

# BATES | WALLACH

*A Client-Centered Law Firm*

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December 13, 2022

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Pinellas County Attorney  
Jewel White, County Attorney  
315 Court Street  
Clearwater, FL 33756

Board of County Commissioners  
Pinellas County, Florida  
Charlie Justice, Chairman  
315 Court Street  
Clearwater, FL 33756

Re: Option Contract to Purchase  
Nelson A. Whitesell and Blanche K. Whitesell

Dear Ms. White and Chairman Justice:

This letter is written with respect to the Option Contract for Sale and Purchase dated March 31, 1998 between Pinellas County and Nelson A. Whitesell, Blanch K. Whitesell, Joseph H. Whitesell, and Jeanne S. Whitesell (“Option Contract”) for the property consisting of 20.315 acres, more or less, (“Option Property”) as described in Exhibit A of the Option Contract. I have enclosed a copy of the Option Contract for your convenience.

This letter shall serve as written notice of the death of Blanche K. Whitesell whom recently died on October 30, 2022. A copy of the Death Certificate of Blanche K. Whitesell is enclosed as evidence of her death. Blanche K. Whitesell was predeceased by her spouse, Nelson A. Whitesell, as he died on April 29, 2004, and a copy of his Death Certificate also accompanies this letter.

The Option Property is owned by the Blanche K. “Pip” Whitesell Revocable Trust dated May 12, 2021 (“Trust”). Dee Robinson and Susan G. Sclafani are the Co-Trustees of the Trust.

Pursuant to the terms of the Option Contract, Pinellas County has the option to purchase the Option Property within fifteen (15) months following this notice of death of the survivor of Nelson A. Whitesell and Blanche K. Whitesell.

Within six (6) months after this notice, Pinellas County agrees to exercise its option, if at all, and to close within fifteen (15) months of this notice.

December 13, 2022

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We will await written notice within six (6) months from receipt of this letter from Pinellas County as to whether it intends to exercise said option. The Co-Trustees of the Trust have an interest in retaining a certain amount of acreage of the Option Property, which they ask be incorporated into any agreement for sale and purchase between the parties.

If Pinellas County provides said notice of its intention to exercise said option, then Seller, the Co-Trustees of the Trust, and Buyer, Pinellas County, each have the right to select one qualified appraiser from Pinellas County's current list of approved appraisers. The Purchase Price of the Option Property shall be determined by the average of said two appraisals.

Should you have any questions or concerns, please do not hesitate to contact me.

Very truly yours,



London L. Bates

LLB:cak  
Enclosures

## BUREAU of VITAL STATISTICS

## CERTIFICATION OF DEATH

STATE FILE NUMBER: 2022199602

DATE ISSUED: NOVEMBER 7, 2022

## DECEDENT INFORMATION

DATE FILED: NOVEMBER 3, 2022

NAME: BLANCHE KANE WHITESELL

AKA: PIP WHITESELL, PIP KANE WHITESELL

DATE OF DEATH: OCTOBER 30, 2022

SEX: FEMALE

AGE: 086 YEARS

DATE OF BIRTH: MAY 8, 1936

SSN: \*\*\*-\*\*-7625

BIRTHPLACE: WARREN, PENNSYLVANIA, UNITED STATES

PLACE WHERE DEATH OCCURRED: INPATIENT

FACILITY NAME OR STREET ADDRESS: MORTON PLANT HOSPITAL

LOCATION OF DEATH: CLEARWATER, PINELLAS COUNTY, 33756

RESIDENCE: 12190 119TH ST, LARGO, FLORIDA 33778, UNITED STATES

COUNTY: PINELLAS

OCCUPATION, INDUSTRY: HOMEMAKER, OWN HOME

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

EVER IN U.S. ARMED FORCES? NO

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

RACE: WHITE

## SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE NAME: NONE

FATHER'S/PARENT'S NAME: ELISHA KENT KANE III

MOTHER'S/PARENT'S NAME: MINA GLADYS SCHULER

## INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: CLAYTON K WHITESELL

RELATIONSHIP TO DECEDENT: SON

INFORMANT'S ADDRESS: 2505 BAY BOULEVARD #4, INDIAN ROCKS BEACH, FLORIDA 33785, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: INDIRA LUGO, F066073

FUNERAL FACILITY: SYLVAN ABBEY MEMORIAL PARK AND FUNERAL HOME F078950

2853 SUNSET POINT RD, CLEARWATER, FLORIDA 33759

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: SYLVAN ABBEY MEMORIAL PARK  
CLEARWATER, FLORIDA

## CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 HOUR): 0800

DATE CERTIFIED: NOVEMBER 1, 2022

CERTIFIER'S NAME: MICHAEL PHILIP WANGER

CERTIFIER'S LICENSE NUMBER: ME72212

NAME OF ATTENDING PRACTITIONER (IF OTHER THAN CERTIFIER): NOT ENTERED

The first five digits of the decedent's Social Security Number have been redacted pursuant to §119.071(5), Florida Statutes.



, STATE REGISTRAR

REQ: 2024581971

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

## 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. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.



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DH FORM 1946 (03-13)

CERTIFICATION OF VITAL RECORD



VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED



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

BUREAU of VITAL STATISTICS

CERTIFICATE OF DEATH 0 4 0 6 0 3 5 6  
FLORIDA

LOCAL FILE NO.

1. DECEDENT'S NAME FIRST: Nelson MIDDLE: Augustus LAST: Whitesell			2. SEX Male			
3. DATE OF DEATH (Month, Day, Year) April 29, 2004		4. SOCIAL SECURITY NUMBER *** **-0164		5a. AGE-Last Birthday (years) 70	5b. UNDER 1 YEAR Months: Days: Hours: Minutes:	
6. DATE OF BIRTH (Month, Day, Year) September 2, 1933		7. BIRTHPLACE (City and State or Foreign Country) Clearwater, Florida			8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) yes	
9a. PLACE OF DEATH (Check only one; see instructions on other side) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER: <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)				9b. INSIDE CITY LIMITS? (Yes or No) yes		
9c. FACILITY NAME (If not institution, give street and number) 12190 119th Street North			9d. CITY, TOWN, OR LOCATION OF DEATH Largo		9e. COUNTY OF DEATH Pinellas	
10a. DECEDENT'S USUAL OCCUPATION Builder	10b. KIND OF BUSINESS/INDUSTRY Custom Boats	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	12. SURVIVING SPOUSE (If wife, give maiden name) Blanche Kane			
13a. RESIDENCE - STATE Florida	13b. COUNTY Pinellas	13c. CITY, TOWN, OR LOCATION Largo	13d. STREET AND NUMBER 12190 119th Street North			
13e. INSIDE CITY LIMITS? (Yes or No) yes	13f. ZIP CODE 33778	14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:	15. RACE - American Indian, Black, White, etc. Specify: White	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary: College (1-4 or 5+): 0-12: 2		
17. FATHER'S NAME (First, Middle, Last) Henry Clayton Whitesell			18. MOTHER'S NAME (First, Middle, Maiden Surname) Gladys Olea Nelson			
19a. INFORMANT'S NAME (Type/Print) Blanche Whitesell		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 12190 119th Street North Largo, FL 33778				
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Sylvan Abbey Memorial Park		20c. LOCATION - City or Town, State Clearwater, Florida		
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b. LICENSE NUMBER (of Licensee) 4438	21c. NAME AND ADDRESS OF FACILITY Sylvan Abbey Funeral Home 33759 2853 Sunset Point Road Clearwater, FL			
To be Completed by CERTIFYING PHYSICIAN Only	22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title) <i>[Signature]</i>			To be Completed by MEDICAL EXAMINER 23a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated. (Signature and Title) <i>[Signature]</i>		
	22b. DATE SIGNED (Mo., Day, Yr) 4/30/04 AD	22c. HOUR OF DEATH 10:57AM	23b. DATE SIGNED (Mo., Day, Yr)			23c. HOUR OF DEATH M
	22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					23d. MEDICAL EXAMINER'S CASE #
24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) David A Flick, M.D. 1260 South Greenwood Avenue Suite B Clearwater, FL 33756						
25a. SUBREGISTRAR - SIGNATURE AND DATE <i>[Signature]</i>		25b. LOCAL REGISTRAR - SIGNATURE <i>[Signature]</i>		25c. DATE REGISTERED May 06 2004		

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

The first five digits of the decedent's Social Security Number have been redacted pursuant to §119.071(5), Florida Statutes.

*[Signature]*, STATE REGISTRAR

DATE ISSUED: November 29, 2022  
REQ: 2024647587

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.  
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