



Doc ID: 032324860004 Type: CRP  
Recorded: 05/16/2019 at 04:47:33 PM  
Fee Amt: \$646.00 Page 1 of 4  
Revenue Tax: \$620.00  
Workflow# 0000522101-0001  
Buncombe County, NC  
Drew Reisinger Register of Deeds

A

BK 5771 PG 9-12

**NORTH CAROLINA GENERAL WARRANTY DEED**

Excise Tax: \$ 620.00

Parcel Identifier No. 9667-53-1647-00000 Verified by \_\_\_\_\_ County on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_  
By: \_\_\_\_\_

Mail/Box to: Worley & Peltz, PLLC, 7 Orchard Street Suite 100, Asheville, NC 28801

This instrument was prepared by: The Phillip C. Price Law Firm, PLLC, Post Office Box 1296 Enka, NC 28728 (19-0419)

Brief description for the Index: \_\_\_\_\_

THIS DEED made this 8 day of May, 2019 by and between

GRANTOR

GRANTEE

Donna G. Seykowski, unmarried  
837 6th Avenue Drive NW  
Hickory, NC 28601

Danaes Stecco and  
Matthew Determan \*\*  
17 Cedar Trail  
Asheville, NC 28803  
\*\*as Joint Tenants with  
Right of Survivorship

Enter in appropriate block for each Grantor and Grantee: name, mailing address, and, if appropriate, character of entity, e.g. corporation or partnership.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot, parcel of land or condominium unit situated in the City of \_\_\_\_\_, \_\_\_\_\_ Township, \_\_\_\_\_ Buncombe County, North Carolina and more particularly described as follows:

See Exhibit "A" and Exhibit "B" attached hereto and incorporated herein by reference. This instrument was prepared by The Phillip C. Price Law Firm, PLLC without review or examination of title to the herein described property and no opinions or representations are being made either express or implied by said law firm or its attorney. This instrument was prepared by Phillip C Price, a licensed North Carolina attorney. Delinquent taxes, if any, to be paid by the closing attorney to the county tax collector upon disbursement of closing proceeds.

The property hereinabove described was acquired by Grantor by instrument recorded in Book 4228 page 1785. All or a portion of the property herein conveyed X includes or \_\_\_ does not include the primary residence of a Grantor.

A map showing the above described property is recorded in Plat Book 42 page 109.

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever, other than the following exceptions:

Easements, restrictions, rights of way of record and utility lines readily apparent and in existence over and under the subject property. Ad valorem taxes for the current year.

IN WITNESS WHEREOF, the Grantor has duly executed the foregoing as of the day and year first above written.

\_\_\_\_\_  
 (Entity Name) Donna G. Seykowski (SEAL)  
 Print/Type Name: Donna G. Seykowski, unmarried

By: \_\_\_\_\_ (SEAL)  
 Print/Type Name & Title: \_\_\_\_\_  
 Print/Type Name: \_\_\_\_\_

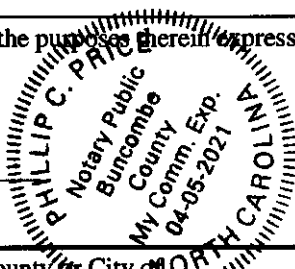
By: \_\_\_\_\_ (SEAL)  
 Print/Type Name & Title: \_\_\_\_\_  
 Print/Type Name: \_\_\_\_\_

By: \_\_\_\_\_ (SEAL)  
 Print/Type Name & Title: \_\_\_\_\_  
 Print/Type Name: \_\_\_\_\_

State of North Carolina - County or City of Buncombe

I, the undersigned Notary Public of the County or City of Buncombe and State aforesaid, certify that Donna G. Seykowski personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed. Witness my hand and Notarial stamp or seal this 8<sup>th</sup> day of May, 2019.

My Commission Expires: 4-5-21  
(Affix Seal)



Phillip C. Price  
Notary Public  
Notary's Printed or Typed Name

State of \_\_\_\_\_ - County or City of \_\_\_\_\_

I, the undersigned Notary Public of the County or City of \_\_\_\_\_ and State aforesaid, certify that \_\_\_\_\_ personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed. Witness my hand and Notarial stamp or seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission Expires: \_\_\_\_\_  
(Affix Seal)

\_\_\_\_\_  
Notary Public  
Notary's Printed or Typed Name

State of \_\_\_\_\_ - County or City of \_\_\_\_\_

I, the undersigned Notary Public of the County or City of \_\_\_\_\_ and State aforesaid, certify that \_\_\_\_\_ personally came before me this day and acknowledged that \_\_\_\_\_ he is the \_\_\_\_\_ of \_\_\_\_\_, a North Carolina or \_\_\_\_\_ corporation/limited liability company/general partnership/limited partnership (strike through the inapplicable), and that by authority duly given and as the act of such entity, \_\_\_\_\_ he signed the foregoing instrument in its name on its behalf as its act and deed. Witness my hand and Notarial stamp or seal, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission Expires: \_\_\_\_\_  
(Affix Seal)

\_\_\_\_\_  
Notary Public  
Notary's Printed or Typed Name

**Exhibit "A"**

Being all of **Lot 22** of "**The Woods**" **Subdivision** as shown on plat recorded in **Plat Book 42, at Page 109** of the Buncombe County, NC Register's Office; reference to which Plat is hereby made for a more particular description of said property.

The above-described property is conveyed together with and subject to those applicable easements and rights of way as shown on the above referenced plat.

And being all of that property described in deed recorded in **Book 4228, at Page 1785** of the Buncombe County, NC Register's Office. Also see Florida Certificate of Death attached hereto as Exhibit "B" for Gladys E. Seykowski and incorporated herein.

 \_\_\_\_\_

**19-0419**

STATE OF FLORIDA

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK. OFFICE of VITAL STATISTICS

EXHIBIT B

FLORIDA CERTIFICATE OF DEATH

LOCAL FILE NO. 1845

1. DECEDENT'S NAME (First, Middle, Last, Suffix) <b>Gladys Eleanor Seykowski</b>		2. SEX <b>Female</b>
3. DATE OF BIRTH (Month, Day, Year) <b>May 06, 1937</b>	4a. AGE Last Birthday (Years) <b>74</b>	4b. UNDER 1 YEAR (Months) <b></b>
5. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>	7. BIRTHPLACE (City and State of Foreign Country) <b>La Porte, Indiana</b>	8. DATE OF DEATH (Month, Day, Year) <b>June 28, 2011</b>
9. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival NON-HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		11a. CITY, TOWN, OR LOCATION OF DEATH <b>Pensacola</b>
10. FACILITY NAME (If not institution, give street address) <b>4089 Cobia Street</b>		11b. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12. MARITAL STATUS (Specify) <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married		13. SURVIVING SPOUSE'S NAME (If wife, give maiden name) <b>Donald W. Seykowski</b>
14a. RESIDENCE - STATE <b>Florida</b>	14b. COUNTY <b>Escambia</b>	14c. CITY, TOWN, OR LOCATION <b>Pensacola</b>
14d. STREET ADDRESS <b>4089 Cobia Street</b>		14e. APT. NO. <b></b>
14f. ZIP CODE <b>32507</b>		14g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15a. DECEDENT'S USUAL OCCUPATION (Specify type of work done during most of working life.) <b>Homemaker</b>		15b. KIND OF BUSINESS/INDUSTRY <b>Own Home</b>
16. DECEDENT'S RACE (Specify the race/races to indicate what decedent considered himself/herself to be. More than one race may be specified.) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Specify tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Is. (Specify) <input type="checkbox"/> Other (Specify)		
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if descendant of Hispanic or Haitian Origin.) <input type="checkbox"/> Yes (If Yes, specify) <input checked="" type="checkbox"/> No <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central/South American <input type="checkbox"/> Haitian		
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) <input type="checkbox"/> 9th or less <input type="checkbox"/> High school but no diploma <input type="checkbox"/> High school diploma or GED <input checked="" type="checkbox"/> College but no degree <input type="checkbox"/> College degree (Specify): <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate		
19. FATHER'S NAME (First, Middle, Last, Suffix) <b>Bernard Michaels</b>		20. MOTHER'S NAME (First, Middle, Maiden/Surname) <b>Leona Ashton</b>
21. INFORMANT'S NAME <b>Donald W. Seykowski</b>		22. RELATIONSHIP TO DECEDENT <b>Husband</b>
23. CITY OR TOWN <b>Pensacola</b>		24. STREET ADDRESS <b>4089 Cobia Street</b>
25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Pensacola Crematory</b>		26. LOCATION - CITY OR TOWN <b>Pensacola</b>
27a. LICENSE NUMBER (of Licensee) <b>FO 43632</b>		27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>
28. NAME OF FUNERAL FACILITY <b>Trahan Family Funeral Home</b>		29. FACILITY'S MAILING - STATE <b>Florida</b>
29a. CITY OR TOWN <b>Pensacola</b>		29b. STREET ADDRESS <b>419 Yoakum Court</b>
29c. ZIP CODE <b>32505</b>		
30. CERTIFIER (Check one) <input checked="" type="checkbox"/> Certified Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.		
31a. SIGNATURE and Title of Certifier <i>[Signature]</i>		31b. DATE SIGNED (MM/DD/YYYY) <b>6/29/2011</b>
31c. LICENSE NUMBER of Certifier <b>MESS 10A</b>		31d. TIME OF DEATH (24 HR) <b>0830</b>
31e. MEDICAL EXAMINER'S CASE NUMBER <b>THOMAS SUNDENBERG MD</b>		
32. NAME OF ATTESTING PHYSICIAN (other than Certifier) <b>THOMAS SUNDENBERG MD</b>		
33. LICENSE NUMBER of Certifier <b>MESS 10A</b>		34. CITY OR TOWN <b>Pensacola</b>
35. STREET ADDRESS <b>1545 Airport Boulevard</b>		36. ZIP CODE <b>32504</b>
37. SUBREGISTRAR - Signature and Date <i>[Signature]</i>		38. DATE FILED BY REGISTRAR (MM/DD/YYYY) <b>JUL 05 2011</b>

*Jean A. Carpenter*  
CHIEF DEPUTY REGISTRAR

JUL 05 2011

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT.



DH FORM 1846 (04-10)

CERTIFICATION OF VITAL RECORD

