

ROSEWOOD CLAIMS BILL

CHECKLIST

Claims Activation Letter Mailed

7/7/94

Claims Activation Letter Received

7/14/94

Claims Verification Packet Sent

8/4/94

Claims Verification Information Received

\_\_\_\_\_

Request for additional information Claimant

\_\_\_\_\_

Review Completed

\_\_\_\_\_

Eligibility Determination Made

\_\_\_\_\_

Letter of Award Sent to Claimant

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





# OFFICE OF THE ATTORNEY GENERAL

DEPARTMENT OF LEGAL AFFAIRS

THE CAPITOL

TALLAHASSEE, FLORIDA 32399-1050

ROBERT A. BUTTERWORTH  
*Attorney General  
State of Florida*

Reply to:

Office of the Attorney General  
4000 Hollywood Boulevard, 505-South  
Hollywood, Florida 33021

February 28, 1995

Mr. Ernest Blocker  
1635 29th Street  
Sarasota, FL. 34234

Dear Mr. Blocker:

On Saturday, March 11, 1995 at 9:00am, the office of the Attorney General will hold a meeting to update Rosewood claimants on the last phase of the Rosewood claims process. The meeting will be held at the St. Mark AME Church located at 1968 Bruton Boulevard in Orlando, Florida. If you so desire, each family may designate a representative to attend this meeting on behalf of the family.

The purpose of this meeting is to: 1) inform the family members of the efforts that have been exhausted thus far in the claims process and 2) inform family members of what information is necessary to conclude the property portion of the claims process. This meeting will not address the survivor portion of the Rosewood law nor will we discuss any property claims that have been denied.

In our attempts to gather data about family members we discovered that many of the family trees were incomplete and in some cases inaccurate. It is our intent to correct any mistakes that may be on the tree, add any names that may be missing from the tree and indicate any family members who are deceased.

The accuracy of the Rosewood family trees is very important for two reasons. The first reason is that it will assist this office in ensuring that every person or family who is entitled to compensation will receive it. The second reason is that the family tree information will be submitted to the Department of Education. The Department of Education will utilize these trees to assist them in determining who is entitled to scholarships under the Rosewood Scholarship fund.

This office will be able to disburse compensation to eligible families only after families are able to develop an accurate family tree on which this office can rely. Again, this process will ensure that this office can rely. Again, this process will ensure that this office meets its goal of compensating every person and family that is entitled to compensation.

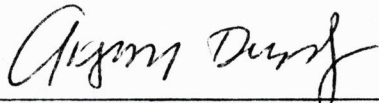


Mr. Ernest Blocker  
February 28, 1995  
Page Two

We look forward to seeing you at the meeting.

Sincerely,

ROBERT A. BUTTERWORTH  
ATTORNEY GENERAL

A handwritten signature in cursive script, appearing to read "Gregory Durden".

---

Gregory Durden, Esquire  
Chief of Civil Rights

RB/GD/cb

cc: Stephen F. Hanlon

rose.gdr





# OFFICE OF THE ATTORNEY GENERAL

DEPARTMENT OF LEGAL AFFAIRS

THE CAPITOL

TALLAHASSEE, FLORIDA 32399-1050

ROBERT A. BUTTERWORTH  
*Attorney General*  
*State of Florida*

Reply to:

Office of the Attorney General  
4000 Hollywood Boulevard, 505-South  
Hollywood, Florida 33021

March 13, 1995

Mr. Ernest Blocker  
1635 29th Street  
Sarasota, FL. 34234

Dear Mr. Blocker:

As you are aware, the Office of the Attorney General is nearing completion of the Rosewood property compensation process. As such, it is important that the Rosewood families understand the procedure and the schedule that must be followed by all Rosewood claimants.

On March 11, 1995 a meeting was held at the St. Mark AME church located at 1968 Bruton Ave., Orlando, Florida. At this meeting, Rosewood family claimants were given a copy of their family tree. The family trees were developed based on information that this office has accumulated over the past eleven months. Claimants were asked to assist us in adding and deleting names where appropriate. Claimants were also asked to indicate any family members who are deceased, as well as provide any information that would be helpful. Claimants who were unable to give information at the meeting were given until March 20, 1995, to update their family tree and forward the information to our office. They were advised that if the information is not received in our office by March 20, 1995, it will not be reflected on the final family tree.

The final family tree that is developed will dictate how funds will be distributed. For example, if a Rosewood property owner had two children, "A" and "B", compensation will be divided equally to "A" and "B". If child A is deceased with no living spouse or children, child "B" would then be entitled to "A's" share. In order to claim "A's" share, child "B" must show proof to this office that child "A" has died with no spouse or children. Otherwise, "B" would only receive half of the total amount awarded.

Rosewood claimants applying for a family member's share because the family member is deceased with no living spouse or children will have until March 20, 1995, to notify this office. The claimant will have until April 20, 1995, to present proof to this office that an otherwise eligible family member is deceased with



Mr. Ernest Blocker  
March 13, 1995  
Page two

no spouse or children. In our example above, "B" must notify this office by March 20, 1995, that he or she is applying for "A's" share because "A" is deceased with no spouse or children. "B" will then have until April 20, 1995, to present proof to this office to that effect.

Once the claim has been evaluated, a determination will be made as to the claimant's eligibility for the deceased's share. In our example above, a determination will be made based on the claim, whether "B" is eligible for "A's" share. "B" would then be contacted by mail as to his or her eligibility.

If it is determined that "B" is ineligible for "A's" share then "B" will have seven days to notify this office of his or her intent to appeal the decision. "B" will then be given ten days to present additional evidence to support his or her claim to "A's" share. After this additional evidence is reviewed, "B" will receive a letter advising of the final decision as to his or her claim. The file will then be closed.

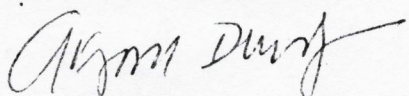
It is important to note that the Department of Education will rely heavily on the family tree when making decisions as to scholarship eligibility. For that reason, it is important that the Rosewood families be as diligent as they can in ensuring the family tree accuracy.

Finally, this office has worked very hard to develop accurate information so that every person who is entitled to compensation will be paid. The procedures we have put in place have been designed to identify and locate all eligible individuals. We know that the Rosewood families share our desire to ensure that all eligible descendants are compensated and all eligible descendants have an opportunity to be considered for scholarships. We have, however, done as much as we can do. It is now up to the families to step forward and assist in assuring the accuracy of the family trees.

All claims must be paid by June 30, 1995. If not, funds will revert back to the state of Florida. Your prompt assistance is appreciated.

Sincerely,

ROBERT A. BUTTERWORTH  
ATTORNEY GENERAL



Gregory Durden, Esquire  
Chief of Civil Rights

rose.gdr





# OFFICE OF THE ATTORNEY GENERAL

DEPARTMENT OF LEGAL AFFAIRS

THE CAPITOL

TALLAHASSEE, FLORIDA 32399-1050

ROBERT A. BUTTERWORTH  
*Attorney General*  
*State of Florida*

Reply to:

Office of the Attorney General  
4000 Hollywood Boulevard, 505-South  
Hollywood, Florida 33021

March 24, 1995

Stephen F. Hanlon, Esquire  
315 South Calhoun St.  
P.O. Drawer 810  
Tallahassee, FL 32302-0810

Re: Rosewood Blocker Claim

Dear Mr. Hanlon:

The descendents of Ann Marie King and John Blocker have applied for compensation under the property section of Chapter 94-359, Laws of Florida. Please refer to the attached family tree.

The descendents have indicated that their grandfather, William King had two daughters, Ann Marie Blocker and Mary Heywood/Hayward. They contend that William King owned approximately eighty acres of property in Rosewood. Upon his death Mr. King left the property to his daughter Mary and Mary in turn gave forty of the eighty acres of property to her sister, Ann Marie.

This office has researched various deed records which do not support the contention of the descendents. See "Exhibit A". Exhibit A indicates that Mary purchased the property outright in 1903 and sold it in September of 1923 to L.L. Johns and H.B. Rodgers.

It is the intention of this office to deny the claim of the Blocker descendents unless they show ownership of property in Rosewood in January, 1923, separate and apart from the Mary Heyward property.

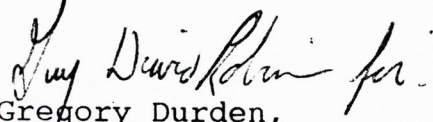


Stephen F. Hanlon  
March 24, 1995  
Page Two

The descendants of the Blockers will have until April 4, 1995, to submit evidence of such property ownership. It is important that you contact me or Guy David Robinson at your earliest opportunity so that we might discuss this matter further.

Sincerely,

ROBERT A. BUTTERWORTH  
ATTORNEY GENERAL

  
Gregory Durden,  
Chief of Civil Rights

Enclosures

eb





# OFFICE OF THE ATTORNEY GENERAL

DEPARTMENT OF LEGAL AFFAIRS

THE CAPITOL

TALLAHASSEE, FLORIDA 32399-1050

Reply to:

Office of the Attorney General  
4000 Hollywood Boulevard, 505-South  
Hollywood, Florida 33021

ROBERT A. BUTTERWORTH  
*Attorney General*  
*State of Florida*

April 4, 1995

Gussie Blocker  
2330 Raleigh Street  
Hollywood, FL 33020

Dear Ms. Blocker:

You have applied for compensation as a descendent of a Rosewood property owner. In the affidavit and supplemental information you submitted, you indicated that you were filing your claim as a descendent of William King. You stated that William King owned eighty acres of property in Rosewood and that he later deeded that property over to Mary Jane Heywood. You further indicated that there was an understanding that forty of the eighty acres was to be deeded over to your mother, Annie King (Blocker).

Our research indicates, however, that Mary Jane Heywood (reflected as Mary Ann Heyward on the deed) purchased the eighty acres of property from D.B. and E.B. Dunn in 1903. She retained the property until she sold it in September of 1923 to L.L. Johns and H.B. Rodgers. See "Exhibit A". You have not provided us with any documentation to support your claim and we have uncovered no deed reflecting the transfer of the property from Mary Ann Heyward to anyone other than Johns and Rodgers.

Therefore, based on the information you provided and our investigation, the claim you filed for compensation as a descendent of a Rosewood property owner cannot be approved. If you have any documentation or evidence that can establish that your ancestor owned property in Rosewood in January, 1923, aside from the property owned by Mary Ann Heyward, you must submit this documentation or evidence to this office by April 14, 1995. Failure to submit such documentation will result in your claim being automatically denied.

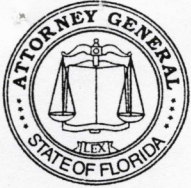
Sincerely,

ROBERT A. BUTTERWORTH  
ATTORNEY GENERAL

Gregory Durden, Esquire  
Chief of Civil Rights

Enclosure





# OFFICE OF THE ATTORNEY GENERAL

DEPARTMENT OF LEGAL AFFAIRS

THE CAPITOL

TALLAHASSEE, FLORIDA 32399-1050

ROBERT A. BUTTERWORTH  
Attorney General  
State of Florida

Reply to:

Office of the Attorney General  
4000 Hollywood Boulevard, 505-South  
Hollywood, Florida 33021

May 1, 1995

Ernest Blocker  
1635 29th Street  
Sarasota, FL 34234

Dear Mr. Blocker:

This office is in receipt of your letter dated April 10, 1995.

This office first contacted you in July, 1994. At that time we advised you that it would be necessary to demonstrate real or personal property damages as a result of the destruction of Rosewood, Florida, in January 1923. On September 29, 1994, this office sent you a property affidavit and a letter again advising you to present information or documentation that would show that property was owned by your ancestor in Rosewood at the time of the massacre. You presented no documentation but asserted that your father had deeded eighty acres of property in Rosewood to your Aunt, Mary Jane Hayward, forty acres of which was to be deeded to your mother, Ann Marie King. On January 4, 1995, this office gave you another opportunity to present information or documentation to support your claim. Again, this office did not receive any documentation or records from you.

As a courtesy to you, this office acquired records of the property that was owned by Mary Jane Hayward to see if indeed that property had been deeded to her by your grandfather, William King, as you asserted. However, as stated in our April 4, 1995, letter to you, Levy County records show that Mary Jane Hayward purchased her property from D.B. and E.B. Dunn in 1903. We have no record of that property ever being owned by your grandfather, William King. The purpose of our April 4, 1995, letter to you was to give you another opportunity to provide this office with any information, documentation or records that could establish that your ancestor owned property in Rosewood in January, 1923. This office gave you until April 14, 1995, to present information or documentation.

You stated in your letter that you think this office has a record of property owned by your grandfather, William King. Please be advised that this office is not in possession of any record of property ownership by William King. You also mentioned that Stephen Hanlon, from our office, came to see you last year. Stephen Hanlon is not employed by this office. He is the attorney that represented the Rosewood families during the claims process. We have, however, kept Mr. Hanlon informed as to the status of your claim.



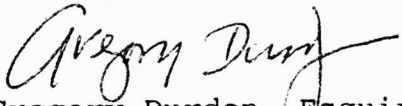
Ernest Blocker  
May 1, 1995  
Page Two

This office has given you several opportunities to support your claim for compensation as a descendent of a Rosewood property owner. With the April 14, 1995, deadline you have had a total of ten months to seek and retrieve any records that may be available. To date, we have not received any documentation, records or information from you sufficient to support your claim.

Therefore, this office can not approve your claim for compensation as a descendent of a Rosewood property owner.

Sincerely,

ROBERT A. BUTTERWORTH  
ATTORNEY GENERAL

  
Gregory Durden, Esquire  
Chief of Civil Rights

eb



## Transmit Confirmation Report

No. : 014  
Receiver : 88132290134  
Transmitter : HOLLYWOOD APPELLATE  
Date : Mar 29 95 16:14  
Time : 08:40  
Mode : Norm  
Pages : 09  
Result : OK



## Transmit Confirmation Report

No. : 015  
Receiver : 88132290134  
Transmitter : HOLLYWOOD APPELLATE  
Date : Mar 29 95 16:52  
Time : 01'01  
Mode : Norm  
Pages : 02  
Result : OK





# OFFICE OF THE ATTORNEY GENERAL

DEPARTMENT OF LEGAL AFFAIRS

THE CAPITOL

TALLAHASSEE, FLORIDA 32399-1050

ROBERT A. BUTTERWORTH  
Attorney General  
State of Florida

Reply to:

Office of the Attorney General  
4000 Hollywood Boulevard, 505-South  
Hollywood, Florida 33021

## FACSIMILE COVER SHEET

DATE:

3-29-95

TO:

TRUDY EATON

FAX # 813 229 0134

FROM:

GUY DAVID ROBINSON  
ASSISTANT ATTORNEY GENERAL  
Office Of Civil Rights  
Telephone Number (305) 985-4445  
Facsimile Number (305) 985-4408

NUMBER OF PAGES (INCLUDING COVER SHEET):

2 (TWO)  
10 (TEN)

COMMENTS/SPECIAL INSTRUCTIONS:

THIS FACSIMILE MACHINE IS ATTENDED MONDAY THRU FRIDAY, 8:30 A.M. TO 5:30 P.M. IF YOU DO NOT RECEIVE THE NUMBER OF PAGES LISTED ABOVE OR HAVE A PROBLEM WITH THE TRANSMISSION OF THIS FAX, PLEASE CALL THIS OFFICE AS SOON AS POSSIBLE. THANK YOU.

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# OFFICE OF THE ATTORNEY GENERAL

DEPARTMENT OF LEGAL AFFAIRS

THE CAPITOL

TALLAHASSEE, FLORIDA 32399-1050

ROBERT A. BUTTERWORTH  
Attorney General  
State of Florida

Reply to:

Office of the Attorney General  
4000 Hollywood Boulevard, 505-South  
Hollywood, Florida 33021

RECEIVED

JAN 18 1995

DEPARTMENT OF LEGAL AFFAIRS  
HOLLYWOOD OFFICE  
Civil Rights

January 4, 1995

Dear Mr. Blocker:

To date you have not provided sufficient information or evidence to support your Rosewood property claim. It is the intention of this office to deny your claim unless you provide such information or evidence by January 18, 1995.

As you are aware, the Rosewood law defines an eligible claimant as a descendent of, "African-American families of Rosewood, Florida, who demonstrate real property and personal property damages sustained as a result of the destruction of Rosewood, Florida, in 1923." Therefore each family must provide some proof of property ownership in Rosewood, Florida during the week of January 1, 1923.

Additionally the property affidavit that you mailed to this office is incomplete. In order to continue processing your claim the following information must be received by January 18, 1995. Please provide the information for all questions marked with an "X".

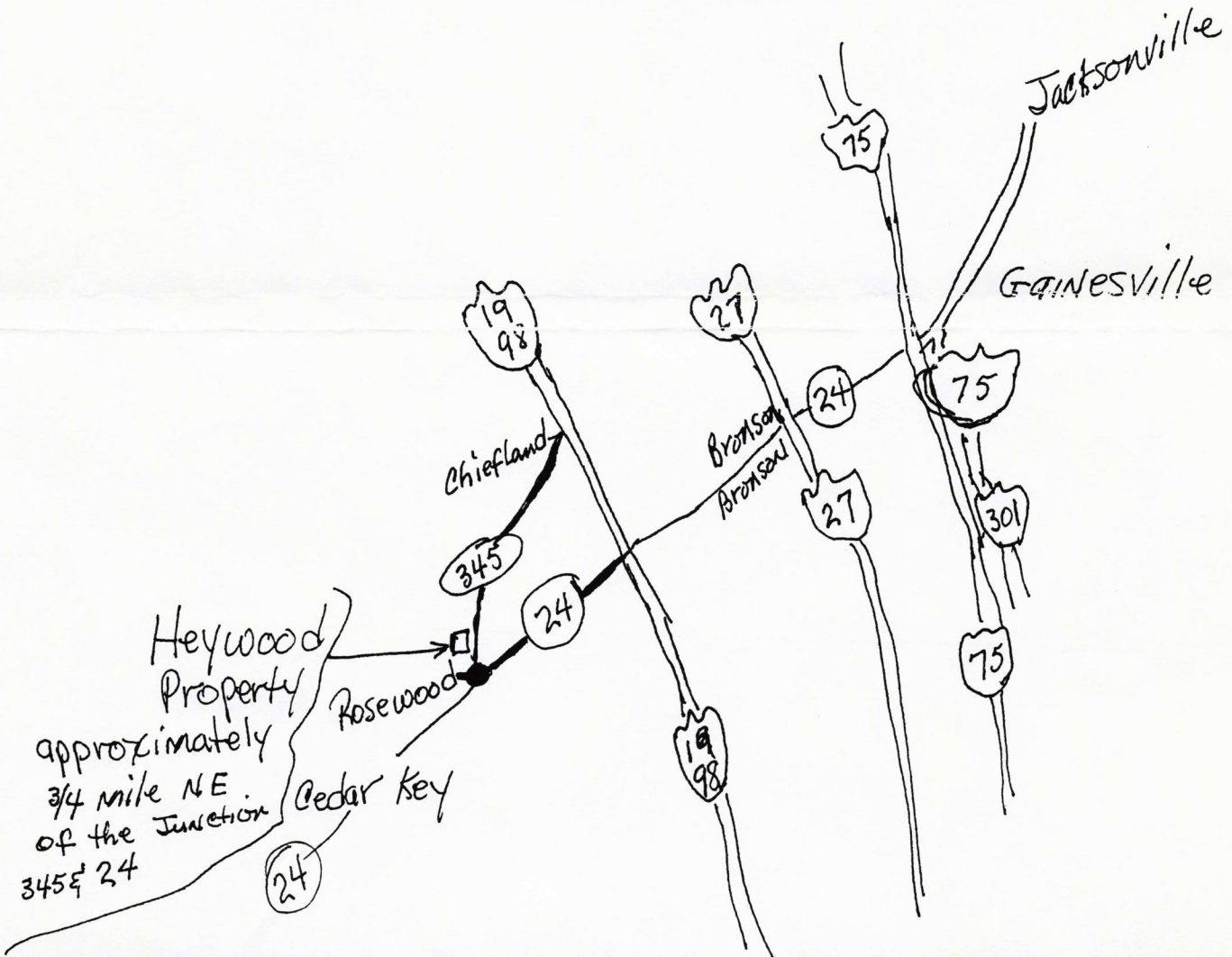
1. ☐ Send copy of drivers license.
2. ☒ Send copy of birth certificate. *Not Available*
3. ☐ Give full name of the original Rosewood ancestor from January 1, 1923, under whom you are filing this claim.

- G*
- 
4. ☐ Indicate on the space below, how you are related to the Rosewood ancestor named above. Example: grandfather, aunt etc.

- 
5. ☐ Draw a family tree on a separate sheet of paper showing your relationship to the ancestor mentioned above and submit it to this office along with this form.



# MAP OF PROPERTY



=====

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_)

BEFORE ME, the undersigned authority, this day personally  
appeared (Mr./Mrs./Ms.) \_\_\_\_\_

(address) \_\_\_\_\_

(city, state, zip) \_\_\_\_\_

(home phone) \_\_\_\_\_ (age) \_\_\_\_\_ and after being duly



State of Florida  
Department of Health and Rehabilitative Services  
VITAL STATISTICS

CERTIFICATE OF DEATH  
FLORIDA

STATE FILE NO. \_\_\_\_\_

REGISTRAR'S NO. \_\_\_\_\_

TYPE OR PRINT  
IN  
PERMANENT  
BLACK INK

|                                                                                                                                                                                          |  |                                                                                        |  |                                                               |  |                                                                            |  |                                                                               |                                  |                                         |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------|--|---------------------------------------------------------------|--|----------------------------------------------------------------------------|--|-------------------------------------------------------------------------------|----------------------------------|-----------------------------------------|--|
| DECEASED—NAME                                                                                                                                                                            |  | FIRST                                                                                  |  | MIDDLE                                                        |  | LAST                                                                       |  | SEX                                                                           | DATE OF DEATH (MONTH, DAY, YEAR) |                                         |  |
| 1                                                                                                                                                                                        |  | ANNIE                                                                                  |  | MARIA                                                         |  | BLOCKER                                                                    |  | 2 FEMALE                                                                      | 3 DECEMBER 18, 1978              |                                         |  |
| RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY))                                                                                                                                     |  | AGE—LAST BIRTHDAY (YEARS)                                                              |  | UNDER 1 YEAR                                                  |  | DATE OF BIRTH (MONTH, DAY, YEAR)                                           |  | COUNTY OF DEATH                                                               |                                  |                                         |  |
| 4 NEGRO                                                                                                                                                                                  |  | 5a 87                                                                                  |  | 5b                                                            |  | 5c                                                                         |  | 6 FEB. 3, 1891                                                                |                                  | 7a BROWARD                              |  |
| CITY, TOWN, OR LOCATION OF DEATH                                                                                                                                                         |  | INSIDE CITY LIMITS (SPECIFY YES OR NO)                                                 |  | 7c YES                                                        |  | 7d                                                                         |  | HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) |                                  |                                         |  |
| 7b HOLLYWOOD                                                                                                                                                                             |  |                                                                                        |  |                                                               |  | 2335 HOOD STREET                                                           |  |                                                                               |                                  |                                         |  |
| STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)                                                                                                                                          |  | CITIZEN OF WHAT COUNTRY                                                                |  | 9 USA                                                         |  | 10 WIDOWED                                                                 |  | 11 NONE                                                                       |                                  |                                         |  |
| 8 GEORGIA                                                                                                                                                                                |  |                                                                                        |  |                                                               |  |                                                                            |  |                                                                               |                                  |                                         |  |
| SOCIAL SECURITY NUMBER                                                                                                                                                                   |  | USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) |  | 13a HOUSEWIFE                                                 |  | KIND OF BUSINESS OR INDUSTRY                                               |  | 13b HOME                                                                      |                                  |                                         |  |
| 12 265-01-1402                                                                                                                                                                           |  |                                                                                        |  |                                                               |  |                                                                            |  |                                                                               |                                  |                                         |  |
| RESIDENCE—STATE                                                                                                                                                                          |  | COUNTY                                                                                 |  | CITY, TOWN, OR LOCATION                                       |  | INSIDE CITY LIMITS (SPECIFY YES OR NO)                                     |  | STREET AND NUMBER                                                             |                                  |                                         |  |
| 14a FLORIDA                                                                                                                                                                              |  | 14b BROWARD                                                                            |  | 14c HOLLYWOOD                                                 |  | 14d YES                                                                    |  | 14e 2335 HOOD STREET                                                          |                                  |                                         |  |
| FATHER—NAME                                                                                                                                                                              |  | FIRST                                                                                  |  | MIDDLE                                                        |  | LAST                                                                       |  | MOTHER—MAIDEN NAME                                                            |                                  |                                         |  |
| 15                                                                                                                                                                                       |  | WILLIAM                                                                                |  |                                                               |  | KING                                                                       |  | 16 MARGARET RUSSELL                                                           |                                  |                                         |  |
| INFORMANT—NAME                                                                                                                                                                           |  | MAILING ADDRESS                                                                        |  | STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP                |  |                                                                            |  |                                                                               |                                  |                                         |  |
| 17a CLAUDE L. BLOCKER                                                                                                                                                                    |  | 17b 2323 SIMMS STREET HOLLYWOOD, FLORIDA                                               |  |                                                               |  |                                                                            |  |                                                                               |                                  |                                         |  |
| PART I. DEATH WAS CAUSED BY                                                                                                                                                              |  | ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)                                    |  | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH                  |  |                                                                            |  |                                                                               |                                  |                                         |  |
| 18. IMMEDIATE CAUSE                                                                                                                                                                      |  | metastatic carcinoma (breast)                                                          |  | PRIMARY SITE                                                  |  | MOS.                                                                       |  |                                                                               |                                  |                                         |  |
| (a) DUE TO, OR AS A CONSEQUENCE OF:                                                                                                                                                      |  |                                                                                        |  |                                                               |  |                                                                            |  |                                                                               |                                  |                                         |  |
| (b) DUE TO, OR AS A CONSEQUENCE OF:                                                                                                                                                      |  |                                                                                        |  |                                                               |  |                                                                            |  |                                                                               |                                  |                                         |  |
| (c) DUE TO, OR AS A CONSEQUENCE OF:                                                                                                                                                      |  |                                                                                        |  |                                                               |  |                                                                            |  |                                                                               |                                  |                                         |  |
| CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST                                                                                            |  |                                                                                        |  |                                                               |  |                                                                            |  |                                                                               |                                  |                                         |  |
| PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)                                                                     |  | AUTOPSY (YES OR NO)                                                                    |  | IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH |  |                                                                            |  |                                                                               |                                  |                                         |  |
|                                                                                                                                                                                          |  | 19a NO                                                                                 |  | 19b                                                           |  |                                                                            |  |                                                                               |                                  |                                         |  |
| (Probably) ACCIDENT, SUICIDE OR HOMICIDE; OR UNDETERMINED (Specify)                                                                                                                      |  | DATE OF INJURY (MONTH, DAY, YEAR)                                                      |  | HOUR                                                          |  | HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) |  |                                                                               |                                  |                                         |  |
| 20a                                                                                                                                                                                      |  | 20b                                                                                    |  | 20c                                                           |  | 20d                                                                        |  |                                                                               |                                  |                                         |  |
| INJURY AT WORK (SPECIFY YES OR NO)                                                                                                                                                       |  | PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)           |  | LOCATION                                                      |  | STREET OR R.F.D. NO., CITY OR TOWN, STATE                                  |  |                                                                               |                                  |                                         |  |
| 20e                                                                                                                                                                                      |  | 20f                                                                                    |  | 20g                                                           |  |                                                                            |  |                                                                               |                                  |                                         |  |
| CERTIFICATION—PHYSICIAN                                                                                                                                                                  |  | MONTH                                                                                  |  | DAY                                                           |  | YEAR                                                                       |  | AND LAST SAW HIM/HER ALIVE ON                                                 |                                  | I DID/DID NOT VIEW THE BODY AFTER DEATH |  |
| 21a                                                                                                                                                                                      |  | 8                                                                                      |  | 2                                                             |  | 78                                                                         |  | 21c 12                                                                        |                                  | 21d 1                                   |  |
| CERTIFICATION—MEDICAL EXAMINER OR CORONER ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED |  | 21b                                                                                    |  | 12                                                            |  | 18                                                                         |  | 78                                                                            |                                  | 21e 1:15P.M.                            |  |
| 22a                                                                                                                                                                                      |  |                                                                                        |  |                                                               |  |                                                                            |  |                                                                               |                                  |                                         |  |
| CERTIFIER—NAME (TYPE OR PRINT)                                                                                                                                                           |  | SIGNATURE                                                                              |  | DEGREE OR TITLE                                               |  | DATE SIGNED (MONTH, DAY, YEAR)                                             |  |                                                                               |                                  |                                         |  |
| 23a                                                                                                                                                                                      |  | 23b                                                                                    |  | 23c                                                           |  | 23d                                                                        |  |                                                                               |                                  |                                         |  |
| MAILING ADDRESS—CERTIFIER                                                                                                                                                                |  | STREET OR R.F.D. NO.                                                                   |  | CITY OR TOWN                                                  |  | STATE                                                                      |  | ZIP                                                                           |                                  |                                         |  |
| 24a                                                                                                                                                                                      |  | 24b                                                                                    |  | 24c                                                           |  | 24d                                                                        |  |                                                                               |                                  |                                         |  |
| BURIAL, CREMATION, REMOVAL (SPECIFY)                                                                                                                                                     |  | CEMETERY OR CREMATORY—NAME                                                             |  | LOCATION                                                      |  | CITY OR TOWN                                                               |  | STATE                                                                         |                                  |                                         |  |
| 24a BURIAL                                                                                                                                                                               |  | 24b HOLLYWOOD MEM. GARDENS                                                             |  | 24c HOLLYWOOD, FLORIDA                                        |  | 24d                                                                        |  |                                                                               |                                  |                                         |  |
| DATE (MONTH, DAY, YEAR)                                                                                                                                                                  |  | FUNERAL HOME—NAME AND ADDRESS                                                          |  | STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP                |  |                                                                            |  |                                                                               |                                  |                                         |  |
| 24e DEC. 22, 1978                                                                                                                                                                        |  | 25a E.A. STEVENS 315 NW PEMBROKE RD. HALLANDALE, FLORIDA                               |  | 25b                                                           |  | 25c                                                                        |  |                                                                               |                                  |                                         |  |
| FUNERAL DIRECTOR—SIGNATURE                                                                                                                                                               |  | REGISTRAR—SIGNATURE                                                                    |  | DATE RECEIVED BY LOCAL REGISTRAR                              |  |                                                                            |  |                                                                               |                                  |                                         |  |
| 25d                                                                                                                                                                                      |  | 25e                                                                                    |  | 25f                                                           |  | 25g                                                                        |  |                                                                               |                                  |                                         |  |

DECLARED

PARENTS

CAUSE

CERTIFIER

BURIAL

CERTIFIED COPY

I hereby certify the above to be a true and correct copy of the Local Registrar's record on file in the Broward County Health Department at Fort Lauderdale, Florida.  
(Warning-Not valid unless raised seal of the Broward County Health Dept. is affixed.)

12-29-78

County Health Officer and Local Registrar  
Ruby Lister, Deputy  
Chief Deputy Local Registrar



## FAMILY TREE

WILLIAM AND MARGARET KING (GRAND FATHER & MOTHER)

SIBLINGS: HENRY, LEVY, LAMBERT, MARY JANE, ANNIE MARIA  
AND PEARLIE (**ALL DECEASED**)

NOT KNOWLEDGEABLE OF CHILDREN FROM THE ABOVE SIBLINGS WITH THE  
THE EXCEPTION OF MARY JANE (KING) HEYWOOD AND ANNIE MARIA (KING)  
BLOCKER.

MARY JANE HEYWOOD'S CHILDREN: EUGENE, LEROY, ALBERTA, LOSSIE,  
EDNA, LOVEJOY AND THEOLA (**ALL ARE DECEASED**).

ANNIE MARIA BLOCKER'S CHILDREN: ERNEST, ODIS(D), HAZEL BLOCKER  
SIMS (D) AND ARTHINA MARGARET BLOCKER BENNETT.

SPOUSE OF ODIS BLOCKER, GUSSIE BLOCKER & CHILDREN: SUE HILLSMAN,  
ERNEST BLOCKER, HENRI MAE, ARCHIE LEE(D).

2330 RALEIGH STREET 305/922-9145  
HOLLYWOOD, FLORIDA 33020

SPOUSE OF HAZEL BLOCKER SIMS (D). CHILDREN: DELORES SIMS DIXON,  
BETTYE JEAN SIMS ANDERSON, GEORGE SIMS, JR.(D), CHARLES N. SIMS  
(D).

REV. ERNEST M. BLOCKER (FILING A SEPARATE CLAIM)

1635 29TH STREET 813/355-4996  
SARASOTA, FLORIDA 33580

ARTHINA M. BLOCKER BENNETT, SPOUSE JOHN BENNETT. CHILDREN: CLAUDE  
L. BLOCKER, STEP CHILDREN; ESSIE MAE AND WALLACE BENNETT.





# OFFICE OF THE ATTORNEY GENERAL

DEPARTMENT OF LEGAL AFFAIRS

THE CAPITOL

TALLAHASSEE, FLORIDA 32399-1050

ROBERT A. BUTTERWORTH  
*Attorney General*  
*State of Florida*

Reply to:

Office of the Attorney General  
4000 Hollywood Boulevard, 505-South  
Hollywood, Florida 33021

November 29, 1994

Ernest Blocker  
1635 29th Street  
Sarasota, FL 34234

Dear Mr. Blocker:

A review of the Rosewood Survivor Affidavit and the accompanying information that you submitted has been completed. It is the decision of this office that there is insufficient evidence to support your claim. Your claim for compensation as a Rosewood "survivor" is therefore denied.

The Property Affidavit that you submitted is currently under consideration. You will be contacted when a decision has been made on your property claim.

Sincerely,

Gregory Durden,  
Chief of Civil Rights

`fine.gdr`



April 10, 1995.

Dear Atty. Warden:

I am very sorry that I don't have any more information about my grandfather's property. A man from your office in Tallahassee came here last year and showed me a map of Rosewood Ask me to describe on that map where my grandfather's property was. And I did. I think his name was Stephen Hargrave.

Now about my Aunt M. J. Hargrave I wasn't filing a claim to get anything from her property you ask me to indicate the names of my original Rosewood ancestor and I listed William King.

I just mention my Aunt's name as a relative.

at my age 88 years old I can't get around and get the documents you are asking for. And I am not able to pay any one to do it for me. But I am most sure your office have a record of my grandfather's property. that I feel I am entitled too.

Sincerely Ernest Marguerite Black



RECEIVED

JUL 14 1994

DEPARTMENT OF LEGAL AFFAIRS  
HOLLYWOOD OFFICE  
Civil Rights

Rosewood Claims Information

Please type or print legibly.

1. Full Legal Name ERNEST MARGROW BLOCKER
2. Rosewood Family Name JOHN HENRY BLOCKER and ANNIE MARIE BLOCKER
3. Social Security Number 264-52-0947
4. Date of Birth JANUARY 23, 1907
5. Current Address 1635 29, ST. SARASOTA FL 34234
6. Current Phone Number (813) 355 4996

TO ACTIVATE YOUR CLAIM EACH APPLICANT MUST SUBMIT THE INFORMATION ABOVE, EITHER ON THIS FORM OR ON A SEPARATE SHEET OF PAPER. IT IS IMPORTANT THAT YOU SUBMIT THIS INFORMATION AS SOON AS POSSIBLE.

PLEASE LIMIT YOUR INFORMATION TO THAT WHICH IS REQUESTED ABOVE. ADDITIONAL INFORMATION WILL BE REQUESTED AT A LATER DATE.

Send information to: Gregory Durden, Chief of Civil Rights  
Office of the Attorney General  
4000 Hollywood Blvd. Suite 505 South  
Hollywood, FL 33021





# OFFICE OF THE ATTORNEY GENERAL

DEPARTMENT OF LEGAL AFFAIRS

THE CAPITOL

TALLAHASSEE, FLORIDA 32399-1050

Reply to:

Office of the Attorney General  
4000 Hollywood Boulevard, 505-South  
Hollywood, Florida 33021

ROBERT A. BUTTERWORTH  
Attorney General  
State of Florida

## FAX COVER SHEET

TO: STEVE HANLON

FAX NO: (904) 224-8832

FROM: FRANK M. BEISLER INVESTIGATOR

FAX: (305) 967-1335 TELEPHONE: (305) 985-4445

DATE: MARCH 31, 1995 TIME: 2:55 P. M.

NUMBER OF PAGES: 1 INCLUDING COVER SHEET

### MESSAGE

PER GREG DURDEN.

ERNEST BLOCKER - 1635 29TH ST., SARASOTA, FL 34234

(813) 355-4996

CLYDE BLOCKER - 2350 RALEIGH ST. HOLLYWOOD, FL 33020

(305) 792-1175 (OFFICE)

NOTICE: This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If the reader of this notice is not the intended recipient or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us by telephone (305) 985-4445) and return these documents to us via first class mail at the address below.

OFFICE OF THE ATTORNEY GENERAL  
CIVIL RIGHTS DIVISION  
4000 HOLLYWOOD BOULEVARD, SUITE 505-S  
HOLLYWOOD, FLORIDA 33021





# OFFICE OF THE ATTORNEY GENERAL

DEPARTMENT OF LEGAL AFFAIRS

THE CAPITOL

TALLAHASSEE, FLORIDA 32399-1050

ROBERT A. BUTTERWORTH

*Attorney General  
State of Florida*

Reply to:

Office of the Attorney General  
4000 Hollywood Boulevard, 505-South  
Hollywood, Florida 33021

October 7, 1994

Rev. E.M. Blocker  
1635 29th St.  
Sarasota, FL 34234

Dear Mr. Blocker:

This will acknowledge receipt of your letter dated October 8, 1994. Your appeal of the Rosewood Compensation Committee's recommendation to deny your survivor claim has been activated.

For your appeal, this office will consider any documents or information that you may have that you believe will support your claim. As was mentioned in our September 29, 1994 letter to you, copies of all such information and documentation must be submitted to this office by November 4, 1994.

We are also in receipt of a letter from you dated October 11, 1994. I am enclosing a copy of the letter. The letter has no indication of what we are to do with it. It simply contains a list of names with no addresses, telephone numbers, or instructions. Please advise this office of the purpose of this letter. If these are names of people that you wish us to talk to, you must state what information you expect each person to provide and you must provide a contact phone number and address. If you have submitted these names for some other purpose, please explain fully.

After this information has been reviewed, you will receive a letter advising you of the final decision on your claim.

Sincerely,

Gregory Dunder, Esquire  
Chief of Civil Rights

GD/GDR

GDR:appeal.gdr





# OFFICE OF THE ATTORNEY GENERAL

## DEPARTMENT OF LEGAL AFFAIRS

### THE CAPITOL

TALLAHASSEE, FLORIDA 32399-1050

ROBERT A. BUTTERWORTH  
*Attorney General*  
*State of Florida*

Reply to:

Office of the Attorney General  
4000 Hollywood Boulevard, 505-South  
Hollywood, Florida 33021

August 4, 1994

Mr. Ernest Blocker  
1635 29th Street  
Sarasota, FL 34234

Dear Mr. Blocker:

Enclosed is a "Rosewood Survivor Affidavit" for persons claiming eligibility for monetary compensation under the survivor section of the Rosewood legislation. To qualify under this section, the survivor must meet the following definition: the survivor must be an African-American resident from Rosewood, Florida, who was living on May 5, 1994, and who was present and affected by the violence that took place at Rosewood in January, 1923, and was evacuated the week of January 1, 1923.

If you are applying as a survivor, you must complete the section entitled "Rosewood Survivor Affidavit". Complete all questions to the best of your ability. If you are unable to answer a question, indicate that you are unable to do so and why. The Affidavit must be mailed no later than August 19, 1994.

If you are not applying as a survivor, there is no need to complete the Affidavit. Just complete the page entitled, "NON-SURVIVOR ACKNOWLEDGEMENT" and mail it no later than August 19, 1994.

All information is to be mailed to:

Gregory Durden, Esquire  
Chief of Civil Rights  
Office of the Attorney General  
4000 Hollywood Blvd., Suite 505 South  
Hollywood, Florida 33021

Sincerely,

Gregory Durden, Esquire  
Chief of Civil Rights

GD/GDR/pd

Enclosures



October 11, 1994

Attorney Gregory Durden  
4000 Hollywood Blvd.  
Suite 505 South  
Hollywood, Florida 33021

Dear Attorney Durden:

Enclosed you will find the additional information you requested.

Runkin Borton  
Cush Borton  
Ester Robinson  
Seabra Robinson  
Rev. Screen  
Sarah Carrier  
Annetta Robinson  
Earl Monroe  
Andrew Monroe  
Alberta Heywood  
Eugene Heywood  
Beauty Carrier  
Sweetie Carrier  
Susie Lee Dubord  
Willie Evans  
Ruth bradly  
Albert McCoy  
Josephine Edwards  
Hilton Goins  
Mr. Wright the Postmaster  
John Monroe  
Sam Carter

Leroy Heywood  
Pearlie King  
Bobie Robinson (Rev.)  
Bachus Hall  
Mutt Bradly  
Naddie Bradly

Sincerely,

Rev. Ernest Margrow Blocker



2-9-9-

Dear Mr. [unclear] is the  
material you requested that I  
could send later.

E. M. Baker

I, the undersigned, Secretary of State  
of the United States of America, hereby  
request all whom it may concern to per-  
mit safely and freely to pass, and in case  
of need to give all lawful aid and protec-  
tion to

**ERNEST MARGROW BLOCKER**

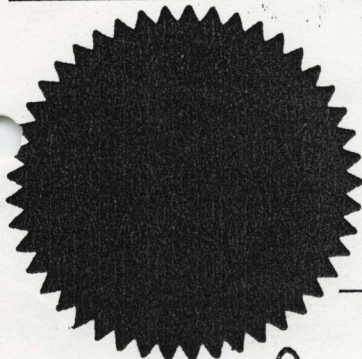
a citizen of the United States.

The bearer is accompanied by his  
Wife, X X X

Minor children, X X X

X X X

X X X



Given under my  
hand and the  
seal of the  
Department of  
State  
at Washington,

**JULY 5TH**

**1951**

*Dean Robinson*

Description of bearer

Height 5 feet 10½ inches.

Hair BLACK

Eyes BLACK

Distinguishing marks or features:

**SCAR ABOVE LEFT**

**EYE**

X X X

Place of birth **ROSEWOOD,**

**FLA.**

Date of birth **JAN. 23, 1907**

Occupation **SALESMAN**

X X X

X X X

*Ernest Margrow Blocker*

Signature of bearer.

This passport is not valid unless signed by the  
person to whom it has been issued.



## VITAL STATISTICS

FLORIDA

LOCAL FILE NO.

| DECEDENT—NAME                                                                                                                                               |  | FIRST                                                                                | MIDDLE                    | LAST                                                      | SEX                           | DATE OF DEATH (Mo., Day, Yr.)                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------|---------------------------|-----------------------------------------------------------|-------------------------------|----------------------------------------------------------------------|
| 1. Otis                                                                                                                                                     |  |                                                                                      |                           | Blocker                                                   | 2 Male                        | Sept 3 1981                                                          |
| RACE—e.g., White, Black, Am. Indian, etc. (Specify)                                                                                                         |  | AGE—Last Birthday (Yr.)                                                              | UNDER 1 YEAR<br>MOS. DAYS | UNDER 1 DAY<br>HOURS MINS                                 | DATE OF BIRTH (Mo., Day, Yr.) | COUNTY OF DEATH                                                      |
| 4. Black                                                                                                                                                    |  | 5a. 72                                                                               | 5b.                       | 5c.                                                       | Aug 30 1909                   | 7a. Broward                                                          |
| CITY, TOWN OR LOCATION OF DEATH                                                                                                                             |  | HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number)        |                           |                                                           |                               | IF HOSP. OR INST. (Indicate DOA, OP, Emer. Rm., Inpatient (Specify)) |
| 7b. Hollywood                                                                                                                                               |  | 7c. 2330 Raleigh Street                                                              |                           |                                                           |                               | 7d. DOA                                                              |
| STATE OF BIRTH (If not in U.S.A., name country)                                                                                                             |  | CITIZEN OF WHAT COUNTRY                                                              |                           | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)       |                               | SURVIVING SPOUSE (If wife, give maiden name)                         |
| 8. Florida                                                                                                                                                  |  | 9. U.S.A.                                                                            |                           | 10. Married                                               |                               | 11. Gussie Blocker                                                   |
| SOCIAL SECURITY NUMBER                                                                                                                                      |  | USUAL OCCUPATION (Give kind of work done during last 12 months, even if retired)     |                           | KIND OF BUSINESS OR INDUSTRY                              |                               |                                                                      |
| 12. 266-05-5913A                                                                                                                                            |  | 13a. Self-Employed                                                                   |                           | 13b. Restaurant                                           |                               |                                                                      |
| RESIDENCE—STATE                                                                                                                                             |  | CITY, TOWN OR LOCATION                                                               |                           | STREET AND NUMBER                                         |                               | INSIDE CITY LIMITS (Specify Yes or No)                               |
| 14a. Florida                                                                                                                                                |  | 14b. Broward                                                                         |                           | 14c. Hollywood                                            |                               | 14d. 2330 Raliegh Street                                             |
| FATHER—NAME                                                                                                                                                 |  | FIRST                                                                                | MIDDLE                    | LAST                                                      | MOTHER—MAIDEN NAME            | FIRST MIDDLE LAST                                                    |
| 15. John                                                                                                                                                    |  |                                                                                      |                           | Blocker                                                   | 16. Annie                     | King                                                                 |
| INFORMANT—NAME (Type or Print)                                                                                                                              |  | MAILING ADDRESS                                                                      |                           | STREET OR R.F.D. NO.                                      |                               | CITY OR TOWN STATE ZIP                                               |
| 17a. Gussie Blocker                                                                                                                                         |  | 17b. 2330 Raliegh St.                                                                |                           | Hollywood Florida 33020                                   |                               |                                                                      |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify)                                                                                                                 |  | CEMETERY OR CREMATORY—NAME                                                           |                           | LOCATION                                                  |                               | CITY OR TOWN STATE                                                   |
| 18a. Burial                                                                                                                                                 |  | 18b. Dania West-Side                                                                 |                           | 18c. Dania Florida                                        |                               |                                                                      |
| FUNERAL DIRECTOR—(Signature)                                                                                                                                |  | FUNERAL HOME                                                                         |                           |                                                           |                               |                                                                      |
| 19a. <i>James Brice</i>                                                                                                                                     |  | 19b. Brice Dania Funeral Home                                                        |                           |                                                           |                               |                                                                      |
| 20a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.<br>(Signature and Title) <i>Dr. Reyes M.D.</i> |  | DATE SIGNED (Mo., Day, Yr.)                                                          |                           | HOUR OF DEATH                                             |                               |                                                                      |
| 20b. 9-4-81.                                                                                                                                                |  | 20c. 11:00A.M.                                                                       |                           |                                                           |                               |                                                                      |
| NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)                                                                                         |  | DATE SIGNED (Mo., Day, Yr.)                                                          |                           | HOUR OF DEATH                                             |                               |                                                                      |
| 21a. ON                                                                                                                                                     |  | 21b. AT                                                                              |                           |                                                           |                               |                                                                      |
| NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or print)                                                                                 |  | DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)                                           |                           |                                                           |                               |                                                                      |
| 22. Aurelio R. Reyes 603 N. Federal Highway Hollywood Fla.                                                                                                  |  | 23b. Sept. 4, 1981                                                                   |                           |                                                           |                               |                                                                      |
| 23a. (Signature) <i>Harold A. Davis</i>                                                                                                                     |  | 24. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)           |                           | Interval between onset and death                          |                               |                                                                      |
| PART I (a) <i>Metastatic adenocarcinoma of lungs</i>                                                                                                        |  |                                                                                      |                           | Interval between onset and death                          |                               |                                                                      |
| (b) DUE TO, OR AS A CONSEQUENCE OF:                                                                                                                         |  |                                                                                      |                           | Interval between onset and death                          |                               |                                                                      |
| (c) DUE TO, OR AS A CONSEQUENCE OF:                                                                                                                         |  |                                                                                      |                           | Interval between onset and death                          |                               |                                                                      |
| PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)                                          |  | AUTOPSY (Specify yes or no)                                                          |                           | WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) |                               |                                                                      |
| 25. No                                                                                                                                                      |  | 26. No                                                                               |                           |                                                           |                               |                                                                      |
| (Probably) ACCIDENT, SUICIDE or HOMICIDE, or UNDETERMINED (Specify)                                                                                         |  | DATE OF INJURY (Mo., Day, Yr.)                                                       |                           | HOUR OF INJURY                                            |                               | DESCRIBE HOW INJURY OCCURRED                                         |
| 27a. INJURY AT WORK (Specify Yes or No)                                                                                                                     |  | 27b. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) |                           | 27c. M                                                    |                               | 27d. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE                |
| 27e. INJURY AT WORK (Specify Yes or No)                                                                                                                     |  | 27f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) |                           | 27g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE     |                               |                                                                      |

## CERTIFIED COPY

I hereby certify the above to be a true and correct copy of the Local Registrar's record on file in the Broward County Health Department at Fort Lauderdale, Florida.

(Warning: Not valid unless raised seal of the Broward County Health Dept. is affixed.)

*Aurelio R. Reyes*  
COUNTY



## OFFICE of VITAL STATISTICS

CERTIFIED COPY

17387

CERTIFICATE OF DEATH  
FLORIDA

|                                                                                                                                       |  |                                                                                                                                       |  |                                                                                                                                       |  |                                                                                                                                       |  |
|---------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------|--|
| LOCAL FILE NO.                                                                                                                        |  | DECEDENT - NAME                                                                                                                       |  | SEX                                                                                                                                   |  | DATE OF DEATH (Mo., Day, Yr.)                                                                                                         |  |
| 17387                                                                                                                                 |  | HAZEL F. SIMS                                                                                                                         |  | FEMALE                                                                                                                                |  | DEC. 20, 1983                                                                                                                         |  |
| RACE - e.g. White, Black, etc. (Specify)                                                                                              |  | AGE - Last birthday (Yr., Mo., Day)                                                                                                   |  | DATE OF BIRTH (Mo., Day, Yr.)                                                                                                         |  | COUNTY OF DEATH                                                                                                                       |  |
| BLACK                                                                                                                                 |  | 72                                                                                                                                    |  | SEPT. 27, 1911                                                                                                                        |  | DADE                                                                                                                                  |  |
| CITY, TOWN, OR LOCATION OF DEATH                                                                                                      |  | HOSPITAL OR OTHER INSTITUTION - Name (If not in index, give street and no.)                                                           |  | IF HOSP. OR HST. (Indicate OOR, OP, Hosp., etc., in parentheses)                                                                      |  | 74 INPATIENT                                                                                                                          |  |
| MIAMI                                                                                                                                 |  | HUMANA HOSPITAL BISCAYNE                                                                                                              |  |                                                                                                                                       |  |                                                                                                                                       |  |
| STATE OF BIRTH (If not in U.S.A., name country)                                                                                       |  | CITIZEN OF WHAT COUNTRY                                                                                                               |  | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)                                                                                   |  | SURVIVING SPOUSE (If wife, give maiden name)                                                                                          |  |
| FLORIDA                                                                                                                               |  | USA                                                                                                                                   |  | WIDOWED                                                                                                                               |  | NONE                                                                                                                                  |  |
| SOCIAL SECURITY NUMBER                                                                                                                |  | USUAL OCCUPATION (Last kind of work done during last 12 months, name of employer)                                                     |  | KIND OF BUSINESS OR INDUSTRY                                                                                                          |  |                                                                                                                                       |  |
| 262-01-2032                                                                                                                           |  | BEAUTICIAN                                                                                                                            |  | SELF-EMPLOYED                                                                                                                         |  |                                                                                                                                       |  |
| RESIDENCE - STATE                                                                                                                     |  | COUNTY                                                                                                                                |  | CITY, TOWN, OR LOCATION                                                                                                               |  | STREET AND NUMBER                                                                                                                     |  |
| FLORIDA                                                                                                                               |  | BROWARD                                                                                                                               |  | DANIA                                                                                                                                 |  | 734 S.W. 4th STREET                                                                                                                   |  |
| 21. DATE, NAME, SEX, AGE, RACE, AND ADDRESS OF PERSON WHO REPORTED DEATH                                                              |  | 22. NAME, ADDRESS, STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP                                                                     |  | 23. NAME, ADDRESS, STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP                                                                     |  | 24. NAME, ADDRESS, STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP                                                                     |  |
| JOHN BLOCKER                                                                                                                          |  | ANNIE MARIE KING                                                                                                                      |  |                                                                                                                                       |  |                                                                                                                                       |  |
| DELORES DIXON                                                                                                                         |  | 734 S.W. 4th STREET                                                                                                                   |  | DANIA, FLORIDA                                                                                                                        |  |                                                                                                                                       |  |
| BUTURAL                                                                                                                               |  | HOLLYWOOD MEMORIAL GARDENS                                                                                                            |  | HOLLYWOOD, FLORIDA                                                                                                                    |  |                                                                                                                                       |  |
| E. STEVENS                                                                                                                            |  | 315 NW PEMBROKE RD.                                                                                                                   |  | HALLANDALE, FLORIDA                                                                                                                   |  |                                                                                                                                       |  |
| 25. On the basis of examination and all information in the local or death certificate of the time and place and date of the (Specify) |  | 26. On the basis of examination and all information in the local or death certificate of the time and place and date of the (Specify) |  | 27. On the basis of examination and all information in the local or death certificate of the time and place and date of the (Specify) |  | 28. On the basis of examination and all information in the local or death certificate of the time and place and date of the (Specify) |  |
| 10/22/83                                                                                                                              |  | 3:30 P.                                                                                                                               |  |                                                                                                                                       |  |                                                                                                                                       |  |
| NAME AND ADDRESS OF CERTIFIER (Physician, Medical Examiner, etc.)                                                                     |  | 29. On the basis of examination and all information in the local or death certificate of the time and place and date of the (Specify) |  | 30. On the basis of examination and all information in the local or death certificate of the time and place and date of the (Specify) |  | 31. On the basis of examination and all information in the local or death certificate of the time and place and date of the (Specify) |  |
| 2560 E. Hallandale Blvd. #30, Hallandale, FL 33009                                                                                    |  |                                                                                                                                       |  |                                                                                                                                       |  |                                                                                                                                       |  |
| 32. On the basis of examination and all information in the local or death certificate of the time and place and date of the (Specify) |  | 33. On the basis of examination and all information in the local or death certificate of the time and place and date of the (Specify) |  | 34. On the basis of examination and all information in the local or death certificate of the time and place and date of the (Specify) |  | 35. On the basis of examination and all information in the local or death certificate of the time and place and date of the (Specify) |  |
| Alma L. McCutchen, M.D.                                                                                                               |  | 7/3/83                                                                                                                                |  |                                                                                                                                       |  |                                                                                                                                       |  |
| 36. IMMEDIATE CAUSE (Enter only one cause per line for 1a, 1b, and 1c)                                                                |  | 37. IMMEDIATE CAUSE (Enter only one cause per line for 1a, 1b, and 1c)                                                                |  | 38. IMMEDIATE CAUSE (Enter only one cause per line for 1a, 1b, and 1c)                                                                |  | 39. IMMEDIATE CAUSE (Enter only one cause per line for 1a, 1b, and 1c)                                                                |  |
| Myocardial Infarction                                                                                                                 |  |                                                                                                                                       |  |                                                                                                                                       |  |                                                                                                                                       |  |
| DUE TO, OR AS A CONSEQUENCE OF                                                                                                        |  | DUE TO, OR AS A CONSEQUENCE OF                                                                                                        |  | DUE TO, OR AS A CONSEQUENCE OF                                                                                                        |  | DUE TO, OR AS A CONSEQUENCE OF                                                                                                        |  |
|                                                                                                                                       |  |                                                                                                                                       |  |                                                                                                                                       |  |                                                                                                                                       |  |
| 39. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I                          |  | 40. AUTOPSY (Specify Yes or No)                                                                                                       |  | 41. WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No)                                                                         |  |                                                                                                                                       |  |
|                                                                                                                                       |  | NO                                                                                                                                    |  | NO                                                                                                                                    |  |                                                                                                                                       |  |
| 42. IF ACCIDENT, SURVIVED, OR HOMICIDE, IS UNDETERMINED (Specify)                                                                     |  | DATE OF INJURY (Mo., Day, Yr.)                                                                                                        |  | HOUR OF INJURY                                                                                                                        |  | DESCRIBE HOW INJURY OCCURRED                                                                                                          |  |
|                                                                                                                                       |  |                                                                                                                                       |  |                                                                                                                                       |  |                                                                                                                                       |  |
| 43. INJURY AT WORK (Specify Yes or No)                                                                                                |  | PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                                                     |  | LOCATION                                                                                                                              |  | STREET OR R.F.D. No. CITY OR TOWN STATE                                                                                               |  |
|                                                                                                                                       |  |                                                                                                                                       |  |                                                                                                                                       |  |                                                                                                                                       |  |

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

BY:

Maurice Darder

AUG 11 1988

OLIVER H. BOORDE  
State Registrar

## WARNING:

ANY REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW. DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH COLORED BACKGROUND AND EMBOSSED GREAT SEAL OF THE STATE OF FLORIDA. ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.

HRS Form 1564 (8/87)

CERTIFICATION OF VITAL RECORD





RECEIVED

FEB 13 1995

DEPARTMENT OF LEGAL AFFAIRS  
HOLLYWOOD OFFICE

*W. J. Davis*

2450647



PALLBEARERS  
MEMBERS OF THE CHURCH



#### ACKNOWLEDGMENTS

The Family of the Late Otis Blocker wish to thank the ir many friends, especially Mrs. Zelena Merritt, for the kindness and patience shown to him and then during the illness and death of their loved one. May God bless and be with you always.

BRICE FUNERAL HOME  
DIRECTING

Printed by Lloyds Letter Service (920-loyd)



## Funeral Services For The Late



MR. OTIS BLOCKER

THURSDAY, SEPTEMBER 10, 1981  
11:00 AM

NEW JERUSALEM BAPTIST CHURCH  
2254 Douglas Street, Hollywood, Fl.

REV. T. N. TUCKER, PASTOR

INTERMENT  
WESTSIDE CEMETERY, DANIA





## OBITUARY

Mr. Otis Blocker, the husband of Mrs. Gussie Lundy Blocker and son of the late John and Annie Blocker was born on August 30, 1909 in Rosewood, Florida.

He professed a hope in Christ and was converted at an early age. He moved to Hollywood, Florida in 1933. He joined Mt. Pleasant A.M.E. Church under the leadership of Rev. Bishop. He later united himself with the New Jerusalem Baptist Church under the leadership of Rev. T. N. Tucker. He served faithfully until his death on September 3, 1981.

He leaves to cherish his memory, a devoted wife Gussie; three sons: Bobby Lundy, Ernest Otis and Archie Blocker. Five daughters: Jodie Collier, Frankie Hillsman, Henri Daniel, Carolyn Whitehead and Quolonda Blocker. Two sisters: Mrs. Arthina Benett and Mrs. Hazel Simms. Two brothers: Rev. Ernest M. Blocker and Mr. A. C. Blocker. Three brothers-in-law; four sisters-in-law; two sons-in-law; three daughters-in-law; sixteen grandchildren; cousins and a host of relatives and friends.

\*

## PROGRAM

### PROCESSIONAL

Prayer.....

Scripture.....

Song ..... Choir

Remarks ..... Deacon Williams

Solo ..... Tina Saunders

Acknowledgments ... Brice Funeral Home

Solo ..... Betty Gollett

Eulogy ..... Rev. T. N. Tucker

### RECESSIONAL

\*





# OFFICE OF THE ATTORNEY GENERAL

## DEPARTMENT OF LEGAL AFFAIRS

### THE CAPITOL

TALLAHASSEE, FLORIDA 32399-1050

ROBERT A. BUTTERWORTH  
Attorney General  
State of Florida

Reply to:

Office of the Attorney General  
4000 Hollywood Boulevard, 505-South  
Hollywood, Florida 33021

### ROSEWOOD SURVIVOR AFFIDAVIT (Print in ink or type legibly)

RECEIVED

AUG 10 1994

DEPARTMENT OF LEGAL AFFAIRS  
HOLLYWOOD OFFICE  
Civil Rights

#### Directions

- A. Read carefully the enclosed letter.
- B. Are you filing a claim as a Rosewood Survivor?  
yes L no
- C. If answer in "B" is no, do not complete this Affidavit. Do complete, however, the "NON-SURVIVOR ACKNOWLEDGEMENT" form.
- D. If answer in "B" is yes, then answer all the questions in this application to the best of your ability. If you are unable to answer a question, state that you are unable to answer the question, and if possible, state why.
- E. After answering the questions, have the Affidavit notarized on the last page.
- F. This Affidavit must be mailed no later than August 19, 1994.

=====

1. Name? ERNEST MARGROW BLOCKER
2. Race? Black
3. What was your name on January 1, 1923? ERNEST MARGROW BLOCKER
4. Social Security Number? 264 52 0947
5. Date of birth? 1907 23. JANUARY
6. Place of birth? (Town/City and State) ROSEWOOD FLORIDA
7. Father's name? JOHN HENRY BLOCKER
8. Mother's name? ANNIE MARIE BLOCKER





# OFFICE OF THE ATTORNEY GENERAL

DEPARTMENT OF LEGAL AFFAIRS

THE CAPITOL

TALLAHASSEE, FLORIDA 32399-1050

ROBERT A. BUTTERWORTH  
*Attorney General  
State of Florida*

Reply to:

Office of the Attorney General  
4000 Hollywood Boulevard, 505-South  
Hollywood, Florida 33021

September 29, 1994

Mr. Ernest M. Blocker  
1635 29th Street  
Sarasota, Florida 34234

Dear Mr. Blocker:

The survivor affidavit that you submitted to this office has been reviewed by the Rosewood Compensation Committee. This committee was set up to review all Rosewood survivor claims. The committee has determined, based upon the information that you have provided, that there is insufficient evidence to support your claim. As such, it is the intention of this office to deny your request for compensation as a Rosewood survivor.

Should you wish to appeal the recommendation, you must notify this office in writing by October 12, 1994. You should state that you wish to appeal the recommendation and that you are prepared to submit additional evidence to support your claim. This additional evidence must be submitted to Gregory Durden, Chief of Civil Rights, Office of the Attorney General, by November 4, 1994.

Evidence submitted must establish reasonable proof sufficient to show that you meet the definition of a Rosewood survivor as defined by the Rosewood legislation. A Rosewood survivor is an African-American resident from Rosewood, Florida, who was living on May 5, 1994, and who was present and affected by the violence that took place at Rosewood in January, 1923, and was evacuated the week of January 1, 1923.

Although your survivor claim has not been recommended for approval, there is a possibility that you may qualify for compensation under the property section of the Rosewood legislation. We have enclosed a separate letter and a property affidavit, should you decide to apply for compensation as a descendent of a Rosewood property owner.

Please be advised that receipt of this letter and property affidavit does not mean that you will be awarded compensation



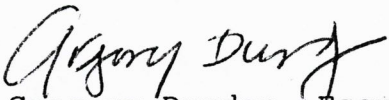
September 29, 1994  
Page Two

under the property section of the Rosewood legislation. We are merely advising you that in order to be considered a claim needs to be filed.

All information is to be mailed to:

Gregory Durden, Esquire  
Chief of Civil Rights  
Office of the Attorney General  
4000 Hollywood Blvd., Suite 505 South  
Hollywood, Florida 33021

Sincerely,



Gregory Durden, Esquire  
Chief of Civil Rights

GD/GDR/pd

Enclosure

GDR:denial.gdr



9. Father's occupation? Chip Boxes  
Dip TURPENTINE, Cut CORD WOOD.

10. If applicable, whom did your father work for? Ed Goin

11. Mother's occupation? 0 MY MOTHER WAS  
A SICKLY WOMEN WAS NEVER ABLE  
TO WORK.

12. If applicable, whom did your mother work for? \_\_\_\_\_

13. Grandparents' names? (both sides of family) \_\_\_\_\_  
William King. ON MY MOTHER SIDE. MY FATHER  
CAME TO FLORIDA FROM SUMTER COUNTY SOUTH  
CAROLINA WHEN HE WAS A YOUNG MAN. HE  
NEVER COMMUNICATE BACK HOME. UNABLE TO ANSWER  
UNABLE TO ANSWER TO MY DAD PEOPLE.

14. Grandparents' occupations and if applicable, whom they worked for? (if known) \_\_\_\_\_

UNABLE TO ANSWER



15. Great Grandparents' names? (if known) \_\_\_\_\_

UNABLE TO ANSWER.

THEY ALL DIED BEFORE I WAS BORN.

16. Great Grandparents' occupations and if applicable, whom they worked for? (if known) \_\_\_\_\_

UNABLE TO ANSWER.

17. If you are able to go beyond great grandparents (example: great great grandparents), go as far up the family tree as you can.

UNABLE TO ANSWER



18. Guardian's name? (If different than parent) \_\_\_\_\_

19. Guardian's occupation? \_\_\_\_\_

20. If applicable, whom did guardian(s) work for? (if known) \_\_\_\_\_



21. Complete names and birth dates of all brothers and sisters (if known) and where they were living on January 1, 1923? (Name of City/Town and State)

ODIS BLOCKER HAZEL BLOCKER  
ARTHENA BLOCKER THEY ALL WERE  
LIVING IN ROSEWOOD FLORIDA

22. Where did you live on January 1, 1923? (Name of City/Town and State)

ROSEWOOD FLORIDA

23. How long, prior to January 1, 1923, had you lived at the address referred to in question 22?

AROUND 16 YEARS. I WAS BORN THERE.

24. Date you moved into address referred to in question 22? (If unknown, give closest approximation.)

I WAS BORN AT THAT ADDRESS



25. Date you left address referred to in question 22? (If unknown, give closest approximation.)

JANUARY 2. 1923

26. Explain as best you can, in the space provided, why you left the address referred to in question 22 and describe the circumstances.

WE COULD HEAR THE SHOOTING THAT NIGHT  
IT WAS ABOUT A MILE FROM OUR HOUSE,  
AND PEOPLE WERE COMING TO OUR  
TELLING MY PARENT YOU BETTER GET OUT  
TAKE TO THE WOODS.

<sup>DAD</sup> MY DAD SAID TO MY MOTHER "I AM  
NOT GOING ANYWHERE. AFTER MUCH PLEADING  
MY DAD SAID I WILL GO TO WILLY WHERE  
I AM AND WILL NOT LET THOSE FOLKS  
COME UP HERE AND INTERFERE  
WITH HIS HANDS. MY MOTHER SAID  
THOSE CRAKERS ARE MADE THEY KILL  
YOUR BOSS. DAD SAID WE GO THERE  
TONIGHT AND TOMORROW I WILL FLAG  
THE TRAIN AND PUT YOU ON THE  
AND SEND YOU TO BARTOW FLORIDA TO  
YOUR FRIEND LUDIE. I WILL GO  
IN GULF HAMMOCK SO I WILL BE  
CLOSE TO MY JOB WHEN EVERYTHING  
COOL DOWN AND THEN I WILL SEND YOU  
AND CHILDREN SOME MONEY.



WE LEFT TO SAVE OUR LIVES.  
MAYBE THAT IS WHY I AM LIVING TODAY.  
BECAUSE MANY WHO STAYED GOT KILLED.



27. Who lived with you at the address referred to in question 22?  
(names of the head(s) of the household)

ONLY OUR FAMILY lived THERE.

28. Where did you go immediately upon leaving the address  
referred to in question 22?

to Willy to Ed Goin TURPENING firm  
WHERE my DAD WORK.

29. Where did you live immediately after you left the address  
referred to in question 22? (Name of Town/City and State)

Bartow Florida

30. How long did you live at the address referred to in question  
29?

ABOUT THREE YEARS

31. Name all people living at the address referred to in question  
22 as of January 1, 1923. (Give first and last name.)

ODIS BLOCKER HAZEL BLOCKER  
ARTHENA BLOCKER JOHN BLOCKER ANNIE BLOCKER



32. List any relatives other than those listed in question number 31 that lived in the same town as you, on January 1, 1923? Give their first and last names.

My Aunt MARY JANE HEXWOOD

ANOTHER Aunt NAME PEARLIE I CAN'T  
REMEMBER HER LAST NAME. BUT HER  
MAIDEN NAME WAS PEARLIE KING.

33. Describe as best as you can, within the space provided, the town you lived in on January 1, 1923. (example: any buildings and what they were used for, what buildings were near each other, any other landmarks that you may recall)

MY Aunt MARY JANE HEXWOOD LIVE  
IN A TWO STORY BUILDING ABOUT 1/4 MILES  
E.



WEST FROM WHERE I LIVED

A NEIGHBOR NAME JOHN MONROE LIVED  
ABOUT THE DISTANCE FIVE BLOCKS FROM THE  
RAILROAD IN A FRAME BUILDING OUT  
ABOUT FOUR NORTH OF HIS.

A NEW ROAD WAS TO BE BUILT FROM  
CHIEFLAND AND CONNECT TO THE HIGHWAY  
GIVING INTO CEDE KEYS.

IF MY MEMORY SERVE RIGHT A WHITE  
MAN OUR POST MASTER MAY BE A MILE  
OR MORE NORTH OF THAT POINT?

I CANNOT DESCRIBE THE SCHOOL LOCATION  
ONLY ONE BUILDING WAS IN TALLING  
DISTANCE NAME "HALL"



34. Describe as best as you can, within the space provided, where your home was located. (example: near railroad, near someone's home, etc.)

THE CLOSEST HOME WAS THE MONROES.  
OUR HOUSE NORTH THE POINT WHERE THE  
HIGHWAY FROM CHEIFLAND CONNECT  
HIGHWAY FROM OTTIE CREEK  
MAYBE 1 MILE OR BETTER FROM THE  
POST OFFICE.



35. What families lived closest to you? THE HEYWOODS  
AND THE MONROES

36. Give the names, addresses and phone numbers of at least two people that can verify where you were living on January 1, 1923.

UNABLE TO ANSWER

37. If you have any documentation that can verify where you were living on January 1, 1923, please send a copy along with this application. Please do not send originals.

38. Name the schools attended while living in the address referred to in question 22.

UNABLE TO ANSWER

39. Name your teacher(s) from question 38.

UNABLE TO ANSWER



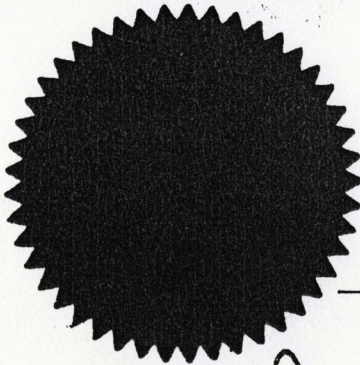
*I, the undersigned, Secretary of State  
of the United States of America, hereby  
request all whom it may concern to per-  
mit safely and freely to pass, and in case  
of need to give all lawful aid and protec-  
tion to*

**ERNEST MARGROW BLOCKER**

*a citizen of the United States.*

*The bearer is accompanied by his  
Wife,* X X X

*Minor children,* X X X  
X X X  
X X X



*Given under my  
hand and the  
seal of the  
Department of  
State*

*at Washington,*  
**JULY 5TH**  
**1951**

*Dean Acheson*

*Description of bearer*

*Height* 5 feet 10½ inches.

*Hair* BLACK

*Eyes* BLACK

*Distinguishing marks or features:*

SCAR ABOVE LEFT

EYE

X X X

*Place of birth* ROSEWOOD,

FLA.

*Date of birth* JAN. 23, 1907

*Occupation* SALESMAN

X X X

X X X

*Ernest Margrow Blocker*  
*Signature of bearer.*

*This passport is not valid unless signed by the  
person to whom it has been issued.*



40. Describe as best you can, within the space provided, the location of the school. (example: buildings near the school)

MR HALL'S Building

41. Provide a copy of your birth certificate. Please do not provide originals. If you do not have a birth certificate, please indicate on the space below.

STATE OF FLORIDA )

COUNTY OF LEVY )

BEFORE ME, the undersigned authority, this day personally appeared (Mr./Mrs./Ms.) \_\_\_\_\_

(address) \_\_\_\_\_

(city, state, zip) \_\_\_\_\_

(home phone) \_\_\_\_\_ (age) \_\_\_\_\_ and after being duly sworn and deposed, upon his/her personal knowledge states:

1. I have read and completed to the best of my ability the



foregoing, and

2. I have not knowingly given false information in the Rosewood Survivor Affidavit.

3. FURTHER AFFIANT sayeth naught.

Ernst Magnusson Block  
(Your Signature)

264-520947  
(Social Security Number)

SWORN TO AND SUBSCRIBED BEFORE me this 8<sup>th</sup> day of August, 1994.

My commission expires

NOTARY PUBLIC STATE OF FLORIDA  
MY COMMISSION EXP. FEB. 19, 1995  
BONDED THRU GENERAL INS. UND.

\_\_\_\_\_  
(Commission number)

Notary Public

State of Florida

Kelley L. Halihan  
(Print type or stamp commissioned name of Notary Public)

Personally known ☒ Personally or  
Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

N/A





# OFFICE OF THE ATTORNEY GENERAL

## DEPARTMENT OF LEGAL AFFAIRS

### THE CAPITOL

TALLAHASSEE, FLORIDA 32399-1050

ROBERT A. BUTTERWORTH  
Attorney General  
State of Florida

Reply to:

Office of the Attorney General  
4000 Hollywood Boulevard, 505-South  
Hollywood, Florida 33021

### ROSEWOOD PROPERTY AFFIDAVIT (Print in ink or type legibly)

RECEIVED

#### Directions

OCT 11 1994

- A. Read the enclosed letter carefully.
- B. Answer all of the questions in this affidavit to the best of your ability. If you are unable to answer a question, state that you are unable to answer the question, and if possible, state why.
- C. After answering the question, have the Affidavit notarized on the last page.
- D. This Affidavit must be received in this office no later than October 30, 1994.
- E. In order to qualify for compensation, the Rosewood law requires each claimant to, "demonstrate real property and personal property damages sustained as a result of the destruction of Rosewood, Florida, in 1923." Send copies of anything that will fulfill this requirement. Please do not send originals.

- =====
1. Name? Ernest Margrow Blocker
2. Birth Name? Ernest Margrow Blocker
3. Your Birth Place? (Name of City/Town and State) Rosewood,  
Florida,
4. Race? Black
5. Social Security Number? 264 52 0947
6. Date of Birth? Jan. 25 1907
7. Provide a copy of your birth certificate. Please do not provide original.



8. Provide a copy of your drivers license. Please do not provide original.

9. Give full name of the original Rosewood ancestor from January 1, 1923, under whom you are filing this claim? Indicate whether they owned, or leased their property. Indicate how much property. Any property listed must be within Rosewood, FL.

| Name? | Owned, Leased?<br>If leased, from whom? | How much<br>property? |
|-------|-----------------------------------------|-----------------------|
|-------|-----------------------------------------|-----------------------|

|                   |                          |          |
|-------------------|--------------------------|----------|
| Example: John Doe | leased (from Jane Smith) | 10 acres |
|-------------------|--------------------------|----------|

|           |        |          |
|-----------|--------|----------|
| Bill King | owned. | 40 acres |
|-----------|--------|----------|

my grand parent deeded 40 acres each to my mother and my aunt.

my aunt raised my mother from three years old until she married

my father. my mother maiden name was King. she being a child it

could have been on one deed and that would be Mary Jane Heywood.  
10. Send a copy of any documentation that may authenticate or verify the information given in question number 9. Any documentation should contain a legal description of the property and the property location. Please do not send originals.

11. Beginning with your parents, give the full name of all of your direct ancestors. Trace your family tree all the way back to the Rosewood ancestor(s) that you have named in question number 9. Place a (D) next to names of people that are now deceased.

Parents? John Henry Blocker (D) Annie Mirie Blocker (D)

Grandparents? Bill King (D)

Great grandparents? dont know them. (D)

Great Great grandparents? (D)

Great Great Great grandparents? (D)

Great Great Great Great grandparents? (D)



Great Great Great Great Great grandparents? \_\_\_\_\_

---

You may use this space to draw your family tree. Draw as many family trees as is necessary. Place a "(D)" next to names of people that are now deceased.



FAMILY TREE

John Henry Blocker  
└──  
ERNEST Blocker

William King  
└──  
Annie King



12. Complete names and birth dates of all sisters and brothers (if known).

Radio blocker, Aug., 30, 1909 (D)

Hazel blocker sept. 27 1911 (D)

Artnena Blocker Oct. 19, 1913

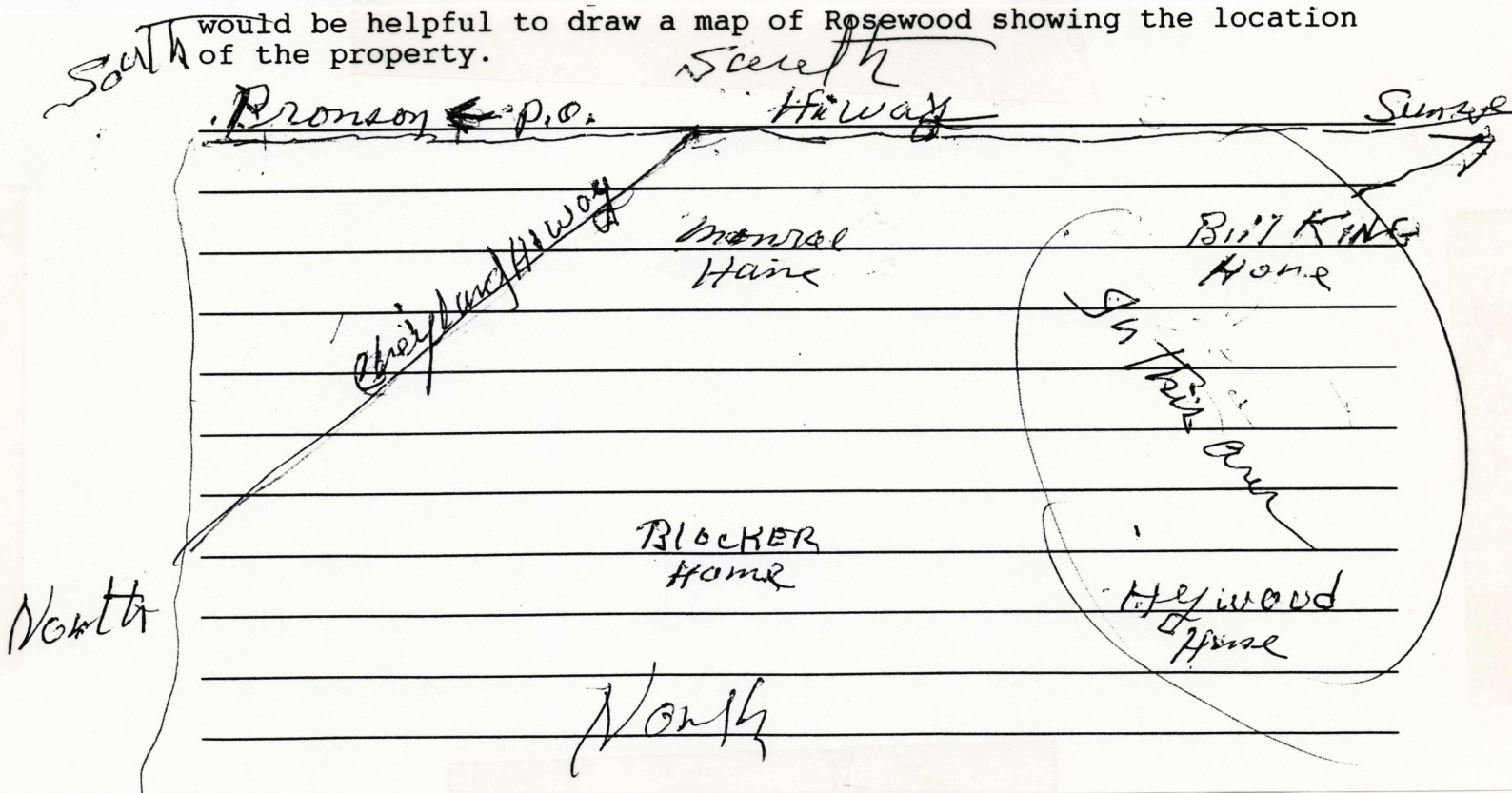
13. If possible, using landmarks such as railroads, buildings, etc., describe where your ancestor's property was located. It would be helpful to draw a map of Rosewood showing the location of the property.

A hand-drawn map on lined paper showing a road network. A horizontal line at the top represents a main road, with 'Bronson P.O.' written on the left, 'Highway' in the center, and 'Singer' on the right with an arrow pointing right. A diagonal line branches off to the left from the main road, labeled 'Highway' and 'Hayward'. Another diagonal line branches off to the right from the main road, labeled 'In this area'. Below the main road, the text 'Mental Home' is written. Further down, 'BLOCHER HOME' is written in all caps. At the bottom, the word 'North' is written. On the right side, a large circle encloses the text 'Bill King Home' and 'Hayward Home'.



# MAP OF PROPERTY

would be helpful to draw a map of Rosewood showing the location of the property.



STATE OF FLORIDA )

COUNTY OF LEWIS SARASOTA )

BEFORE ME, the undersigned authority, this day personally appeared (Mr./Mrs./Ms.) ERNEST Blocker  
(address) 1635 29th STREET

(city, state, zip) SARASOTA FL 34234-6001

(home phone) 813-355-4996 (age) 87 and after being duly



sworn and deposed, upon his/her personal knowledge states:

1. I have read and completed to the best of my ability the foregoing, and
2. I have not knowingly given false information in the Rosewood Property Affidavit.
3. **FURTHER AFFIANT** sayeth naught.

*Ernest Margaret Block*  
(Your Signature)

264-52-0947  
(Social Security Number)

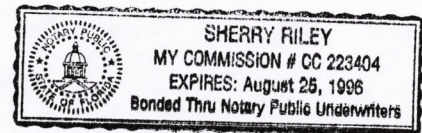
October SWORN TO AND SUBSCRIBED BEFORE me this 6<sup>th</sup> day  
, 1994.

My commission expires: 8/25/96

CC 223404  
(Commission Number)  
Notary Public  
State of Florida

*Sherry Riley*  
(Print, type or stamp commissioned  
name of Notary Public)

Personally known \_\_\_\_\_ or  
Produced Identification ✓



Type of Identification Produced FL Drivers License



W-118

This Indenture, Made this twenty-second day of April A. D. 1903 Between D. B. Dunn & E. B. Dunn his wife of the County of Bibb in the State of Georgia party of the first part, and M. H. Hayward of the County of Levy in the State of Florida party of the second part,

Witnesseth, That the said party of the first part for and in consideration of the sum of One Hundred <sup>00</sup>/<sub>100</sub> Dollars, to him in hand paid by the said party of the second part, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said party of the second part, his heirs and assigns forever, the following described land, to-wit:

The East half of the South West quarter of Section thirty (30) in Township fourteen (14) South of Range fourteen (14) East of Tallahassee Meridian in the County of Levy and State of Florida, containing seventy-nine and ninety-four one-hundredths ( $79\frac{94}{100}$ ) acres.

And the said party of the first part 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, The said party of the first part has hereunto set his hand and seal the day and year first above written.

Signed, sealed and delivered in Presence of us:

H. C. Howard, Witness signature D. B. Dunn, (Seal)  
F. B. Dunn, E. B. Dunn, E. B. Dunn, (Seal)  
C. C. Chaffin,  
F. S. Bushnell,

State of Georgia

County of Paulding } On this day personally appeared before me D. B. Dunn to me well known as the person described in, and who executed the foregoing deed of conveyance, and acknowledged that he executed the same for the purpose therein expressed, whereupon it is prayed that the same may be recorded. The Superior Court of said County is a Court of record and I the undersigned am the Clerk of said Court.

In Witness Whereof, I have hereunto affixed my hand and seal, this 23rd day of April, A. D. 1903.  
H. A. Baker, Clerk Super. Court.



DB 10/744

Levy County,

I HEREBY CERTIFY, That on this day personally appeared before me, an officer duly authorized to take acknowledgments and to administer oaths, T.C. Holden and R.H. Smith to me well known to be the persons described in and who executed the foregoing instrument and they acknowledged before me that they executed the same freely and voluntarily and for the purposes therein expressed.

AND I FURTHER CERTIFY, That the said Anna Holden known to me to be the wife of the said Jose H. Holden on a separate and private examination, taken and made by and before me, separately and apart from her said husband, did acknowledge that she executed the foregoing deed of conveyance, for the purpose of relinquishing, alienating and conveying all her right, title and interest, whether of dower, homestead or of separate property or equitable, in and to the lands herein described and that she executed said deed freely and voluntarily and without any compulsion, constraint, apprehension or fear of or from her said husband.

WITNESS, my hand and official seal at Hawthorne County of Alachua and State of Florida, this the 1st day of May A.D. 1920.

NOTORIAL SEAL ATTACHED.

Thomas J. Hammond  
Notary Public, State of Florida  
My Commission expires Oct 10th, 1923.

FILED AND RECORDED MAY 10TH A.D. 1920.

L.W. DRUMMOND, CLERK

BY *Tracy Drummond* D.C.

THIS CONTRACT DEED MADE AND INTERED INTO THIS THE 3rd DAY OF May A.D. 1920., between J.M. Wright and wife Mrs M.J. Wright of the County of Levy and the State of Florida, parties of the first part and the Board of County Commissioners of Levy County, State of Florida, parties of the second part,

WITNESSETH, that the said parties of the first part, for and in consideration of the sum of One Dollar, in hand paid by the said parties of the second part, the receipt whereof is hereby acknowledged, have remised, released and quit claimed, and by the presents do remise, release and quit claim unto the said parties of the second part and their successors forever all the right, title, interest, claim and demand which the said parties of the first part have in and to the following described piece or parcel of land, lying, being and situated in Levy County, State of Florida, to-wit: 30 foot Rightway for a Proposed Hard Road in a N.E. direction through NE $\frac{1}{4}$  of NE $\frac{1}{4}$  of Sect. 30 Township 14 South Range 14 East.

To have and to hold the same, together with all and singular the appurtenances thereunto belonging or in anywise appertaining and all the estate, right, title, interest and claim whatsoever of the said parties of the first part, either in law or equity, to the only proper use, benefit and behoof of the said parties of the second part and their successors in office, forever.

However providing that this said Public Right of Way shall revert back to the owner, when ceased to be used as a Public High Way.

IN WITNESS WHEREOF, The said parties of the first part have hereunto set their hands and seal this the 3 day of May A.D. 1920.

Signed, sealed and delivered in the presence of us as witnesses

L.L. Johns  
J.A. Coarsey  
STATE OF FLORIDA  
LEVY COUNTY.

J.M. Wright (SEAL)  
M.J. Wright (SEAL)

I HEREBY CERTIFY, That on this day personally appeared before me, an officer duly authorized to take acknowledgments and to administer oaths, J.M. Wright and wife Mrs M.J. Wright to me well known to be the persons described in and who executed the foregoing instrument and they acknowledged before me that they executed the same freely and voluntarily and for the purposes therein expressed.

AND I FURTHER CERTIFY, That the said Mrs M.J. Wright known to me to be the wife of the said J.M. Wright on a separate and private examination, taken and made by and before me, separately and apart from her said husband, did acknowledge that she executed the foregoing deed of conveyance, for the purpose of relinquishing, alienating and conveying all her right, title and interest, whether of dower, homestead or of separate property, statutory or equitable, in and to the lands herein described and that she executed said deed freely and voluntarily and without any compulsion, constraint, apprehension or fear of or from her said husband.

WITNESS, my hand and official seal at Sumner County of Levy and State of Florida, this the 3rd day of May A.D. 1920.

Justice of the Peace Seal Attached.

L.L. Johns  
Justice of Peace  
My Commission expires Jan 2nd, 1921

FILED AND RECORDED MAY 10TH A.D. 1920.

L.W. DRUMMOND, CLERK

BY *Tracy Drummond* D.C.

THIS CONTRACT DEED MADE AND INTERED INTO THIS THE 3rd day of May A.D. 1920., Between Cornelius Carter a widow Mary Jane Screen formerly wife of Walter Hayward of the County of Levy and the State of Florida, parties of the first part and the Board of County Commissioners of Levy County, State of Florida, parties of the second part,

Witnesseth, that the said parties of the first part, for and in consideration of the sum of One Dollar, in hand paid by the said parties of the second part, the receipt whereof is hereby acknowledged, have remised, released and quit claimed and by these presents do remise, release and quit claim unto the said parties of the second part and their successors forever all the right, title, interest, claim and demand which the said parties of the first part have in and to the following described piece or parcel of land, lying, being and situated in Levy County, State of Florida, to-wit: W $\frac{1}{2}$  of SW $\frac{1}{4}$  and E $\frac{1}{2}$  of South West quarter Sec 30 Tship. 14 S.R. 14 East.

To have and to hold the same, together with all and singular the appurtenances thereunto belonging or in anywise appertaining and all the estate, right, title, interest and claim whatsoever of the said parties of the first part, either in law or equity, to the only proper use, benefit



and behoof of the said parties of the second part and their successors in office, forever.  
However providing that this said Public Right of Way shall revert back to the owner, when  
ceased to be used as a Public High Way.

IN WITNESS WHEREOF, The said parties of the first part have hereunto set their hands and  
seal this the 3rd day of May A.D. 1920.

Signed, sealed and delivered in  
the presence of us as witnesses

J.M. Wright

L.L. Johns

STATE OF FLORIDA  
LEVY COUNTY.

Cornelia Carter x her mark (SEAL)

Mary Jane Screen (SEAL)

I HEREBY CERTIFY, That on this day personally appeared before me, an officer duly authorized  
to take acknowledgments and to administer oaths, Cornelia Carter a widow, Mary Jane Screen  
formerly wife of Walter Hayward to me well known to be the persons described in and who exe-  
cuted the foregoing instrument and they acknowledged before me that they executed the same ~~for~~  
freely and voluntarily and for the purposes therein expressed.

AND I FURTHER CERTIFY, That the said Cornelia Carter a widow, Mary Jane Screen, known to me to  
be the wife of the said ---- on a separate and private examination, taken and made by and before  
me, separately and apart from her said husband, did acknowledge that she executed the foregoing  
deed of conveyance, for the purpose of relinquishing, alienating and conveying all her right, title  
and interest, whether of dower, homestead or of separate property, statutory or equitable, in and  
to the lands herein described and that she executed said deed freely and voluntarily and with  
out any compulsion, constraint, apprehension or fear of or from her said husband.

WITNESS my hand and official seal at Sumner County of Levy and State of Florida, this the 3  
day of May A.D. 1920.  
Justice of the Peace Seal Attached.

L.L. Johns

Justice of Peace

My commission expires Jan 2nd, 1921

FILED AND RECORDED MAY 10TH. A.D. 1920.

L.W. DRUMMOND, CLERK

BY *Ruby Drummond* D.C.

THIS CONTRACT DEED MADE AND ENTERED INTO THIS the 3rd day of May A.D. 1920, between John McCoy  
and wife Mary McCoy of the County of Levy and the State of Florida, parties of the first part  
and the Board of County Commissioners of Levy County, State of Florida, parties of the second  
part,

Witnesseth, that the said parties of the first part, for and in consideration of the sum of One  
Dollar, in hand paid by the said parties of the second part, the receipt whereof is hereby acknow-  
ledged, have remised, released and quit claimed, and by these presents do remise, release and quit  
claim unto the said parties of the second part and their successors forever all the right, title,  
interest, claim and demand which the said parties of the first part have in and to the following  
described piece or parcel of land, lying, being and situated in Levy County, State of Florida, to-wit:  
The West half of NE $\frac{1}{4}$  of Section (30) Township 14 S. R. 14 East the proposed Hard Road is to go  
around this above described inclosed land.  
To have and to hold the same, together with all and singular the appurtenances thereunto belong-  
ing or in anywise appertaining and all the estate, right, title, interest and claim whatsoever of  
the said parties of the first part, either in law or equity, to the only proper use, benefit and  
behoof of the said parties of the second part and their successors in office, forever.

However providing that this said Public Right of Way shall revert back to the owner, when  
ceased to be used as a Public High Way.

IN WITNESS WHEREOF, The said parties of the first part have hereunto set their hands and  
seal this the 3rd day of May A.D. 1920.

Signed, sealed and delivered in the  
presence of us as witnesses

L.L. Johns

J.M. Wright

STATE OF FLORIDA  
LEVY COUNTY.

John McCoy (SEAL)

Mary McCoy x her mark (SEAL)

I HEREBY CERTIFY, That on this day personally appeared before me, an officer duly authorized  
to take acknowledgments and to administer oaths, John McCoy and wife Mary McCoy to me well  
known to be the persons described in and who executed the foregoing instrument and they acknow-  
ledged before me that they executed the same freely and voluntarily and for the purposes  
therein expressed.

AND I FURTHER CERTIFY, That the said Mary McCoy known to me to be the wife of the said  
John McCoy on a separate and private examination, taken and made by and before me, separately  
and apart from her said husband, did acknowledge that she executed the foregoing deed of con-  
veyance, for the purpose of relinquishing, alienating and conveying all her right, title and inter-  
est, whether of dower, homestead or of separate property, statutory or equitable, in and to the  
lands herein described and that she executed said deed freely and voluntarily and without any  
compulsion, constraint, apprehension or fear of or from her said husband.

WITNESS my hand and official seal at Sumner County of Levy and State of Florida, this the  
3rd day of May A.D. 1920.  
JUSTICE OF THE PEACE SEAL ATTACHED.

L.L. Johns, Justice of  
Peace

My commission expires Jan. 2nd, 1921.

FILED AND RECORDED MAY 10TH. A.D. 1920.

L.W. DRUMMOND, CLERK

BY *Ruby Drummond* D.C.



DB 16/659  
THIS INDENTURE, Made this 9th day of November A.D. 1923 BETWEEN Mrs. Josephine Southall (Widow) of the County of Levy in the State of Florida party of the first part, and W.H. Bennett of the County of Levy in the State of Florida party of the second part,

WITNESSETH, That the said party of the first part, for and in consideration of the sum of ONE THOUSAND Dollars, to her in hand paid by the said party of the second part, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said party of the second part, his heirs and assigns forever, the following described land, to-wit:

South half of the south east quarter (S $\frac{1}{2}$  of SE $\frac{1}{4}$ ) of Section Eighteen (18) in Township Eleven (11) south of Range Sixteen (16) east containing 80 acres of land more or less, situate, lying and being in the County of Levy in the State of Florida

And the said party of the first part 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, The said party of the first part has hereunto set her hand and seal the day and year first above written.

Signed, sealed and delivered in presence of:)

Annie S. Hartsfield )

Josephine Southall

(Seal)

J.C. Pons )

State of Florida )

County of Levy )

I HEREBY CERTIFY That on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgments, Mrs. Josephine Southall (Widow) to me well known and known to me to be the individual described in and who executed the foregoing deed, and acknowledged before me that she executed the same freely and voluntarily for the purposes therein expressed.

WITNESS my hand and official seal at Bronson County of Levy and State of Florida this 9th day of November A.D. 1923.

NOTARIAL SEAL ATTACHED.

J.C. Sale  
Notary Public State of Florida at Large  
My Commission expires March 15th 1924.

\$1.00 U.S. INT. REV. STAMP ATTACHED & DULY CANCELLED.

FILED & RECORDED NOV. 17TH. A.D. 1923

L.W. DRUMMOND, Clerk

By *Ruby S. ...* D. C.

THIS INDENTURE made this 15th day of Sept A.D. 1923 between Mary J. Hayward, widow, and sole Heir of W.M. Hayward, sometimes called M.W. Hayward, deceased, of Sanford, County of Orange, State of Florida, party of the first part and L.L. Johns and H.B. Rodgers of Cedar Key, Florida, parties of the second part, WITNESSETH: That the said party of the first part, for and in consideration of the sum of One Hundred and sixty and no/100 ~~100~~ Dollars to her in hand paid by the said parties of the second part, the receipt whereof is hereby acknowledged has granted, bargained and sold to the said parties of the second part, their heirs and assigns forever, the following described land, to-wit: The East half of the South-west quarter of Section thirty, Township Fourteen South, Range Fourteen East (E $\frac{1}{2}$  of SW $\frac{1}{4}$  of Sec 30, Twp 14 S R 14 E.) Containing Seventy nine and ninety four hundredths of acres, lying and being in Levy County, Florida.

And the said party of the first part 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, the said party of the first part hereunto sets her hand and seal this the 15th day of Sept A.D. 1923.

Signed sealed and delivered in our presents, as witnesses:

Mary J. Hayward

(Seal)

A.E. Crooked

Jas. M. Genzalez

State of Florida,

County of Orange, I hereby certify that before me personally came Mary J. Hayward, to me well known to be the individual described in and who signed sealed and delivered the foregoing instrument, and who acknowledged to me that she signed, sealed and delivered the foregoing instrument for the uses and purposes therein set forth and expressed.

I further certify that I am duly commissioned Notary Public duly authorized to take acknowledgments of instruments in Florida, and that my commission does not expire until the 15 day of Sept 1923.

NOTARIAL SEAL ATTACHED.

A.E. Crooked

Notary Public, State of Florida at Large  
My Commission expires July 20, 1927.

FIFTY CENT U.S. INT. REV. STAMP ATTACHED & DULY CANCELLED.

XXXXXXXXXXXX

State of Florida,  
Orange County

Before the undersigned authority personally came Mary J. Hayward, who being duly sworn deposes and says: My name is Mary J. Hayward-I am the wife of W.M. Hayward and married Him Dec 26 1900 under the name of W.M. Hayward.



Mary J. Hayward

Sworn to and subscribed before me this 14th day of August 1923.

A.E. Crooked  
Notary Public  
Notary Public, State of Florida  
My Commission expires July 20, 1927.  
NOTARIAL SEAL ATTACHED.

FILED & RECORDED NOV 17TH. A.D. 1923

L.W. DRUMMOND, CLERK

BY Paul H. Drummond D.C.

THIS INDENTURE, Made this 16th day of November A.D. 1923, between James T. Guy and Mrs. Annie R. Guy, his wife, of the County of Alachua and State of Florida parties of the first part and Mrs. A.O. Barton of the County of Levy and State of Florida party of the second part,

WITNESSETH, That the said parties of the first part, for and in consideration of the sum of One dollar and other Considerations, in hand paid by the said party of the second part, the receipt whereof is hereby acknowledged have remised, released and quit-claimed, and by these presents do remise, release and quit-claim unto the said party of the second part and her heirs and assigns forever, all the right, title, interest, claim and demand which the said parties of the first part have in and to the following described lot, piece or parcel of land, to-wit:

Beginning at the N.E. Corner of the S.W. quarter of the N.W. quarter of Section Six (6), Township Thirteen (13), South, Range Nineteen (19) East; Running West Two and 32/100 chains, South Eighty-one (81) Degrees West Fifteen and 26/100 chains, East Seventeen and 55/100 chains, North One and 52/100 chains to point of beginning, Containing One and 33/100 acres of the S.W. quarter of the N.W. quarter of Section Six (6), Township Thirteen (13), South, Range Nineteen (19) East.

TO HAVE AND TO HOLD the same, together with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title, interest and claim whatsoever of the said parties of the first part, either in law or equity, to the only proper use, benefit and behoof of the said party of the second part, her heirs and assigns, forever.

IN WITNESS WHEREOF, The said parties of the first part have hereunto set their hands and seals the day and year first above written.

Signed, sealed and delivered in presence of)

J.A. Hawkins )

James T. Guy (Seal)

P.M. Hawkins )

Annie R. Guy (Seal)

Notary Public for the State of Florida at Large

My Commission expires June 12, 1926.

State of Florida )

County of Levy. )

I HEREBY CERTIFY, That on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgments, James T. Guy and Mrs. Annie R. Guy to me well known to be the persons described in and who executed the foregoing instrument and----- acknowledged before me that they executed the same freely and voluntarily for the purposes therein expressed.

AND I FURTHER CERTIFY, That the said Annie R. Guy known to me to be the wife of the said James T. Guy on a separate and private examination, taken and made by and before me, separately and apart from her said husband, did acknowledge that she executed the foregoing Deed for the purpose of relinquishing, alienating and conveying all her right, title and interest, whether of dower, homestead or of separate property, statutory or equitable, in and to the lands described therein, and that she executed said Deed freely and voluntarily and without any compulsion, constraint, apprehension or fear of or from her said husband.

WITNESS my hand and official seal at Williston County of Levy and State of Florida this 16 day of November A.D. 1923.

NOTARIAL SEAL ATTACHED.

Frank M. Hawkins

Notary Public for the State of Florida at Large

My Commission expires June 12, 1926.

FILED & RECORDED NOV. 17TH. A.D. 1923

L.W. DRUMMOND, CLERK

BY Paul H. Drummond D.C.

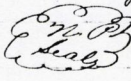
THIS INDENTURE, Made the 19th day of May in the year of our Lord one thousand nine hundred and twenty three BETWEEN W.E. Futral, a single Man, of the County of Lee and State of Florida of the first part, and Mrs. Etta Lennon, of the County of Hillsborough and State of Florida of the second part,

WITNESSETH, That the said party of the first part, for and in consideration of the sum of Ten (\$10.00) dollars (and other valuable consideration) lawful money of the United States of America, to him in hand paid by the said party of the second part, at or before the sealing and delivery of these presents, the receipt whereof is hereby acknowledged, has granted, bargained, sold, aliened, remised, released, conveyed and confirmed, and by these presents does grant, bargain, sell, alien, remise, release, convey and confirm unto the said



State of Florida  
County of DeSoto. On this day personally came before me  
E. B. Duma, the wife of the said O. B. Duma to me well  
known as the person described in and who executed the foregoing  
deed of conveyance and acknowledged that she executed  
the same for the purpose therein expressed, whereupon it is  
prayed that the same be recorded.

In Witness Whereof I have hereunto affixed my  
seal this 5th day of May, A. D. 1903.

C. C. Chollar, 

Filed and recorded June 20th., 1904. Notary Public.

A. P. Harder, Clerk.

This Indenture, Made this 10th. day of  
June A. D. 1904. Between Edward J. Litterloh of the  
County of Levy and State of Florida party of the first  
part, and John B. Litterloh of the County of Levy and  
State of Florida party of the second part,

Witnesseth, that the said party of the first  
part, for and in consideration of the sum of One  
hundred Dollars, to him in hand paid, the receipt  
whereof is hereby acknowledged, has bargained, sold  
and transferred, and by these presents does bargain, sell  
and transfer unto the said party of the second part  
and his heirs and assigns forever, all that certain  
parcel of land lying and being in the County of  
Levy and State of Florida more particularly  
described as follows:

The South West Quarter of the South-West  
Quarter of Section numbered twenty six and the  
South East Quarter of the South East Quarter of  
Section numbered twenty seven in Township numbered  
thirteen of Range numbered Eighteen South & East.  
Containing 80 acres, more or less.

Together with all the tenements, hereditaments  
and appurtenances, with every privilege, right, title,  
interest and estate, law and right of law,  
residue remainder and content thereof.



W-118

(3)

This Indenture, Made this twenty-second day of April A.D. 1903 Between D. B. Dunn & E. B. Dunn his wife of the County of Cobb in the State of Georgia party of the first part, and M. H. Hayward of the County of Levy in the State of Florida party of the second part,

Witnesseth, that the said party of the first part for and in consideration of the sum of One Hundred <sup>00</sup>/<sub>100</sub> Dollars, to him in hand paid by the said party of the second part, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said party of the second part, his heirs and assigns forever, the following described land, to-wit:

The East half of the South West quarter of Section thirty (30) in Township fourteen (14) South of Range fourteen (14) East of Tallahassee meridian in the County of Levy and State of Florida, containing seventy-nine and ninety-four one-hundredths ( $79\frac{94}{100}$ ) acres.

And the said party of the first part 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, The said party of the first part has hereunto set his hand and seal the day and year first above written.

Signed, sealed and delivered in Presence of us:

M. H. Hayward, Witness signature D. B. Dunn, (Seal)  
E. B. Dunn, E. B. Dunn, E. B. Dunn, (Seal)  
B. C. Chaffin  
F. S. Bushnell

State of Georgia

County of Building } On this day personally appeared before me D. B. Dunn to me well known as the person described in, and who executed the foregoing deed of Conveyance, and acknowledged that he executed the same for the purpose therein expressed, whereupon it is prayed that the same may be recorded. The Superior Court of said County is a Court of record and I the undersigned am the Clerk of said Court.

In Witness Whereof, I have hereunto affixed my hand and seal, this 23rd day of April, A.D. 1903.  
H. C. Baker, Clerk Supr. Court.

"Exhibit A"



State of Florida,  
County of Osoto. I, E. B. Dumas, the wife of the said O. B. Dumas to me well  
known as the person described in and who executed the foregoing  
deed of conveyance and acknowledged that she executed  
the same for the purpose therein expressed, whereupon it is  
prayed that the same be recorded.

In Witness Whereof I have hereunto affixed my  
seal this 5th day of May, A. D. 1903.

B. C. Chollar, *E. B. Dumas*

Filed and recorded June 20th., 1904.

Notary Public.

A. P. Harder, Clerk.

This Indenture, Made this 10th. day of  
June A. D. 1904, Between Edward J. Littleloh of the  
County of Levy and State of Florida party of the first  
part, and John B. Littleloh of the County of Levy and  
State of Florida party of the second part,

Witnesseth, that the said party of the first  
part, for and in consideration of the sum of One  
hundred Dollars, to him in hand paid, the receipt  
whereof is hereby acknowledged, has bargained, sold  
and transferred, and by these presents does bargain, sell  
and transfer unto the said party of the second part  
and his heirs and assigns forever, all that certain  
parcel of land lying and being in the County of  
Levy and State of Florida more particularly  
described as follows:

The South West Quarter of the South West  
Quarter of Section numbered twenty six and the  
South East Quarter of the South East Quarter of  
Section numbered twenty seven in Township numbered  
thirteen of Range numbered Eighteen South & East.  
Containing 80 acres, more or less.

Together with all the tenements, hereditaments  
and appurtenances, with every privilege, right, title,  
interest and estate, claims and right of dower,  
remains, remains and interest thereto.



DB 10/746

Levy County, I HEREBY CERTIFY, That on this day personally appeared before me, an officer duly authorized to take acknowledgments and to administer oaths, T.C. Holden and R.H. Smith to me well known to be the persons described in and who executed the foregoing instrument and they acknowledged before me that they executed the same freely and voluntarily and for the purposes therein expressed.

AND I FURTHER CERTIFY, That the said Anna Holden, known to me to be the wife of the said Jose H. Holden, on a separate and private examination, taken and made by and before me, separately and apart from her said husband, did acknowledge that she executed the foregoing deed of conveyance, for the purpose of relinquishing, alienating and conveying all her right, title and interest, whether of dower, homestead or of separate property or equitable, in and to the lands herein described and that she executed said deed freely and voluntarily and without any compulsion, constraint, apprehension or fear of or from her said husband.

WITNESS my hand and official seal at Hawthorne, County of Alachua and State of Florida, this the 1st day of May A.D. 1920.

NOTORIAL SEAL ATTACHED.

Thomas J. Hammond  
Notary Public, State of Florida  
My Commission expires Oct 10th, 1923.

FILED AND RECORDED MAY 10TH A.D. 1920.  
L.W. DRUMMOND, CLERK  
BY *Paul D. Drummond* D.C.

THIS CONTRACT DEED MADE AND INTERED INTO THIS THE 3rd DAY OF MAY A.D. 1920., between J.M. Wright and wife Mrs M.J. Wright of the County of Levy and the State of Florida, parties of the first part, and the Board of County Commissioners of Levy County, State of Florida, parties of the second part.

WITNESSETH, that the said parties of the first part, for and in consideration of the sum of One Dollar, in hand paid by the said parties of the second part, the receipt whereof is hereby acknowledged, have remised, released and quit claimed, and by the presents do remise, release and quit claim unto the said parties of the second part and their successors forever all the right, title, interest, claim and demand which the said parties of the first part have in and to the following described piece or parcel of land, lying, being and situated in Levy County, State of Florida, to-wit: 30 foot Rightway for a Proposed Hard Road in a N.E. direction through NE<sub>1</sub> of NE<sub>2</sub> of Sect 30, Township 14 South Range 14 East.

To have and to hold the same together with all and singular the appurtenances thereunto belonging or in anywise appertaining and all the estate, right, title, interest and claim whatsoever of the said parties of the first part, either in law or equity, to the only proper use, benefit and behoof of the said parties of the second part and their successors in office, forever.

However providing that this said Public Right of Way shall revert back to the owner, when ceased to be used as a Public High Way.

IN WITNESS WHEREOF, The said parties of the first part have hereunto set their hands and seal this the 3 day of May A.D. 1920.

Signed, sealed and delivered in the presence of us as witnesses

L.L. Johns  
J.A. Coarsey  
STATE OF FLORIDA  
LEVY COUNTY.

J.M. Wright (SEAL)  
M.J. Wright (SEAL)

I HEREBY CERTIFY, That on this day personally appeared before me, an officer duly authorized to take acknowledgments and to administer oaths, J.M. Wright and wife Mrs M.J. Wright to me well known to be the persons described in and who executed the foregoing instrument and they acknowledged before me that they executed the same freely and voluntarily and for the purposes therein expressed.

AND I FURTHER CERTIFY, That the said Mrs M.J. Wright, known to me to be the wife of the said J.M. Wright, on a separate and private examination, taken and made by and before me, separately and apart from her said husband, did acknowledge that she executed the foregoing deed of conveyance, for the purpose of relinquishing, alienating and conveying all her right, title and interest, whether of dower, homestead or of separate property, statutory or equitable, in and to the lands herein described and that she executed said deed freely and voluntarily and without any compulsion, constraint, apprehension or fear of or from her said husband.

WITNESS my hand and official seal at Summer, County of Levy and State of Florida, this the 3rd day of May A.D. 1920.

Justice of the Peace Seal Attached.

L.L. Johns  
Justice of Peace  
My Commission expires Jan 2nd, 1921

FILED AND RECORDED MAY 10TH A.D. 1920.  
L.W. DRUMMOND, CLERK  
BY *Paul D. Drummond* D.C.

THIS CONTRACT DEED MADE AND INTERED INTO THIS THE 3rd day of May A.D. 1920., Between Cornelius Carter, a widow Mary Jane Screen formerly wife of Walter Hayward of the County of Levy and the State of Florida, parties of the first part and the Board of County Commissioners of Levy County, State of Florida, parties of the second part.

WITNESSETH, that the said parties of the first part, for and in consideration of the sum of One Dollar, in hand paid by the said parties of the second part, the receipt whereof is hereby acknowledged, have remised, released and quit claimed and by these presents do remise, release and quit claim unto the said parties of the second part and their successors forever all the right, title, interest, claim and demand, which the said parties of the first part have in and to the following described piece or parcel of land, lying, being and situated in Levy County, State of Florida, to-wit: W<sub>1</sub> of SW<sub>2</sub> and E<sub>2</sub> of South West quarter Sec 30 Tship 14 S.R. 14 East.

To have and to hold the same together with all and singular the appurtenances thereunto belonging or in anywise appertaining and all the estate, right, title, interest and claim whatsoever of the said parties of the first part, either in law or equity, to the only proper use, benefit



and behoof of the said parties of the second part and their successors in office, forever.  
However providing that this said Public Right of Way shall revert back to the owner, when  
ceased to be used as a Public High Way.

IN WITNESS WHEREOF, The said parties of the first part have hereunto set their hands and  
seal this the 3rd day of May A.D. 1920.

Signed, sealed and delivered in  
the presence of us as witnesses

J.M. Wright  
L.L. Johns

Cornelia Carter x her mark (SEAL)  
Mary Jane Soreen (SEAL)

STATE OF FLORIDA  
LEVY COUNTY.

I HEREBY CERTIFY, That on this day personally appeared before me, an officer duly authorized  
to take acknowledgments and to administer oaths, Cornelia Carter a widow, Mary Jane Soreen  
formerly wife of Walter Hayward to me well known to be the persons described in and who exe-  
cuted the foregoing instrument, and they acknowledged before me that they executed the same, free-  
ly and voluntarily and for the purposes therein expressed.

AND I FURTHER CERTIFY, That the said Cornelia Carter a widow, Mary Jane Soreen, known to me to  
be the wife of the said --- on a separate and private examination, taken and made by and before  
me, separately and apart from her said husband, did acknowledge that she executed the foregoing  
deed of conveyance, for the purpose of relinquishing, alienating and conveying all her right, title  
and interest, whether of dower, homestead or of separate property, statutory or equitable, in and  
to the lands herein described and that she executed said deed freely and voluntarily and with-  
out any compulsion, constraint, apprehension or fear of or from her said husband.

WITNESS my hand and official seal at Sumner County of Levy and State of Florida, this the 3  
day of May A.D. 1920.

Justice of the Peace Seal Attached.

L.L. Johns  
Justice of Peace

My commission expires Jan 2nd, 1921

FILED AND RECORDED MAY 10TH A.D. 1920.

L.W. DRUMMOND, CLERK

BY *Ruby Drummond* D.C.

THIS CONTRACT DEED MADE AND ENTERED INTO THIS THE 3rd day of May A.D. 1920, between John McCoy  
and wife Mary McCoy of the County of Levy and the State of Florida, parties of the first part  
and the Board of County Commissioners of Levy County, State of Florida, parties of the second  
part,  
Witnesseth, that the said parties of the first part, for and in consideration of the sum of One  
Dollar, in hand paid by the said parties of the second part, the receipt whereof is hereby acknow-  
ledged, have remised, released and quit claimed, and by these presents do remise, release and quit  
claim unto the said parties of the second part and their successors forever all the right, title,  
interest, claim and demand which the said parties of the first part have in and to the following  
described piece or parcel of land, lying, being and situated in Levy County, State of Florida, to wit:  
The West half of NE 1/4 of Section (30) Township 14 S. R. 14 East, the proposed Hard Road is to go  
around this above described inclosed land.  
To have and to hold the same, together with all and singular the appurtenances thereunto belon-  
ging or in anywise appertaining and all the estate, right, title, interest and claim whatsoever of  
the said parties of the first part, either in law or equity, to the only proper use, benefit and  
behoof of the said parties of the second part and their successors in office, forever.

However providing that this said Public Right of Way shall revert back to the owner, when  
ceased to be used as a Public High Way.

IN WITNESS WHEREOF, The said parties of the first part have hereunto set their hands and  
seal this the 3rd day of May A.D. 1920.

Signed, sealed and delivered in the  
presence of us as witnesses

L.L. Johns  
J.M. Wright

John McCoy (SEAL)  
Mary McCoy x her mark (SEAL)

STATE OF FLORIDA  
LEVY COUNTY.

I HEREBY CERTIFY, That on this day personally appeared before me, an officer duly authorized  
to take acknowledgments and to administer oaths, John McCoy and wife Mary McCoy to me well  
known to be the persons described in and who executed the foregoing instrument and they acknow-  
ledged before me that they executed the same freely and voluntarily and for the purposes  
therein expressed.

AND I FURTHER CERTIFY, That the said Mary McCoy known to me to be the wife of the said  
John McCoy on a separate and private examination, taken and made by and before me, separately,  
and apart from her said husband, did acknowledge that she executed the foregoing deed of con-  
veyance, for the purpose of relinquishing, alienating and conveying all her right, title and inter-  
est, whether of dower, homestead or of separate property, statutory or equitable, in and to the  
lands herein described and that she executed said deed freely and voluntarily and without any  
compulsion, constraint, apprehension or fear of or from her said husband.

WITNESS my hand and official seal at Sumner County of Levy and State of Florida, this the  
3rd day of May A.D. 1920.

JUSTICE OF THE PEACE SEAL ATTACHED.

L.L. Johns, Justice of  
Peace

My commission expires Jan. 2nd, 1921.

FILED AND RECORDED MAY 10TH A.D. 1920

L.W. DRUMMOND, CLERK

BY *Ruby Drummond* D.C.



10/16/1923  
THIS INDENTURE, Made this 9th day of November A.D. 1923 BETWEEN Mrs. Josephine Southall (Widow) of the County of Levy in the State of Florida party of the first part, and W.R. Bennett of the County of Levy in the State of Florida party of the second part.

WITNESSETH, That the said party of the first part, for and in consideration of the sum of ONE THOUSAND Dollars, to her in hand paid by the said party of the second part, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said party of the second part, his heirs and assigns forever, the following described land, to-wit:

South half of the south east quarter (S $\frac{1}{2}$  of SE $\frac{1}{4}$ ) of Section Eighteen (18) in Township Eleven (11) south of Range Sixteen (16) east containing 80 acres of land more or less, situate, lying and being in the County of Levy in the State of Florida

And the said party of the first part 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, The said party of the first part has hereunto set her hand and seal the day and year first above written.

Signed, sealed and delivered in presence of:)

Annie S. Hartsfield

Josephine Southall

(Seal)

J.C. Pons

State of Florida )

County of Levy )

I HEREBY CERTIFY That on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgments, Mrs. Josephine Southall (Widow) to me well known and known to me to be the individual described in and who executed the foregoing deed, and acknowledged before me that she executed the same freely and voluntarily for the purposes therein expressed.

WITNESS my hand and official seal at Bronson County of Levy and State of Florida this 9th day of November A.D. 1923.  
NOTARIAL SEAL ATTACHED.

J.C. Sale  
Notary Public State of Florida at Large  
My Commission expires March 15th 1924.

\$1.00 U.S. INT. REV. STAMP ATTACHED & DULY CANCELLED.

FILED & RECORDED NOV. 17TH. A.D. 1923

L.W. DRUMMOND, Clerk

By *[Signature]* D C.

THIS INDENTURE made this 15th day of Sept A.D. 1923 between Mary J. Hayward, widow, and sole heir of W.M. Hayward, sometimes called M.W. Hayward, deceased, of Sanford, County of Orange, State of Florida, party of the first part and L.L. Johns and H.B. Rodgers, of Cedar Key, Florida, parties of the second part, WITNESSETH: That the said party of the first part, for and in consideration of the sum of One Hundred and sixty and no/100 ~~00~~ Dollars to her in hand paid by the said parties of the second part, the receipt whereof is hereby acknowledged has granted, bargained and sold to the said parties of the second part, their heirs and assigns forever, the following described land, to-wit: The East half of the South-west quarter of Section thirty, Township Fourteen South, Range Fourteen East (E $\frac{1}{2}$  of SW $\frac{1}{4}$  of Sec 30, Twp 14 S R 14 E.) Containing Seventy nine and ninety four hundredths of acres, lying and being in Levy County, Florida.

And the said party of the first part 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, the said party of the first part hereunto sets her hand and seal this the 15th day of Sept A.D. 1923.

Signed sealed and delivered in our presents, as witnesses:

Mary J. Hayward

(Seal)

A.E. Crooked

Jas. M. Gonzalez

State of Florida,

County of Orange, I hereby certify that before me personally came Mary J. Hayward, to me well known to be the individual described in and who signed sealed and delivered the foregoing instrument, and who acknowledged to me that she signed, sealed and delivered the foregoing instrument for the uses and purposes therein set forth and expressed.

I further certify that I am duly commissioned Notary Public duly authorized to take acknowledgments of instruments in Florida, and that my commission does not expire until the 15 day of Sept 1923.

NOTARIAL SEAL ATTACHED.

A.E. Crooked  
Notary Public, State of Florida at Large  
My Commission expires July 20, 1927.

FIFTY CENT U.S. INT. REV. STAMP ATTACHED & DULY CANCELLED.

XXXXXXXXXXXX

State of Florida,  
Orange County

Before the undersigned authority personally came Mary J. Hayward, who being duly sworn deposes and says: My name is Mary J. Hayward-I am the wife of W.M. Hayward and married Him Dec 26 1900 under the name of W.M. Hayward.



Mary J. Hayward

Sworn to and subscribed before me this 14th day of August 1923.

A.E. Crooked  
Notary Public  
Notary Public, State of Florida  
My Commission expires July 20, 1927.  
NOTARIAL SEAL ATTACHED.

FILED & RECORDED NOV 17TH. A.D. 1923

L.W. DRUMMOND, CLERK

BY Ruby Drummond D.C.

THIS INDENTURE, Made this 16th day of November A.D. 1923, between James T. Guy and Mrs. Annie R. Guy, his wife, of the County of Alachua and State of Florida parties of the first part and Mrs. A.O. Barton of the County of Levy and State of Florida party of the second part, WITNESSETH, That the said parties of the first part, for and in consideration of the sum of One dollar and other Considerations, in hand paid by the said party of the second part, the receipt whereof is hereby acknowledged have remised, released and quit-claimed, and by these presents do remise, release and quit-claim unto the said party of the second part and her heirs and assigns forever, all the right, title, interest, claim and demand which the said parties of the first part have in and to the following described lot, piece or parcel of land, to-wit:

Beginning at the N.E. Corner of the S.W. quarter of the N.W. quarter of Section Six (6), Township Thirteen (13), South, Range Nineteen (19) East; Running West Two and 32/100 chains, South Eighty-one (81) Degrees West Fifteen and 26/100 chains, East Seventeen and 55/100 chains, North One and 52/100 chains to point of beginning, Containing One and 33/100 acres of the S.W. quarter of the N.W. quarter of Section Six (6), Township Thirteen (13), South, Range Nineteen (19) East.

TO HAVE AND TO HOLD the same, together with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title, interest and claim whatsoever of the said parties of the first part, either in law or equity, to the only proper use, benefit and behoof of the said party of the second part, her heirs and assigns, forever.

IN WITNESS WHEREOF, The said parties of the first part have hereunto set their hands and seals the day and year first above written.

Signed, sealed and delivered in presence of)

J. A. Hawkins )

James T. Guy (Seal)

F. M. Hawkins )

Annie R. Guy (Seal)

Notary Public for the State of Florida at Large

My Commission expires June 12, 1926.

State of Florida )

County of Levy. )

I HEREBY CERTIFY, That on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgments, James T. Guy and Mrs. Annie R. Guy to me well known to be the persons described in and who executed the foregoing instrument and----- acknowledged before me that they executed the same freely and voluntarily for the purposes therein expressed.

AND I FURTHER CERTIFY, That the said Annie R. Guy known to me to be the wife of the said James T. Guy on a separate and private examination, taken and made by and before me, separately and apart from her said husband, did acknowledge that she executed the foregoing Deed for the purpose of relinquishing, alienating and conveying all her right, title and interest, whether of dower, homestead or of separate property, statutory or equitable, in and to the lands described therein, and that she executed said Deed freely and voluntarily and without any compulsion, constraint, apprehension or fear of or from her said husband.

WITNESS my hand and official seal at Williston County of Levy and State of Florida this 16 day of November A.D. 1923.

NOTARIAL SEAL ATTACHED.

Frank M. Hawkins

Notary Public for the State of Florida at Large  
My Commission expires June 12, 1926.

FILED & RECORDED NOV. 17TH. A.D. 1923

L.W. DRUMMOND, CLERK

BY Ruby Drummond D.C.

THIS INDENTURE, Made the 19th day of May in the year of our Lord one thousand nine hundred and twenty three BETWEEN W.E. Putral, a single Man, of the County of Lee and State of Florida of the first part, and Mrs. Etta Lennon, of the County of Hillsborough and State of Florida of the second part,

WITNESSETH, That the said party of the first part, for and in consideration of the sum of Ten (\$10.00) dollars (and other valuable consideration) lawful money of the United States of America, to him in hand paid by the said party of the second part, at or before the sealing and delivery of these presents, the receipt whereof is hereby acknowledged, has granted, bargained, sold, aliened, remised, released, conveyed and confirmed, and by these presents does grant, bargain, sell, alien, remise, release, convey and confirm unto the said



