BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY

Meeting Date: 4/20/05 Division: County Attorney

Bulk Item: Yes xx No ___ Staff Contact Person: Bob Shillinger

AGENDA ITEM WORDING:

Authorization to issue release of Code Enforcement lien against Joseph C. and Ruth Sutton.

ITEM BACKGROUND:

In February 2003, the Special Master imposed a lien against property titled in the name of Joseph and Ruth Sutton. Joseph Sutton died in 1999; Ruth Sutton died in 2001. Upon learning of the lien, the surviving son quickly removed the abandoned vehicle and vessel. Unfortunately, due to his own battle with lung cancer, the son is disabled and unable to pay any fine. In addition to 2.5 hours of staff time, the County has incurred costs of $100.00 in collection efforts.

PREVIOUS RELEVANT BOCC ACTION:

BOCC approved collection efforts on June 18, 2003.

CONTRACT/AGREEMENT CHANGES: n/a

STAFF RECOMMENDATIONS: Approval.

TOTAL COST: 0.00 **BUDGETED:** Yes ___ No ___

COST TO COUNTY: 0.00 **SOURCE OF FUNDS:** _____

REVENUE PRODUCING: Yes ___ No xx **AMOUNT PER MONTH** ___ **Year** ___

APPROVED BY: County Atty ___ OMB/Purchasing ___ Risk Management ___

DIVISION DIRECTOR APPROVAL: _____
John R. Collins, County Attorney

DOCUMENTATION: Included xxx Not Required ___

DISPOSITION: _____ **AGENDA ITEM #** _____

Revised 2/05

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Bulk Item: Yes xx No ___ Staff Contact Person: Bob Shillinger

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ITEM BACKGROUND:

In February 2003, the Special Master imposed a lien against property titled in the name of Joseph and Ruth Sutton. Joseph Sutton died in 1999; Ruth Sutton died in 2001. Upon learning of the lien, the surviving son quickly removed the abandoned vehicle and vessel. Unfortunately, due to his own battle with lung cancer, the son is disabled and unable to pay any fine. In addition to 2.5 hours of staff time, the County has incurred costs of $100.00 in collection efforts. A waiver of all fines and charges and the issuance of a Release of Lien is requested.

PREVIOUS RELEVANT BOCC ACTION:

BOCC approved collection efforts on June 18, 2003.

CONTRACT/AGREEMENT CHANGES: n/a

STAFF RECOMMENDATIONS: Approval.

TOTAL COST: 0.00 **BUDGETED:** Yes ___ No ___

COST TO COUNTY: 0.00 **SOURCE OF FUNDS:** ___

REVENUE PRODUCING: Yes ___ No xx **AMOUNT PER MONTH** ___ **Year** ___

APPROVED BY: County Atty A OMB/Purchasing ___ Risk Management ___

DIVISION DIRECTOR APPROVAL: John R. Collins 03/29/05
John R. Collins, County Attorney

DOCUMENTATION: Included xxx Not Required ___

DISPOSITION: ___ **AGENDA ITEM #** ___

Revised 2/05

Gary Johns
8860 NW 16th St
Pembroke Pines, FL 33024

RECEIVED
JUN 09 2004
MONROE COUNTY ATTORN

MR. ROBERT SHELLINGER, JR.

I WOULD LIKE TO APOLOGIZE FOR ANY INCONVENIENCE CAUSED BY MY PARENTS' CAR AND BOAT THAT WERE PARKED AT THEIR MOBILE HOME SITE IN TAYLOR CREEK VILLAGE, KEY LARGO.

I ASSURE YOU THAT MY PARENTS ALWAYS RESPECTED ANY AND ALL LAWS. THAT'S THE WAY THEY WERE. THEY KEPT THE PROPERTY AT TAYLOR CREEK SPOTLESS. THEY LITERALLY ADORED THEIR LITTLE PLACE IN KEY LARGO.

FOR MANY YEARS THEY HAVE HAD A LAWN/MAINTENANCE MAN THAT MAINTAINED THE PROPERTY AND STILL DOES TO THIS DAY. HE CHECKS ON THE PLACE ON A WEEKLY BASIS. HE PICKS UP ANY DEBRIS, LEAVES, ETC. AND MOWS THE LAWN AND SPRAYS ALL THE SURROUNDING GRAVEL FOR WEEDS. SINCE MY DAD'S PASSING, I HAVE MAILED MR. LEMLER (THE LAWNMAN) PAYMENT FOR HIS SERVICES EVERY MONTH.

MY DAD ONLY USED THE CAR THAT WAS THERE FOR TOWING THE BOAT TO AND FROM THE BOAT RAMP. HENCE, WHEN THE BOAT CEASED TO BE USED SO DID THE CAR. I MAINTAINED A CURRENT REGISTRATION EACH YEAR FOR THE BOAT. I DIDN'T REALIZE THAT THE DECAL HAD TO BE ON THE BOAT IF IT WEREN'T IN USE. AS SOON AS I WAS AWARE OF A PROBLEM, I MAILED THE LATEST DECAL TO MR. LEMLER AND HE PUT IT ON THE BOAT.

UNFORTUNATELY, DUE TO THE INSURANCE REQUIREMENTS FOR THE RENEWAL OF THE CAR'S REGISTRATION, THE LICENSE PLATE ON THE CAR EXPIRED. THERE AGAIN, I DIDN'T REALIZE THAT THE CAR'S LICENSE PLATE HAD TO BE CURRENT IF IT WEREN'T BEING DRIVEN ON THE ROAD.

MY DAD PARKED HIS CAR AND BOAT IN THE SAME PLACE FOR OVER TWENTY YEARS. I NEVER IMAGINED THAT EITHER WOULD BE A PROBLEM. WHEN I WAS TOLD OF THE SITUATION, I WAS AT A LOSS. I DIDN'T HAVE THE NECESSARY PAPERWORK TO SELL EITHER THE CAR OR THE BOAT.

FINALLY, IN AN EFFORT TO HELP ME WITH MY PREDICAMENT, A FRIEND OF MINE DROVE DOWN TO KEY LARGO FROM MELBOURNE AND REMOVED THE BOAT. UNFORTUNATELY, THE CAR WAS A DIFFERENT MATTER. BEING OF LITTLE VALUE AND NOT HAVING THE PROPER PAPERWORK FOR THE CAR, IT WAS QUITE A PREDICAMENT. FINALLY, WE FOUND A JUNK DEALER THAT I PAID TO REMOVE THE CAR.

AS I MENTIONED ON THE PHONE, MY HEALTH ISN'T VERY GOOD. MY HEALTH HAS BEEN DECLINING SINCE I WAS DIAGNOSED WITH LUNG CANCER IN 1996. AFTER THE SURGERY TO REMOVE MY LUNG I CONTRACTED ANOTHER TUMOR IN MY CHEST THAT WAS INOPERABLE. THAT'S WHEN I RECEIVED RADIATION TREATMENTS AND CHEMOTHERAPY. LATER I WAS DIAGNOSED WITH LUKEMIA.

HEY, I'M NOT COMPLAINING, I'M ONLY TRYING TO EXPLAIN MY SITUATION. HAD THIS PROBLEM OCCURED PRIOR TO MY ILLNESSES, I WOULD HAVE GONE TO KEY LARGO AND RESOLVED IT RIGHT A WAY. UNFORTUNATELY, I HAVEN'T BEEN ABLE TO MAKE IT DOWN THERE FOR MANY YEARS. THE ONLY MONIES THAT I RECEIVE IS THAT FROM MY DISABILITY CHECK EACH MONTH.

I AM VERY DISTRESSED WITH THIS, AS YOU MIGHT IMAGINE. PLEASE HELP ME.

THANK YOU,
GARY JOHNS

ENCLOSED ARE COPIES OF MY PARENT'S DEATH CERTIFICATES AND A NOTE FROM MY DOCTOR THAT YOU REQUESTED.

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY
CERTIFICATE OF DEATH
FLORIDA

TYPE OR PRINT IN PERMANENT BLACK INK

LOCAL FILE NO.

DECEDENT

1. DECEDENT'S NAME — FIRST: Joseph — MIDDLE: Charles — LAST: Sutton
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): October 23, 1999
4. SOCIAL SECURITY NUMBER: 379-18-3195
5a. AGE-Last Birthday (years): 77
5b. UNDER 1 YEAR — Months / Days
5c. UNDER 1 Day — Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): August 28, 1922
7. BIRTHPLACE (City and State or Foreign Country): Toronto, Canada
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No): No
9a. PLACE OF DEATH (Check only one; see instructions on other side): HOSPITAL X Inpatient __ ER/Outpatient __ DOA — OTHER __ Nursing Home __ Residence __ Other (Specify)
9b. INSIDE CITY LIMITS? (Yes or No): Yes
9c. FACILITY NAME (If not institution, give street and number): Aventura Hospital and Medical Center
9d. CITY, TOWN, OR LOCATION OF DEATH: Aventura
9e. COUNTY OF DEATH: Miami-Dade
10a. DECEDENT'S USUAL OCCUPATION: Vice-President
10b. KIND OF BUSINESS/INDUSTRY: Boating/Yacht
11. MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify): Married
12. SURVIVING SPOUSE (If wife, give maiden name): Ruth Rogers
13a. RESIDENCE — STATE: Florida
13b. COUNTY: Miami-Dade
13c. CITY, TOWN, OR LOCATION: North Miami Beach
13d. STREET AND NUMBER: 445 NE 165th Street
13e. INSIDE CITY LIMITS? (Yes or No): Yes
13f. ZIP CODE: 33162
14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes — If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) X No __ Yes — Specify
15. RACE — American Indian, Black, White, etc. Specify: White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12) — College (1-4 or 5+): 2

PARENTS

17. FATHER'S NAME (First, Middle, Last): John Sutton
18. MOTHER'S NAME (First, Middle, Maiden Surname): Marjorie Nesbitt

19a. INFORMANT'S NAME (Type/Print): Ruth Sutton
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 445 NE 165th Street North Miami Beach, Florida 33162

DISPOSITION

20a. METHOD OF DISPOSITION: X Burial __ Cremation __ Removal from State __ Donation __ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Miami Memorial Park
20c. LOCATION — City or Town, State: Miami, Florida
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Stanley R Evans
21b. LICENSE NUMBER (of Licensee): 2843
21c. NAME AND ADDRESS OF FACILITY: Lithgow-Bennett-Philbrick Funeral Home, 15011 West Dixie Highway, North Miami, Florida, Florida 33181

CERTIFIER (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) stated. (Signature and Title): Jerome Moskowitz
22b. DATE SIGNED (Mo., Day, Yr.): 10/25/99
22c. HOUR OF DEATH: 2:10 P M
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

(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):
23b. DATE SIGNED (Mo., Day, Yr.):
23c. HOUR OF DEATH: M
23d. MEDICAL EXAMINER'S CASE #: __ __ - __ __ - __ __ __ __

24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print): Jerome Moskowitz, M.D. 909 N. Miami Beach Blvd North Miami Beach, Florida 33162
25a. SUBCONTRACTOR — SIGNATURE AND DATE: 10/25/99
25b. LOCAL REGISTRAR — SIGNATURE: Maurice Davlers
25c. DATE REGISTERED: OCT 28 1999

CAUSE OF DEATH BY CERTIFIER

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	Carcinoma Lung	2 months
DUE TO (OR AS A CONSEQUENCE OF) b.	Encephalopathy	1 month
DUE TO (OR AS A CONSEQUENCE OF) c.	Ruptured Appendix with Abscess	2 months
DUE TO (OR AS A CONSEQUENCE OF) d.	Aspiration Pneumonia	2 weeks

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I

27a. WAS AN AUTOPSY PERFORMED? (Yes or No): No
27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No)
28. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No): NO

29. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? __YES __ NO
30a. IF SURGERY IS MENTIONED IN PART I or II ENTER CONDITION FOR WHICH IT WAS PERFORMED
30b. DATE OF SURGERY (Mo., Day, Year)

31. PROBABLE MANNER OF DEATH (Specify) Natural, accident, suicide, homicide, or undetermined.
32a. DATE OF INJURY (Month, Day, Year)
32b. TIME OF INJURY M
32c. INJURY AT WORK? (Yes or No)
32d. DESCRIBE HOW INJURY OCCURRED
32e. PLACE OF INJURY — At home, farm, street, factory, etc. (Specify)
32f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

DH 512, 9/96 (Replaces HRS Form 512)

State of Florida, Department of Health, Vital Statistics

VOID IF ALTERED OR ERASED

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

BY Maurice Davlers

OCT 28 1999
State Registrar

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

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FLORIDA DEPARTMENT OF HEALTH

DOH FORM 1564 (10/98)

CERTIFICATION OF VITAL RECORD

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY
CERTIFICATE OF DEATH
FLORIDA

TYPE OR PRINT IN PERMANENT BLACK INK

LOCAL FILE NO.

DECEDENT

1. DECEDENT'S NAME — FIRST: Ruth — MIDDLE: — LAST: Black Sutton
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): December 27, 2001
4. SOCIAL SECURITY NUMBER: 265-18-6445
5a. AGE-Last Birthday (years): 80
5b. UNDER 1 YEAR — Months: — Days:
5c. UNDER 1 Day — Hours: — Minutes:
6. DATE OF BIRTH (Month, Day, Year): May 20, 1921
7. BIRTHPLACE (City and State or Foreign Country): Searcy, Arkansas
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No): No
9a. PLACE OF DEATH (Check only one; see instructions on other side): HOSPITAL: X Inpatient ___ ER/Outpatient ___ DOA — OTHER: ___ Nursing Home ___ Residence ___ Other (Specify)
9b. INSIDE CITY LIMITS? (Yes or No): Yes
9c. FACILITY NAME (If not institution, give street and number): PARKWAY REGIONAL MEDICAL CENTER
9d. CITY, TOWN, OR LOCATION OF DEATH: North Miami Beach
9e. COUNTY OF DEATH: Miami-Dade
10a. DECEDENT'S USUAL OCCUPATION: HOMEMAKER
10b. KIND OF BUSINESS/INDUSTRY: OWN HOME
11. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): Widowed
12. SURVIVING SPOUSE (If wife, give maiden name): None
13a. RESIDENCE – STATE: Florida
13b. COUNTY: Miami-Dade
13c. CITY, TOWN, OR LOCATION: North Miami Beach
13d. STREET AND NUMBER: 445 North East 165th Street
13e. INSIDE CITY LIMITS? (Yes or No): Yes
13f. ZIP CODE: 33162
14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes – If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) X No ___ Yes — Specify:
15. RACE – American Indian, Black, White, etc. Specify: White
16. DECEDENT'S EDUCATION (Specify only highest grade completed) — Elementary/Secondary (0 - 12): 12 — College (1-4 or 5 +):

PARENTS

17. FATHER'S NAME (First, Middle, Last): W.R. Rogers
18. MOTHER'S NAME (First, Middle, Maiden Surname): Willie Branan

DISPOSITION

19a. INFORMANT'S NAME (Type/Print): Gary Johns
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 430 North East 155 Terrace MIAMI Florida 33162
20a. METHOD OF DISPOSITION: ___ Burial X Cremation ___ Removal from State ___ Donation ___ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): South Florida Crematory
20c. LOCATION – City or Town, State: Miami Florida
Part 1a.
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Maurice Jackson
21b. LICENSE NUMBER (of Licensee): 4598
21c. NAME AND ADDRESS OF FACILITY: Florida Mortuary Services - Allapattah, 1495 N.W. 17th Ave., Miami, Florida 33125-

CERTIFIER (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) ▶
22b. DATE SIGNED (Mo., Day, Yr): 1/2/02
22c. HOUR OF DEATH: 5:20 A M
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

(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) ▶
23b. DATE SIGNED (Mo., Day, Yr):
23c. HOUR OF DEATH: M
23d. MEDICAL EXAMINER'S CASE #: __ __ - __ __ - __ __ __ __

24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print): Leonard Piapke MD 2797 N.E. 207 Street #201, Aventura, FL 33180
25a. SUBREGISTRAR – SIGNATURE AND DATE: 01/02/02
25b. LOCAL REGISTRAR – SIGNATURE ▶ Maurice Dardar
25c. DATE REGISTERED: JAN 07 2002

CAUSE OF DEATH BY CERTIFIER

Part II

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. — Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) → acute myocardial infarct

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

a. ____ DUE TO (OR AS A CONSEQUENCE OF):
b. ____ DUE TO (OR AS A CONSEQUENCE OF):
c. ____ DUE TO (OR AS A CONSEQUENCE OF):
d. ____

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

27a. WAS AN AUTOPSY PERFORMED? (Yes or No): No
27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No):
28. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No): Yes

29. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? ___ Yes ___ No
30a. IF SURGERY IS MENTIONED IN PART I or II, ENTER CONDITION FOR WHICH IT WAS PERFORMED
30b. DATE OF SURGERY (Mo., Day, Year)

32e.

31. PROBABLE MANNER OF DEATH (Specify) Natural, accident, suicide, homicide, or undetermined.
32a. DATE OF INJURY (Month, Day, Year)
32b. TIME OF INJURY M
32c. INJURY AT WORK? (Yes or No)
32d. DESCRIBE HOW INJURY OCCURRED

32f.

32e. PLACE OF INJURY – At home, farm, street, factory, etc. (Specify)
32f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

DH 512, 9/96 (Replaces HRS Form 512)

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BY Maurice Dardar — JAN 07 2002 — State Registrar

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FLORIDA DEPARTMENT OF HEALTH

DOH FORM 1564 (10/98)

CERTIFICATION OF VITAL RECORD

PULMONARY GROUP OF SOUTH FLORIDA

Internal Medicine, Pulmonary Disease, Critical Care and Sleep Disorders
R. Latanae Parker MD FACP, Mark J. Hauser MD FACP, Jeremy I. Tabak MD FCCP,
Louis T. Gidel MD PhD FCCP, Javier Perez-Fernandez MD, FCCP and George D. Yatzkan MD
7000 S.W. 62nd Avenue, Suite 201, South Miami, FL 33143
Office: 305-661-9404 Fax: 305-661-1510 Internet: www.lungdoctors.com

March 1, 2004

RE: Johns, Ira

Dear Sir/Madam:

This patient is being followed in our office for cancer of the lung and chronic obstructive pulmonary disease. As a result of these conditions he is limited in his ability to travel. Also he is on multiple medications including pain medications which limit his ability to drive a motor vehicle.

Sincerely yours,

R. Latanae Parker

R. Latanae Parker M.D., F.A.C.P.
Electronically signed

Record locator:
C:\MEDICAL RECORDS\Johns, Ira 07-16-1945\CORRESPONDENCE\03-01-2004 1408.doc
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