 0001 7365 0473

PS Form 3811, July 2015 PSN 7530-02-000-9053

A. Signature  
 [Signature]

B. Received by (Printed Name)  
 [Signature]

C. Date of Delivery  
 4-4-11

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Registered Mail
  - Registered Mail Restricted Delivery (over \$500)
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: 3282017

**BANK OF AMERICA NA  
100 NORTH TRYON STREET  
CHARLOTTE, NC 28255**



9590 9402 2229 6193 9172 29

2. Article Number (transfer from service label)

7015 0920 0001 7364 8654

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X** **Lavoris Little**  Agent  Addressee

B. Received (Print Name) *Lavoris Little* Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery
- Priority Mail Express®

Domestic Return Receipt

**BILL KINSAUL**  
**& CLERK OF COURT**  
**COMPTROLLER**

BAY COUNTY

300 East 4th Street • P.O. Box 2269  
Panama City, Florida • 32402-2269

**RECORDING DEPARTMENT**

*Moved*

**DELIVERED**



7015 0920 0001 7365 0459

Hasler  
0916070015  
**US POSTAGE \$006.56**



ZIP CODE  
32402

2017-0816TD

*UTP*

3/28/2017

JODY S VINCENT  
831A PHILEMA RD SOUTH  
LEESBURG, GA 31763

NIXIE

322 7E 1

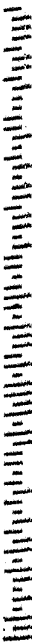
9804/07/17

RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD

~~31763-3265~~

BC: 32402226969

\*2638-03021-30-43



**BILL KINSAUL**  
**CLERK OF COURT**  
**& COMPTROLLER**

BAY COUNTY

300 East 4th Street • P.O. Box 2269  
Panama City, Florida • 32402-2269

RECORDING DEPARTMENT

**CERTIFIED MAIL**



7015 0920 0001 7365 0015

Postage and Fees Paid  
09000011  
POSTAGE \$006.56



ZIP CODE  
09000011

2017-0816TD

3/28/2017

*UJF*

CLAUS H VINCENT  
8813-A PHILEMARRoad SC  
LEESBURG, GA 32410

NIXIE

322 SE 1

0904/07/17

RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD

31763-3333

BC: 32402226969

\*2638-01528-30-43

*Moved*

**BILL KINSAUL**  
**CLERK OF COURT**  
**& COMPTROLLER**

BAY COUNTY

300 East 4th Street • P.O. Box 2269  
Panama City, Florida • 32402-2269

PROCESSED BY MAIL

**CERTIFIED MAIL**



RECEIVED  
MAR 25  
11 17

7016 0600 0001 0250 5636

Master  
POSTAGE \$006.56



2017-0816TD

*UTX*

3/28/2017

JODY S VINCENT  
813-A PHILEMA ROAD SC  
LEESBURG, GA 32410

NIXIE

322 ZE 1

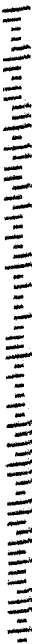
0004/07/17

RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD

32402226969

BC: 32402226969

\*2638-02662-30-43



*Moved*

**BILL KINSAUL**  
**CLERK OF COURT**  
**& COMPTROLLER**  
BAY COUNTY

300 East 4th Street • P.O. Box 2269  
Panama City, Florida • 32402-2269

RECORDS MANAGEMENT

**CERTIFIED MAIL**



7015 0920 0001 7364 8692

Master  
POSTAGE \$006.56



ZIP 32401  
01454 089050

2017-0816TD

3/28/2017

BANK OF AMERICA NA  
6700 LAKEVIEW CENTER D  
TAMPA, FL 33619

NIXIE 339 SE 1 0004/05/17

RETURN TO SENDER  
INSUFFICIENT ADDRESS  
UNABLE TO FORWARD

324022269

BC: 32402226969 \*2638-03030-30-43

**BILL KINSAUL**  
**CLERK OF COURT**  
**& COMPTROLLER**  
BAY COUNTY

300 East 4th Street • P.O. Box 2269  
Panama City, Florida • 32402-2269

**RECORDS DEPARTMENT**

**CERTIFIED MAIL**



MAR 17 11:25 AM '17

7015 0920 0001 7365 0435

MasterCard

EXP. DATE 03/31/17

\$006.56



*Moved*

2017-0816TD

*UTF*

3/28/2017

CLAUS H VINCENT  
831A PHILEMA RD SOUTI  
LEESBURG, GA 31763

NIXIE 322 7E 1 6664/68/17  
RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD

32783-2269

BC: 32402226969 \*2738-0004-30-43

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 BANK OF AMERICA NA  
 3475 STATEVIEW BLVD  
 FORT MILL, SC 29715



9590 9402 2229 6193 9171 99

2. Article Number (Transfer from service label)

7015 0920 0001 7364 8685

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

*[Handwritten Signature]*

Agent

Addressee

B. Received by (Printed Name)

*[Handwritten Name]*

C. Date of Delivery

*[Handwritten Date]*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Registered Mail
- Registered Mail Restricted Delivery (\$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: 3282017  
 BANK OF AMERICA NA  
 9000 SOUTHSIDE BLVD BLDG 700  
 JACKSONVILLE, FL 32256



9590 9402 2229 6193 9172 12

2. Article Number (Transfer from service label)

7015 0920 0001 7364 8661

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
 PHAI KEH

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail
  - Insured Mail Restricted Delivery (500)
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

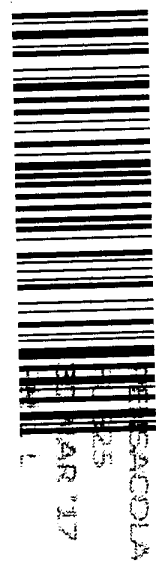
Domestic Return Receipt

**CERTIFIED MAIL**

**BILL KINSAUL**  
**CLERK OF COURT**  
**& COMPTROLLER**  
BAY COUNTY

300 East 4th Street • P.O. Box 2269  
Panama City, Florida • 32402-2269

RECORDING DEPARTMENT



7015 0920 0001 7365 0480

Hasler  
3/28/2017  
REGISTERED \$006.56

2017-0816TD

3/28/2017

CLAUS H VINCENT  
801 21ST AVE  
ALBANY, GA 31701-1109

NIXIE 322 SE 1 0004/21/17  
RETURN TO SENDER  
UNCL. ATMED  
UNABLE TO FORWARD

UNC  
31701-1109

32402-2269  
\*2638-81397-38-43

*D/A*  
*4-1-17*