

TitleExpress®

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339 Sixth Ave, Suite 1400
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TDA# 2023-0001

Web: www.grantstreet.com

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Phone: (412) 391-5555

At the request of the County Tax Collector for Bay County, FL, a search has been made of the Public Records for the following described property:

Parcel ID	Alt. Key	Property Address
29712-000-000		1310 HICKORY PANAMA CITY 32401

Legal Description

1 4S 15W NE1/4
LOT 13 & S 46' OF LOT 14
ORB 855 P 389 BLK 12

Other Parcel Info

Certificate #	Assessed Value	Homestead?	Mobile Home?	Bankruptcy?
2020 - 4943	\$2,224	No	No	No

Owner of Record on Current Tax Roll

HOWARD C WIGGIN

Billing Name & Address

PO BOX 15754
PANAMA CITY FL 32406

PROPERTY INFORMATION REPORT

This Property Information Report has been prepared in accordance with the requirements of Florida Statutes, Sections 197.502(4) and (5), and satisfies the minimum standards set forth in the Florida Administrative Code, Chapter 12D-13.061.

This report is not an opinion of title, title insurance policy, warranty of title or any other assurance as to the status of title, and shall not be used for the purpose of issuing title insurance.

Pursuant to s. 627.7843, Florida Statutes, the maximum liability of the issuer of this property information report for errors or omissions is limited to the amount paid for this report, and is further limited to the person(s) expressly identified by name as the recipient(s) of the report.

Report Date:03/10/2023 **Search covers** **20 years** **through:**03/06/2023

David Faith
Title Examiner

General Examiner Comments:

APPARENT TITLE HOLDER

Name & Address of Record	Document	Examiner Comments
ESTATE OF HOWARD C. WIGGIN, DECEASED AND JOSEPHINE D. WIGGIN, DECEASED, AS TRUSTEES PO BOX 4577 PANAMA CITY FL 32401	Warranty Deed Bk:855 Pg:389	
	Warranty Deed Bk:855 Pg:392	
HOWARD CHASE WIGGIN III 713 STACEY STREET HINESVILLE GA 31313	Will Bk:2933 Pg:122	
JOSEPHINE WIGGIN GODBEE 4385 CLEMENTS ROAD HEPHZIBAH GA 30815	Will Bk:2933 Pg:122	
ERMA WIGGIN HUTCHESON 234 OAKMONT DRIVE ANDERSON SC 29621	Will Bk:2933 Pg:122	
LLOYD DOUGLASS WIGGIN 4111 WEST 17TH STREET PANAMA CITY FL 32401	Will Bk:2933 Pg:122	
DOROTHY HELEN WIGGIN 4304 WEST 17TH STREET PANAMA CITY FL 32401	Will Bk:2933 Pg:122	

Related Documents (for Reference)

Death Certificate
Bk:2356 Pg:1231

Death Certificate
Bk:2870 Pg:106

Order of Summary Administration
Bk:2933 Pg:127

Affidavit Continuous Marriage
Bk:3180 Pg:2305

MORTGAGE HOLDER**Name & Address of Record****Document****Examiner Comments**

None found.

Related Documents (for Reference)

None found.

LIEN HOLDER**Name & Address of Record****Document****Examiner Comments**

None found.

Related Documents (for Reference)

None found.

OTHER PARTIES**Name & Address of Record****Document****Examiner Comments**

None found.

Related Documents (for Reference)

None found.

OTHER DOCUMENTS**File Name**

2023-0001PA.pdf

POST OFFICE BOX 2493 PANAMA CITY FLORIDA 32401

executive line

O.R. BOOK

855 PAGE 389

This Instrument Prepared by: *Jama M. M...*

22-57

This Indenture,

An Officer of
BAY COUNTY LAND & ABSTRACT CO., INC.
For Purposes of Title Insurance
ECL#52170 Isj-C C.F

(The terms "grantor" and "grantee" herein shall be construed to include all genders and singular or plural as the context indicates.)

Made this 27th day of July
G. C. MADDOX and wife, ALICE MADDOX

BAY COUNTY, FLORIDA
19 81
81
MAY 28 1981
55

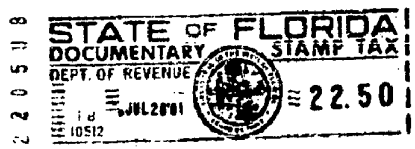
of the County of Bay, State of Fla.
HOWARD C. WIGGIN and wife, JOSEPHINE D. WIGGIN, as Trustees

whose post-office address is P.O. Box 4577 P.O., Fla.
of the County of Bay, State of Fla., grantee,

Witnesseth: That said grantor, for and in consideration of the sum of Ten (\$10.00) Dollars, and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said grantee, and grantee's heirs, successors and assigns forever, the following described land, situate, lying and being in Bay County, Florida, to-wit:

Lot Thirteen (13) and the South 9 feet of Lot Fourteen (14), Block Twelve (12), in the Northeast Quarter (NE1/4) of Section 1, Township 4 South, Range 15 West, according to Plat on file by St. Andrews Railroad Land and Mining Company, the resurvey by E. L. Wood Plat of July 9, 1913, in the Office of the Clerk of the Circuit court of Bay County, Florida.

SUBJECT TO Easement to City of Panama City as recorded in Official Records Book 196, Page 255.



and said grantor does hereby fully warrant the title to said land, and will defend the same against the lawful claims of all persons whomsoever.

In Witness Whereof, Grantor has hereunto set grantor's hand and seal the day and year first above written. Signed, sealed and delivered in our presence:

Jama M. Maddox (Seal)
G. C. Maddox
Alice Maddox (Seal)

BAY COUNTY, FLORIDA
Filed for record 3:55P m. o'clock and duly recorded Book and Page indicated above. Harold Bazal, Clerk.
Circuit Court.
By Dulene Reference (Seal)

STATE OF FLORIDA
COUNTY OF BAY

I HEREBY CERTIFY that on this day before me, an officer duly qualified to take acknowledgments, personally appeared G. C. MADDOX and wife, ALICE MADDOX

to me known to be the person(s) described in and who executed the foregoing instrument and acknowledged before me the execution of same.

WITNESS my hand and official seal in the County and State last aforesaid this 27th day of July, 1981

Jama M. Maddox
Notary Public
My commission expires July 12, 1983

48,276.02

BAY COUNTY LAND & ABSTRACT CO., INC.

POST OFFICE BOX 2493 PANAMA CITY, FLORIDA 32401

executive line OR BOOK 355 PAGE 392

This Instrument Prepared by: *James E. Maddox* 217 35

This Indenture

(The terms "grantor" and "grantee" herein shall be construed to include all genders and singular or plural as the context indicates.)

An Officer of BAY COUNTY LAND & ABSTRACT CO., INC. For Purposes of Title Insurance BCL#52171 dd - c C.F.

Made this *27th* day of *July*, 1981, Between JAMES EDWARD MADDOX a/k/a JAMES E. MADDOX and wife, JOYCE G. MADDOX

of the County of *Bay*, State of *Fla.* Grantor, and HOWARD C. WIGGIN and wife, JOSEPHINE D. WIGGIN, as Trustees

whose post-office address is *P.O. Box 4577 P.O. 32401* of the County of *Bay*, State of *Fla.* Grantee.

Witnesseth: That said grantor, for and in consideration of the sum of Ten (\$10.00) Dollars, and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said grantee, and grantee's heirs, successors and assigns forever, the following described land, situate, lying and being in Bay County, Florida, to-wit:

PARCEL I: The North 57 feet of Lot 14, Block 12, in the NE 1/4 of Section 1, Township 4 South, Range 15 West, according to plat on file by St. Andrews Railroad Land and Mining Company, the resurvey by E. L. Wood Plat of July 9, 1913, in the Office of the Clerk of the Circuit Court of Bay County, Florida.

PARCEL II: Lot 15 and the South 27 feet of Lot 16, Block 12, in the NE 1/4 of Section 1, Township 4 South, Range 15 West, according to plat on file by St. Andrews Railroad Land and Mining Company, the resurvey by E. L. Wood Plat of July 9, 1913, in the Office of the Clerk of the Circuit Court of Bay County, Florida.

THIS CONVEYANCE IS MADE SUBJECT TO Mortgage in the original principal amount of \$29,100.00 given by James Edward Maddox and wife, Joyce G. Maddox to Real Estate Financing, Inc., dated February 5, 1975, filed February 5, 1975, and recorded in Official Records Book 506, Page 382; last assigned to Real Estate Financing, Inc., by instrument recorded in Official Records Book 539, Page 503; and the grantee does hereby assume and agree to pay all the unpaid portion of said mortgage indebtedness, and all sums of money agreed to be paid by the mortgagor in said mortgage, and assumes and agrees to perform all obligations and liabilities of the mortgagor as set forth in said mortgage. (As to Parcel II)

SUBJECT TO Easement to the City of Panama City recorded in Official Records Book 196, Page 255.

and said grantor does hereby fully warrant the title to said land, and will defend the same against the lawful claims of all persons whomsoever

In Witness Whereof, Grantor has hereunto set grantor's hand and seal the day and year first above written. Signed, sealed and delivered in our presence:

Gertrude A. Shabane James E. Maddox (Seal)
James E. Maddox James Edward Maddox
Joyce G. Maddox Joyce G. Maddox (Seal)

BAY COUNTY, FLORIDA
Filed for record *July 28 1981*
3:35 p.m. o'clock and duly recorded in Book
Page Indicated above. Harold Bazzel, Clerk.
Circuit Court

STATE OF FLORIDA
DOCUMENTARY STAMP TAX
DEPT. OF REVENUE
JUL 28 1981 217.35

STATE OF FLORIDA
COUNTY OF BAY
I HEREBY CERTIFY that on this day before me, an officer duly qualified to take acknowledgments, personally appeared JAMES EDWARD MADDOX a/k/a JAMES E. MADDOX and wife, JOYCE G. MADDOX

to me known to be the person(s) described in and who executed the foregoing instrument and acknowledged before me the execution of same.
WITNESS my hand and official seal in the County and State last aforesaid this *27th* day of *July*, 1981

Gertrude A. Shabane
Notary Public
My commission expires *July 12, 1983*

FILED
201 JUN 10 10 04

Last Will and Testament OF

HOWARD C. WIGGIN

I, HOWARD C. WIGGIN, a/k/a Howard Chase Wiggin, Jr., of 4304 West 17th Street, Panama City, Bay County, Florida 32401, Social Security [REDACTED], being of sound and disposing mind and memory, by this instrument revoke my former Wills and Codicils to them and declare this to be my Last Will and Testament.

ARTICLE I

I direct that all my just debts, funeral and administration expenses be paid as soon after my death as may be practical, but always in keeping with the best interest of my Estate. I would prefer memorialization by cremation over burial.

ARTICLE II

I hereby bequeath unto my children: Howard Chase Wiggin, III, of 713 Stacey Street, Hinesville, GA 31313, Josephine Wiggin Godbee, of 4385 Clements Road, Hephzibah, GA 30815, Erma Wiggin Hutcheson, of 234 Oakmont Drive, Anderson, SC 29621, Lloyd Douglass Wiggin, 4111 West 17th Street, Panama City, FL 32401, and Dorothy Helen Wiggin, of 4304 West 17th Street, Panama City, FL 32401, all of my property of every kind and nature, wheresoever situated whether real or personal or mixed, absolutely and in fee simple, equally and per stirpes.

ARTICLE III

In the event that my children reject any real property left to them, I direct that said real property be bequeathed to the Bay County Conservancy for conservation purposes.

ARTICLE IV

In making this will, I recognize that I may have remarried Henri Douglas Perry, of 114 South 6th Street, Fernandina Beach, FL 32034, but it is my intention to leave her nothing through this will because I have otherwise provided pension rights and Tricare



H.C.W.

support for her and she also has her own independent resources.

ARTICLE V

I specifically recognize that I may own certain survivorship accounts and/or insurance policies at the time of my death. I specifically desire for the named beneficiary or beneficiaries under such insurance policies to receive those funds at the time of my death. Furthermore, I specifically desire for the named survivor on any survivorship accounts to own the accounts after my death without said survivorship accounts ever becoming part of my probate estate.

ARTICLE VI

I hereby nominate, constitute and appoint my daughter, Dorothy Helen Wiggin, of 4304 West 17th Street, Panama City, FL 32401, as the Personal Representative of this, my Last Will and Testament, to serve without bond. In the event that she shall not survive me, or if for any reason she should not qualify as Personal Representative, or should she, after qualifying, for any reason refuse or become unable to act, then and in that event, I nominate, constitute and appoint as Contingent Personal Representative, my daughter, Josephine Wiggin Godbee, of 4385 Clements Road, Hephzibah, GA 30815, to serve as Alternate Personal Representative who shall serve with the same power and authority as my other daughter could have served.

ARTICLE VII

I expressly confer upon my Personal Representative, in addition to those statutory powers conferred upon Personal Representatives by Part Six of Chapter 733, Florida Statutes, the power as my Personal Representative to sell and convey any part or all of my estate upon such terms and consideration as my Personal Representative shall see fit, and to continue any business or venture, incorporated or unincorporated, in which I was engaged at the time of my death for as long as commercially reasonable, and to do and perform any and all other acts and things necessary or which my Personal Representative may deem expedient, in order to carry



H.C.W.

out any of the purposes herein stated.

IN WITNESS WHEREOF, I have hereunto set my hand and seal to this, my Last Will and Testament, this 4th day of June, 2004.

Howard C. Wiggins
HOWARD C. WIGGIN, Testator

The above instrument was subscribed by the said HOWARD C. WIGGIN, Testator, in our presence and acknowledged by him to each of us and he at the same time declared the above instrument so subscribed to be his Last Will and Testament, and we at his request have signed our names as witnesses hereto and in his presence and in the presence of each other and indicated opposite our names our respective places of residence, this 4th day of June, 2004.

Jenny Bomar of Panama City, Florida
Jenny Bomar
Stephanie Greer of Panama City, Florida
STEPHANIE GREER
Brittany Millard of Panama City, Florida
BRITTANY MILLARD

STATE OF FLORIDA
COUNTY OF BAY

We, HOWARD C. WIGGIN, the Testator, and Jenny Bomar, STEPHANIE GREER and BRITTANY MILLARD, the witnesses respectively, whose names are signed to the foregoing instrument, were sworn and declared to the undersigned officer that the Testator signed the instrument as his Last Will, that she signed, and that each of the witnesses, in the presence of the Testator, and in the presence of each other, signed the Will as a witness.

Howard C. Wiggins
HOWARD C. WIGGIN

Jenny Bomar
Witness, Jenny Bomar
(print or type name)

Stephanie Greer
Witness, STEPHANIE GREER
(print or type name)

H.C.W.
H.C.W.

Brittany Millard
Witness, BRITTANY MILLARD
(print or type name)

Subscribed and sworn before me by HOWARD C. WIGGIN, who
(notary must check applicable box):

- is personally known to me
 produced a current driver's license as
identification _____
(state and number)
 produced _____ as
identification,

and who did take an oath, and by Jenny Bomer,
Stephanie Greer, and Brittany Millard,
the witnesses, who are personally known to me, and who also did
take an oath, on the 4th day of June, 2004.



D. L. Smith
Notary Public
(type or print name)
My Commission Expires: _____

and sworn to and subscribed before me by the witnesses,
Jenny Bomer (first witness), who (notary
must check applicable box):

- is personally known to me
 produced a current driver's license as
identification _____
(state and number)
 produced _____ as
identification,

and sworn to and subscribed before me by the witnesses,
Stephanie Greer (second witness), who (notary
must check applicable box):

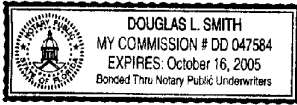
- is personally known to me
 produced a current driver's license as
identification _____
(state and number)
 produced _____ as
identification,

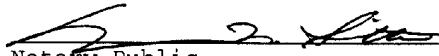
and sworn to and subscribed before me by the witnesses,
Brittany Millard (third witness), who (notary
must check applicable box):

H.C.W.
H.C.W.

is personally known to me
 produced a current driver's license as
identification _____
(state and number)
 produced _____ as
identification,

and subscribed by me in the presence of the Testator and the
subscribing witnesses, on the 4th day of June, 2004.




Notary Public

(type or print name)
My Commission Expires: _____

5/17/04:dls
X:\WPF\DLS\Wiggin-Howard-WIL.wpd



H.C.W.

OFFICE of VITAL STATISTICS

CERTIFIED COPY
CERTIFICATE OF DEATH
FLORIDA

TYPE OR
PRINT IN
PERMANENT
BLACK INK

LOCAL FILE NO. 036234

1. DECEDENT'S NAME FIRST: Josephine MIDDLE: Wiggins LAST: Wiggins			2. SEX Female	
3. DATE OF DEATH (Month, Day, Year) February 21, 2003		4. SOCIAL SECURITY NUMBER [REDACTED]		5. AGE at Last Birthday (Years) 83
6. DATE OF BIRTH (Month, Day, Year) October 9, 1919		7. BIRTHPLACE (City and State or Foreign Country) Allendale, South Carolina		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) NO
9. PLACE OF DEATH (Check only one, see instructions on other side) 9a. HOSPITAL <input checked="" type="checkbox"/> (Specify, ER/Outpatient, DDA, OTHER: Nursing Home, Residence, Other (Specify)) 9b. FACILITY NAME (If not institution, give street and number) Bay Medical Center 9c. CITY, TOWN, OR LOCATION OF DEATH Panama City 9d. COUNTY OF DEATH Bay				
10. DECEASED OR VICTIM OF ACCIDENT OR OTHER CAUSE OF DEATH (Check one) 10a. DECEASED USUAL OCCUPATION Homemaker 10b. KIND OF BUSINESS/INDUSTRY Own Home 11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married 12. SURVIVING SPOUSE (If wife, give maiden name) Howard C. Wiggin Jr.		13. RESIDENCE - STATE Florida 13b. COUNTY Bay 13c. CITY, TOWN, OR LOCATION Panama City 13d. STREET AND NUMBER 4304 W. 17th St.		
14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify Age or Year - If just specify, Mexican, Cuban, Mexican Puerto Rican, etc.) Specify: No 15. RACE - American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary (1-8) _____ Other (10 or 12) 1		
17. FATHER'S NAME (First, Middle, Last) John Wesley Douglas 18. MOTHER'S NAME (First, Middle, Last) Alma Gertrude All		19. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Howard C. Wiggin Jr. 4304 W. 17th St. Panama City Florida 32401		
20. 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) Greenwood Cemetery		21. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Panama City Florida		
22. SIGNATURE OF FUNERAL LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		23. LICENSE NUMBER (of Licensee) 2934		
24. NAME AND ADDRESS OF FACILITY Wilson Funeral Home 214 Airport Rd. Panama City, Florida 32405-		25. 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. 25a. SIGNATURE AND TITLE <i>[Signature]</i> 25b. DATE SIGNED (Mo., Day, Yr.) 2/21/03 25c. HOUR OF DEATH 02:23 P. 25d. MEDICAL EXAMINER'S CASE #		
26. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) Dr Bruce Joatan 2622 Jenks Ave. Panama City, FL 32405				
27. SURREGISTRAR - SIGNATURE AND DATE <i>[Signature]</i>		28. LOCAL REGISTRAR - SIGNATURE <i>[Signature]</i>		29. DATE REGISTERED 2/26/03
30. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as medical or respiratory arrest, shock, or heart failure. List only one cause of death. 30a. IMMEDIATE CAUSE (If an immediate cause of death) [REDACTED] 30b. UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST [REDACTED]				
31. PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I		32. WAS AN AUTOPSY PERFORMED? (Yes or No) No		33. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No) NO
34. CASE REPORTED TO MEDICAL EXAMINER (Yes or No) NO				
35. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 9 MONTHS? YES <input checked="" type="checkbox"/> NO		36. IF SURGERY IS MENTIONED IN PART I or II ENTER CONDITION FOR WHICH IT WAS PERFORMED 37. DATE OF SURGERY (Mo., Day, Year)		
38. PROBABLE MANNER OF DEATH (Specify) Natural, accident, suicide, homicide, or undetermined		39. DATE OF INJURY (Month, Day, Year) 39b. TIME OF INJURY 39c. INJURY AT WORK? (Yes or No) 39d. DESCRIBE HOW INJURY OCCURRED		
40. PLACE OF INJURY - At home, farm, street, factory, etc. (Specify)		41. LOCATION (Street and Number or Rural Route Number, City or Town, State)		

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY *Mary G. Cronin, Chief Deputy* State Registrar

2/26/03
WARNING:
13349617

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.

THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THE PEROCHROMIC INK.



DOH FORM 1504 (10-08)

CERTIFICATION OF VITAL RECORD

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

OFFICE of VITAL STATISTICS

CERTIFIED COPY

TYPE IN PERMANENT BLACK INK

FLORIDA CERTIFICATE OF DEATH

LOCAL FILE NO. 060910

1. DECEDENT'S NAME (First, Middle, Last, Suffix) Howard Chase Wiggin Jr.			2. SEX Male		
3. DATE OF BIRTH (Month, Day, Year) August 5, 1918		4a. AGE-Last Birthday (Years) 88	4b. UNDER 1 YEAR Months Days	4c. UNDER 1 DAY Hours Minutes	5. DATE OF DEATH (Month, Day, Year) September 10, 2006
6. SOCIAL SECURITY NUMBER [REDACTED]		7. BIRTHPLACE (City and State or Foreign Country) Bay Harbor, Florida		8. COUNTY OF DEATH Bay	
9. PLACE OF DEATH (Check only one) 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 type="checkbox"/> Nursing Home/Long Term Care Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
10. FACILITY NAME (if not institution, give street address) 4304 W. 17th Street			11a. CITY, TOWN, OR LOCATION OF DEATH Panama City		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) Dorothy Henri Douglass		
14a. RESIDENCE - STATE Florida		14b. COUNTY Bay		14c. CITY, TOWN, OR LOCATION Panama City	
14d. STREET ADDRESS 4304 W. 17th Street			14e. APT. NO.	14f. ZIP CODE 32401	14g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) Lieutenant Colonel			15b. KIND OF BUSINESS/INDUSTRY U. S. Army		
16. DECEDENT'S RACE (Specify the 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 Is. (Specify) <input type="checkbox"/> Other (Specify)					
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? <input type="checkbox"/> Yes (if yes, specify) <input checked="" type="checkbox"/> No (Specify if decedent was of Hispanic or Haitian Origin.) <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 type="checkbox"/> High school diploma or GED 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) Howard Chase Wiggin Sr.			21. MOTHER'S NAME (First, Middle, Maiden Surname) Myrtle Williams		
22a. INFORMANT'S NAME Dorothy Wiggin		22b. RELATIONSHIP TO DECEDENT Daughter		22c. INFORMANT'S MAILING - STATE Florida	
23a. CITY OR TOWN Panama City		23b. STREET ADDRESS 4304 W. 17th Street		23d. ZIP CODE 32401-	
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Seaside Crematory		25a. LOCATION - STATE Florida		25b. LOCATION - CITY OR TOWN Panama City	
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) 2934		27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>J. Stale</i>	
28. NAME OF FUNERAL FACILITY Wilson Funeral Home		29. FACILITY'S MAILING - STATE Florida			
28a. CITY OR TOWN Panama City		28b. STREET ADDRESS 214 Airport Rd.		28c. ZIP CODE 32405-	
30. CERTIFIER: <input checked="" type="checkbox"/> Certifying Physician - By 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>[Signature]</i>		31b. DATE SIGNED (mm/dd/yyyy) 11 Sept 2006		32. TIME OF DEATH (24 hr.)	
34a. LICENSE NUMBER (of Certifier) 085074		34b. CERTIFIER'S NAME Dr. Bruce Josten		35. NAME OF ATTENDING PHYSICIAN (if other than Certifier)	
36a. CERTIFIER'S STATE Florida		36b. CITY OR TOWN Panama City		36c. STREET ADDRESS 2622 Jenks Ave.	
36d. ZIP CODE 32405-		37. SUBREGISTRAR - Signature and Date <i>Mary G. Nay</i>		38. LOCAL REGISTRAR - Signature <i>Mary G. Nay</i>	
37a. DATE FILED BY REGISTRAR (Mo., Day, Yr.) 9/14/06					

DEMOGRAPHIC INFORMATION TO BE COMPLETED BY FUNERAL DIRECTOR

MEDICAL CERTIFIER

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

SEP 15 2006

Mary G. Nay, Chief Deputy

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

DH FORM 1947 (08/04)

C1964984

CERTIFICATION OF VITAL RECORD



* 1 9 6 4 9 8 4 *



IN THE CIRCUIT COURT, FOR BAY COUNTY, FLORIDA,
PROBATE DIVISION

FILED

2007 JUN -5 A 8:53

IN RE: ESTATE OF)
)
 HOWARD C. WIGGIN) Case Number: 2007-422-CP
 a/k/a HOWARD CHASE WIGGIN, JR.)
 Deceased.)

ORDER FOR SUMMARY ADMINISTRATION
TESTATE DECEDENT

On the Petition of DOROTHY H. WIGGIN for Summary Administration of the Estate of HOWARD C. WIGGIN, deceased, the court finding that the decedent died on September 10, 2006; that all interested persons have been served proper notice of the petition and hearing or have waived notice thereof; that the material allegations of the Petition are true; that the will dated June 4, 2004, has been admitted to probate by order of this court as and for the last will of the decedent; and that the decedent's estate qualifies for Summary Administration and an Order of Summary Administration should be entered, it is

ADJUDGED as follows:

1. That there be immediate distribution of the assets of the decedent as follows:

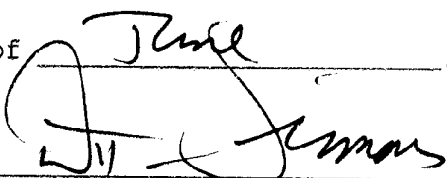
NAME	ASSET, SHARE OR AMOUNT
Howard C. Wiggin, III	1/5 or 20%
Josephine Godbee	1/5 or 20%
E. Elizabeth Hutcheson	1/5 or 20%
Dorothy H. Wiggin	1/5 or 20%
L. Douglass Wiggin	1/5 or 20%

Title to the property passed as of the date of death and is therefore vested in the above beneficiaries without the requirement of any further documentation or evidence of title.

2. Those to whom specified parts of the decedent's estate are assigned by this order shall be entitled to receive and collect the same, and to maintain actions to enforce the right.

3. Debtors of decedent, those holding property of the decedent, and those with whom securities or other property of decedent are registered, are authorized and empowered to comply with this order by paying, delivering, or transferring to those specified above the parts of the decedent's estate assigned to them by this order, and the persons so paying, delivering, or transferring shall not be accountable to anyone else for the property.

ORDERED on this 4th day of June, 2007.



 CIRCUIT JUDGE

Copies to:

Douglas L. Smith, Esq.

F:\WPF\DLS\19348 Wiggin Order for Sum Adm.ord.wpd

This Instrument Prepared By
and Return To:
Larry M. Segall, Esquire
Gibbons, Neuman, Bello, Segall,
Allen & Halloran, P.A.
3321 Henderson Boulevard
Tampa, FL 33609

AFFIDAVIT OF CONTINUOUS MARRIAGE

STATE OF FLORIDA
COUNTY OF BAY

BEFORE ME, the undersigned authority, duly authorized to administer oaths and take acknowledgments, personally appeared Dorothy Wiggin, who, after being by me first duly sworn, on oath deposes and says:

1. That I am the daughter of HOWARD C. WIGGIN and JOSEPHINE D. WIGGIN, and that I have personal knowledge of the facts stated in this affidavit.

2. That HOWARD C. WIGGIN died on September 10, 2006.

3. That at the time of his death HOWARD C. WIGGIN was the owner of the real property located in Bay County, Florida, described as follows:

Lot 6, Block 12, in the Northeast Quarter of Section 1, Township 4 South, Range 15 West, according to plat filed by St. Andrews Railroad Land and Mining Company, Bay County, Florida.

4. That HOWARD C. WIGGIN, deceased, was continuously married to JOSEPHINE D. WIGGIN, deceased, from September 30, 1943, through and including February 21, 2003, and that said marriage continued, without interruption, from September 30, 1943, to the date of death of JOSEPHINE D. WIGGIN on February 21, 2003.

5. That this Affidavit is given for the purpose of clearing any possible question

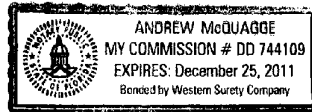
or objection to the title with regard to the ownership of the above-described property.

FURTHER AFFIANT SAYETH NOT.

Dorothy Wiggin
Dorothy Wiggin

Sworn to and subscribed before me on this 24 day of August, 2009, by Dorothy Wiggin, who () is personally known to me or () has produced FLDL# [REDACTED] as identification.

Andrew McQuagge
Notary Public, State of Florida
My Commission Expires: 12-25-2011





Bay County Property Appraiser - Dan Sowell, CFA

Main Office | 860 W. 11th St, Panama City, FL 32401 | 850-248-8401
 Beach Office | 301 Richard Jackson Blvd, Panama City Beach, FL 32407 | 850-248-8470

Parcel Summary

Parcel ID 29712-000-000
Location Address 1310 HICKORY AVE
 PANAMA CITY 32401
Brief Tax Description* 1 4S 15W NE1/4 LOT 13 & S 46' OF LOT 14 ORB 855 P 389 BLK 12
 *The Description above is not to be used on legal documents.
Property Use Code VACANT (000000)
Sec/Twp/Rng 1-4S-15W
Tax District City of Panama City (District 16)
2022 Final Millage Rate 14.9662
Acreage 0.359
Homestead N

[View Map](#)

Owner Information

Primary Owner
[Wiggin, Howard C](#)
 PO Box 15754
 Panama City, FL 32406

Valuation

	2023 Working Values	2022 Certified Values	2021 Certified Values
Building Value	\$0	\$0	\$0
Extra Features Value	\$0	\$0	\$0
Land Value	\$2,224	\$2,224	\$2,102
Land Agricultural Value	\$0	\$0	\$0
Agricultural (Market) Value	\$0	\$0	\$0
Just (Market) Value	\$2,224	\$2,224	\$2,102
Assessed Value	\$2,224	\$2,224	\$2,102
Exempt Value	\$0	\$0	\$0
Taxable Value	\$2,224	\$2,224	\$2,102
Save Our Homes or AGL Amount	\$0	\$0	\$0

"Just (Market) Value" description - This is the value established by the Property Appraiser for ad valorem purposes. This value does not represent anticipated selling price.

Land Information

Code	Land Use	Number of Units	Unit Type	Frontage	Depth
000100	SFR	112.00	FF	112	140

Sales

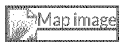
Multi Parcel	Sale Date	Sale Price	Instrument	Book	Page	Qualification	Vacant/Improved	Grantor	Grantee
N	07/01/1981	\$5,000	WD	855	389	Qualified (Q)	Vacant		

Assessment Notice

[29712-000-000 \(PDF\)](#)

Adobe Acrobat Reader is required to view, open or print this notice.

Map



No data available for the following modules: Building Data, Condo Information, Extra Features, Permits, Sketches.

The Bay County Assessor's Office makes every effort to produce the most accurate information possible. No warranties, expressed or implied, are provided for the data herein, its use or interpretation. The Senior Exemption Does Not Apply to All Taxing Authorities. Just (Market) Value is established by the Property Appraiser for ad valorem tax purposes. It does not represent anticipated selling price. Working values are subject to change.

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Version 2.3.250

