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**CODE ENFORCEMENT
CITY OF FT. PIERCE**

Jeremy A. Castell

2720 Cabernet Circle

Ocoee, Florida 34761

Email: shanellecastell@aol.com

Tel: 321-689-0290

9/2/2014

City of Fort Pierce

Attn: Code Enforcement

Property ID: 24047160027000/9

100 N. US Highway 1

Fort Pierce, Florida 34950

Dear Code Enforcement,

I would like to request an extension on property id 24047160027000/9 for the demolition lien and lot clearing lien for the property located at 715 North 20th Street. My father Willie J. Walker was the owner of the property and has since passed away on August 10, 2013. He went before the board in 2012 and was approved to pay \$6156.88 for the demolition lien within 24 months and \$942.90 within 18 months for the lot clearing lien. At the time this request was approved my father was terminally ill (lung cancer) and he didn't know he was terminally ill. I would like to pay off these liens; however, I am requesting you grant me at least 24 months to pay both liens due to me having to pay unexpected funeral cost out of pocket.

Sincerely,

Jeremy A. Castell

Thursday, August 15, 2013

Jeremy Castell Walker
2720 Cabernet Circle
Ocoee, FL 34761

Thank you for selecting our funeral home to provide services for your family during your time of bereavement. I hope that you found our services, so far, to be of the highest standards that we always try to achieve. The following is a summary of the service charges as previously explained and provided in written form on the services for:

WILLIE WALKER

PROFESSIONAL SERVICES		
Basic service of funeral director and staff	\$ 650.00	
Embalming	\$ 480.00	
costing of remains	\$ 150.00	
TOTAL PROFESSIONAL SERVICES		\$1,280.00
FACILITIES, STAFF AND EQUIPMENT		
Use of Facilities & Staff for Visitation	\$ 150.00	
shelterization	\$ 150.00	
Use of Equipment & Staff for Church Memorial Service	\$ 225.00	
FACILITIES, STAFF AND EQUIPMENT		\$525.00
AUTOMOTIVE EQUIPMENT		
Transfer of Remains to Funeral Home	\$ 275.00	
Hearse / Funeral Coach	\$ 250.00	
Limousine(s)	\$ 300.00	
Escort	\$ 50.00	
TOTAL AUTOMOTIVE EQUIPMENT		\$875.00
MERCHANDISE SELECTED		
Casket: Cardinal Casket	\$1,636.00	
Acknowledgement Cards	\$ 10.00	
Register Book	\$ 25.00	
Head Panel # 019 Time American	\$ 175.00	
Family Spray- Red/white/Blue	\$ 75.00	
Programs 8 1/2 x 14-tri-fold- 100 copies	\$ 130.00	
pictures (4)	\$ 12.00	
TOTAL MERCHANDISE SELECTED		\$2,063.00
SPECIAL SERVICES		
cosmology	\$ 50.00	
TOTAL SPECIAL CHARGES		\$50.00
CASH ADVANCES		
Certified Copies of Death Certificate	\$ 42.00	
Newspaper Notice	\$ 188.00	
Filing DC	\$ 75.00	
Clerical Work	\$ 50.00	
After 12pm	\$ 100.00	
extra programs	\$ 130.00	
CASH ADVANCE TOTAL		\$585.00
TOTAL OF SERVICES		\$5,378.00
LESS: Payments Made	5,378.00	
		PAID IN FULL
		\$0.00

If there are any questions or concerns that remain unanswered, please call me.

Sincerely,

Rufus Alexander
VP, LFD

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2013112029

DATE ISSUED: August 22, 2013

DECEDENT INFORMATION

STATE FILE DATE: August 16, 2013

NAME: WILLIE JAMES WALKER

DATE OF DEATH: August 10, 2013

SEX: MALE SSN: [REDACTED] AGE: [REDACTED] YEARS

DATE OF BIRTH: [REDACTED]

BIRTHPLACE: FORT PIERCE, FLORIDA, UNITED STATES

PLACE OF DEATH: INPATIENT

FACILITY NAME OR STREET ADDRESS: DEPT OF VETERAN AFFAIRS MEDICAL CENTER PALM BEACH

LOCATION OF DEATH: WEST PALM BEACH, PALM BEACH COUNTY

SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: [REDACTED]

SPOUSE: NONE

RESIDENCE: 2009 AVENUE G, FORT PIERCE, FLORIDA 34950, UNITED STATES

COUNTY: ST LUCIE

OCCUPATION, INDUSTRY: NEVER WORKED, NONE

RACE: White Black or African American Asian Indian Chinese Filipino Native Hawaiian Japanese Korean
 American Indian or Alaskan Native-Tribe Vietnamese Other Asian
 Guamanian or Chamorro Samoan Other Pacific Is. Other

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

EDUCATION: HIGH SCHOOL GRADUATE OR GED

EVER IN U.S. ARMED FORCES? YES

PARENTS AND INFORMANT INFORMATION

FATHER: [REDACTED]

MOTHER: [REDACTED]

INFORMANT: JEREMY CASTELL WALKER

RELATIONSHIP TO DECEDENT: SON

INFORMANT'S ADDRESS: 2720 CABERNET CIRCLE, OCOEE, FLORIDA 34761, UNITED STATES

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: SOUTH FL VA NATIONAL CEMETERY
LAKE WORTH, FLORIDA

METHOD OF DISPOSITION: BURIAL

FUNERAL DIRECTOR/LICENSE NUMBER: RUFUS ALEXANDER, F044068

FUNERAL FACILITY: SARAH'S MEMORIAL CHAPEL F041825
728 AVE D, FORT PIERCE, FLORIDA 34950

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 hr): 2239

CERTIFIER'S NAME: MICHAEL A SILVERMAN

CERTIFIER'S LICENSE NUMBER: ME26590

NAME OF ATTENDING PHYSICIAN (If other than Certifier): NOT APPLICABLE

CAUSE OF DEATH AND INJURY INFORMATION

PROBABLE MANNER OF DEATH: NATURAL

CAUSE OF DEATH, PART I - and Approximate Interval: Onset to Death:

a [REDACTED]

b

c

d

PART II - Other significant conditions contributing to death but not resulting in the underlying cause given in PART I:
[REDACTED]

AUTOPSY PERFORMED? NO

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?

DATE OF SURGERY:

DID TOBACCO USE CONTRIBUTE TO DEATH? PROBABLE

REASON FOR SURGERY:

IF FEASIBLE, WAS SHE PREGNANT WITHIN THE PAST YEAR?

NOT APPLICABLE

DATE OF INJURY: NOT APPLICABLE

TIME OF INJURY (24 hr):

LOCATION OF INJURY:

DESCRIBE HOW INJURY OCCURRED:

VOID IF ALTERED OR ERASED