

Collins, Alecia

From: McGivern, Kylie <Kylie.McGivern@WFTS.COM>
Sent: Monday, February 10, 2020 11:27 AM
To: Collins, Alecia
Cc: Galetta, Devin
Subject: RE: ABC Action News Salary Inquiry on Deadline

Hey Alecia,

Checking back in on this.

Many thanks,

Kylie McGivern
Investigative Reporter
WFTS ABC Action News
Cell: (813) 294-8137
Kylie.mcgivern@wfts.com
Twitter: @KylieMcGivern



From: McGivern, Kylie
Sent: Thursday, February 6, 2020 11:32 AM
To: Collins, Alecia <Alecia.Collins@myfloridacfo.com>
Cc: Galetta, Devin <Devin.Galetta@myfloridacfo.com>
Subject: Re: ABC Action News Salary Inquiry on Deadline

Thank you!

Sent from my iPhone

On Feb 6, 2020, at 9:12 AM, Collins, Alecia <Alecia.Collins@myfloridacfo.com> wrote:

[EXTERNAL SENDER]

Morning Kylie,

I am gathering the additional information you have requested from my team. I'll circle back once I have it.

Thanks,

Alecia Collins
Press Secretary
Florida Department of Financial Services
850.413.2842 alecia.collins@myfloridacfo.com

Please note that Florida has a broad public records law. Most written communications to or from state officials regarding state business are considered to be public records and will be made available to the public and the media upon request. Therefore, your e-mail message may be subject to public disclosure.

From: McGivern, Kylie <Kylie.McGivern@WFTS.COM>
Sent: Wednesday, February 5, 2020 5:31 PM
To: Collins, Alecia <Alecia.Collins@myfloridacfo.com>
Cc: Galetta, Devin <Devin.Galetta@myfloridacfo.com>
Subject: RE: ABC Action News Salary Inquiry on Deadline

Thank you, Alecia.

Can you also please send me a copy of the complaint Karin Tompkins sent, as well as any investigative report attached to the case?

The letter you sent states, " Mrs. Karin Tompkins responded to your complaint, a copy of which is enclosed for your records."

Additionally, for the Walaconis' case involving Downing Funeral Home, can you please send me a copy of the closure letter and any investigative reports attached to the case?

Thank you again,

Kylie McGivern
Investigative Reporter
WFTS ABC Action News
Cell: (813) 294-8137
Kylie.mcgivern@wfts.com
Twitter: @KylieMcGivern
<image001.jpg>

From: Collins, Alecia <Alecia.Collins@myfloridacfo.com>
Sent: Wednesday, February 5, 2020 5:12 PM
To: McGivern, Kylie <Kylie.McGivern@WFTS.COM>
Cc: Galetta, Devin <Devin.Galetta@myfloridacfo.com>
Subject: RE: ABC Action News Salary Inquiry on Deadline

[EXTERNAL SENDER]

Hi Kylie,

The investigation by the Division of Funeral, Cemetery, and Consumer Services into Good Earth Crematory did not find a violation of Florida Statute. There are no statutes or rules that require a licensee to determine if someone who claims to be a decedent's legally authorized person is in fact actually the next of kin, personally representative, etc.

Attached is the closure letter.

Thank

Alecia Collins
Press Secretary
Florida Department of Financial Services
850.413.2842 alecia.collins@myfloridacfo.com

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From: McGivern, Kylie <Kylie.McGivern@WFTS.COM>
Sent: Monday, February 3, 2020 11:06 AM
To: Collins, Alecia <Alecia.Collins@myfloridacfo.com>
Subject: RE: ABC Action News Salary Inquiry on Deadline

Hey Alecia,

It's been close to 4 weeks so wanted to check back in on this.

Thanks again!

Kylie McGivern
Investigative Reporter
WFTS ABC Action News
Cell: (813) 294-8137
Kylie.mcgivern@wfts.com
Twitter: @KylieMcGivern
<image001.jpg>

From: McGivern, Kylie
Sent: Wednesday, January 8, 2020 12:36 PM
To: Collins, Alecia <Alecia.Collins@myfloridacfo.com>
Subject: Re: ABC Action News Salary Inquiry on Deadline

Great, thank you!

Sent from my iPhone

On Jan 8, 2020, at 12:20 PM, Collins, Alecia <Alecia.Collins@myfloridacfo.com> wrote:

[EXTERNAL SENDER]

Hi Kylie,

My apologizes for the missed email. I have a call out to my team for more information and hope to have a response soon.

Thanks,

Alecia Collins

Press Secretary
Florida Department of Financial Services
850.413.2842 alecia.collins@myfloridacfo.com

Please note that Florida has a broad public records law. Most written communications to or from state officials regarding state business are considered to be public records and will be made available to the public and the media upon request. Therefore, your e-mail message may be subject to public disclosure.

From: McGivern, Kylie <Kylie.McGivern@WFTS.COM>
Sent: Tuesday, January 7, 2020 5:31 PM
To: Collins, Alecia <Alecia.Collins@myfloridacfo.com>
Subject: RE: ABC Action News Salary Inquiry on Deadline

Hey Alecia, checking back in for any details as to why the investigation into The Good Earth Crematory was closed.

Thank you again,

Kylie McGivern
Investigative Reporter
WFTS ABC Action News
Cell: (813) 294-8137
Kylie.mcgivern@wfts.com
Twitter: @KylieMcGivern
<image001.jpg>

From: McGivern, Kylie
Sent: Friday, January 3, 2020 4:12 PM
To: Collins, Alecia <Alecia.Collins@myfloridacfo.com>
Subject: RE: ABC Action News Salary Inquiry on Deadline

Thank you, Alecia! And why was it closed?

From: Collins, Alecia <Alecia.Collins@myfloridacfo.com>
Sent: Friday, January 3, 2020 4:09 PM
To: McGivern, Kylie <Kylie.McGivern@WFTS.COM>
Subject: RE: ABC Action News Salary Inquiry on Deadline

[EXTERNAL SENDER]

Hello Kylie,

The Downing Funeral Home investigation is still open and ongoing. The Good Earth Crematory investigation has been closed.

Thank you,

Alecia Collins
Press Secretary
Florida Department of Financial Services
850.413.2842 alecia.collins@myfloridacfo.com



CHIEF FINANCIAL OFFICER
JIMMY PATRONIS
STATE OF FLORIDA

Memorandum

To: Nicole Singleton, Investigation Manager
From: Kurt Schuller, Financial Specialist (K)
Date: 11/25/2019
Re: ATN-33729, The Good Earth Crematory, F041305

The complainant, Ana Maria Anselmi, alleged the licensee failed to verify or confirm who Claudia Alonzo Crawford was. Ms. Crawford identified herself as the legally authorized person when making the cremation arrangements for Franscisco Fernandez, the complainant's father, who passed away on 1/25/2015.

The establishment relied on statements made by Claudia Crawford to conduct the cremation of Franscisco Fernandez and completion of his death certificate. The licensee is not required to verify or confirm statements made by someone asserting to be the legally authorized person. The Good Earth Crematory attempted to correct the death certificate in 2015. A letter from the Bureau of Vital Statistics stated a court order would be required to correct the death certificate.

No further administrative action recommended.

Florida Division of Funeral, Cemetery and Consumer Services

Notice of Complaint and Request for Written Response

TO:

THE GOOD EARTH CREMATORY
501 17TH AVE WEST
BRADENTON FL 34205

Date of this Notice: 9/18/2019

License #: F041305

License Type:
2800 - DIRECT DISPOSAL ESTABLISHMENT

Assignment Number: **ATN- 33729** (Include this number in all communications with the Division)

Dear Sir/Madam:

A complaint has been filed against you, and the Funeral and Cemetery Division requests a written response from you. The Division is charged with investigating the complaint, pursuant to s. 497.149, Fla. Statutes.

A copy of the written complaint is attached. Pursuant to section 497.153(2)(b), Fla. Statutes, please provide a written response within 20 days of receipt of this Notice. Please address your response to the Division Investigator named below. Please attach copies of any contracts, correspondence, or other documents that support your position.

Thank you for your attention to this matter.

Sincerely,

Division of Funeral, Cemetery, and Consumer Services

Complainant: ANA MARIA ANSELM
1932 CANARY ISLAND STREET
VENICE FL 34292

Investigator: Kurt Schuller, 1313 N. Tampa Street, Suite 406, Tampa FL 33602, Fax: 813-224-1990, Ph: 813-218-5391, Email: Kurt.Schuller@myfloridacfo.com. SUPERVISOR: Nicole Singleton, ph. 850-413-4987.

COPY OF WRITTEN COMPLAINT ATTACHED.

Initials of Division staffer mailing this Notice: CPD

COMPLAINT FORM -- FUNERAL AND CEMETERY MATTERS

When completed, mail this form to:

Division of Funeral, Cemetery & Consumer Services, ATTN: Complaint staff
Larson Building, 200 F. Gaines Street, Tallahassee FL 32399-0361

FOCS 2/15
19 SEP 16 AM 4

Section 1. THIS COMPLAINT IS BY

Your Name: Ana Maria Anselmi

Your street address: 1932 Canary Island Street,

City Venice

County Sarasota

State FLORIDA

Zip 34292

Your phone number with area code:

941-726-3757

Your email address (optional):

anamaria.305@hotmail.com

Are you, the complainant, a funeral director, direct disposer, funeral establishment or cemetery operator, preneed seller, or other deathcare industry licensee, or employee of such licensee? (circle one) YES NO

Section 2. WHO IS THE COMPLAINT AGAINST?

Name of person or business the complaint is against:

Karin at Good Earth Crematory

Street address:

501 17th Ave. W.

City Bradenton

State FL

Zip 34205

Telephone number of the person or business your complaint is against (with area code): 941-748-7756

To your knowledge, is the Subject properly licensed?
☐ YES ☐ NO ☒ Don't know for sure

If your complaint is against a business with multiple employees, please name the person(s) you have dealt with the most in that business, concerning your complaint (and if they have specific phone numbers or extensions, please provide same):

Karin. the facility is family owned and operated.

Please state your complaint in your own words. Provide names of all persons involved or who are witnesses. Provide specific or at least approximate dates for all contracts, important events, communications, etc. Attach copies of any important contracts, letters, etc. (do not send originals). *Continue on reverse side and additional pages, as needed.*

Please see attached ③ total pages.

Section 3. COMPLAINANT'S SIGNATURE

Ana Maria Anselmi

Signature of complainant

9/12/19

Date signed

September 13, 2019

My sisters and I entered Good Earth Crematory on March 10, 2015 as we were trying to locate our deceased father. Karin at Good Crematory advised us his niece (Claudia Alonzo Crawford) ordered his cremation and picked up his remains about a month prior. Problem is, our father doesn't have a niece named Claudia.

Karin acted surprised to learn this and stated she didn't know our father had daughters. Karin failed to verify or confirm who Claudia was therefore robbing us the opportunity to view our deceased father. Due to family issues, the last 3 years of our father's life, we were not in communion however, we still cared for him deeply.

Fast forward to today, my sisters and I have decided to investigate what happened with our father, WHY Claudia claimed to be his niece as well as, pursue Good Earth for neglect. Furthermore, in a recent interview with investigative reporter Kylie from ABC Action News out of Tampa, Florida, Karin informed Kylie she knew our father had a surviving daughter as Claudia informed her of it when she met with her during the time my father passed away. If you can imagine, this was news to us! Our question and issue is WHY didn't Karin try and locate my sister if she knew about her? Why didn't she look to see if was married because he was. Claudia has my sister's telephone number. She could have given it to Karin or Karin could have asked her for it. Also, wouldn't that let Karin know there was someone else whp was next a kin? That daughter is Karina. She's my youngest sister who lives in the same city my father passed away in along with his wife and my other sister Melissa.

Karin also filed a fraudulent death certificate with many errors and incorrect information. (The death certificate is attached). My sisters and I informed her of this and she's yet to correct it for us.

I thank you for your attention to this matter.

Ana Maria Anselmi

941-726-3757

My father's wife (my mother): Ana Delia Fernandez
1st Daughter: Daisy Barbara (Fernandez) Rodriquez (formally married)
2nd Daughter: Ana Maria (Fernandez) Anselmi (married)
3rd Daughter: Melissa Yasmin Fernandez
4th Daughter: Karina Francis Fernandez

Karina at Good Earth Crematory 941-748-7756

Claudia Alonzo Crawford 941-565-0757

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2015013025

DATE ISSUED: AUGUST 15, 2019

DECEDENT INFORMATION

DATE FILED: JANUARY 29, 2015

NAME: FRANCISCO RAUL FERNANDEZ

DATE OF DEATH: JANUARY 25, 2015

SEX: MALE SSN:

AGE: 077 YEARS

DATE OF BIRTH: [REDACTED]

BIRTHPLACE: CUBA

PLACE OF DEATH: NURSING HOME

FACILITY NAME OR STREET ADDRESS: CASA MORA REHABILITATION & EXTENDED CARE

LOCATION OF DEATH: BRADENTON, MANATEE COUNTY, 34209

RESIDENCE: 1902 59TH STREET WEST, BRADENTON, FLORIDA 34209, UNITED STATES

COUNTY: MANATEE

OCCUPATION, INDUSTRY: LABORER, FACTORY

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

EVER IN U.S. ARMED FORCES? NO

HISPANIC OR HAITIAN ORIGIN? YES, CUBAN

RACE: WHITE

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: DIVORCED

SURVIVING SPOUSE NAME: NONE

FATHER'S NAME:

FRANCISCO RAUL FERNANDEZ

MOTHER'S NAME:

CARMEN MARTINEZ

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: CLAUDIA CRAWFORD

RELATIONSHIP TO DECEDENT: NIECE

INFORMANT'S ADDRESS: 8515 4TH AVENUE NORTH EAST, BRADENTON, FLORIDA 34208, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: KARIN S. TOMPKINS, F020565

FUNERAL FACILITY: THE GOOD EARTH CREMATORY F041305

501 17TH AVE W., BRADENTON, FLORIDA 34205

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: THE GOOD EARTH CREMATORY

BRADENTON, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 HOUR): 1500

DATE CERTIFIED: JANUARY 26, 2015

CERTIFIER'S NAME: ASAD MOIZ ALI

CERTIFIER'S LICENSE NUMBER: ME71369

NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): NOT APPLICABLE

CAUSE OF DEATH AND INJURY INFORMATION

MANNER OF DEATH: [REDACTED]

CAUSE OF DEATH - PART I - AND APPROXIMATE INTERVAL: ONSET TO DEATH

a. [REDACTED]

b. [REDACTED]

c.

d.

PART II - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I:

AUTOPSY PERFORMED? NO

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?

DATE OF SURGERY:

DID TOBACCO USE CONTRIBUTE TO DEATH? PROBABLY

REASON FOR SURGERY:

PREGNANCY INFORMATION: NOT APPLICABLE

DATE OF INJURY: NOT APPLICABLE

TIME OF INJURY (24 HOUR):

INJURY AT WORK?

OTHER FACTORS OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I:

AUTOPSY PERFORMED? NO

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?

DATE OF SURGERY:

DID TOBACCO USE CONTRIBUTE TO DEATH? PROBABLY

REASON FOR SURGERY

PREGNANCY INFORMATION NOT APPLICABLE

DATE OF INJURY: NOT APPLICABLE

TIME OF INJURY (24 HOUR):

INJURY AT WORK?

LOCATION OF INJURY:

DESCRIBE HOW INJURY OCCURRED:

PLACE OF INJURY:

IF TRANSPORTATION INJURY, STATUS OF DECEDENT:

TYPE OF VEHICLE:

Ken Jones

STATE REGISTRAR

REQ: 2020767466

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. THIS DOCUMENT WILL NOT PRODUCE A COLOR COPY.



* 5 7 7 3 5 4 3 9 *

DH FORM 1947 (03-13)

CERTIFICATION OF VITAL RECORD



1015
10:00

ATN- 33729

In reference to the following complaint.

Mr. Fernandez died January 25, 2015. He died at Casa Mora Assisted Living Facility. (see attached release form)

Ms. Crawford was listed as POA/Caregiver. Ms Crawford came into my office on Jan 27, 2015. Ms. Crawford stated at the time of Mr. Fernandez death she had been his healthcare proxy and had been for many years. If Ms. Crawford stated to me that Mr. Fernandez had a daughter at that time I would of ask for any information she would have had on the daughter. If she had none I would have had her sign my due diligent form stating that there were no immediate family members present at time of death. (I can not state for sure because it's been to long I would be speculating) My procedure is no immediate family present then they sign my due diligent form and with any other resource I may have I will try and see what I can find out about the deceased.

Mr. Fernandez's bill was paid by Sunshine Financial Service Group Inc. they were also listed on the release form.

Ms. Crawford came in on Feb 06, 2015 and picked up Mr. Fernandez's remains.

The Fernandez family came into my establishment on Mar 10, 2015. Wife and three daughters. I gave my condolences and asked how could I help. I explained to them that my only contact was Ms. Crawford and they told me that they where not involved in Mr. Fernandez's life at his time of death and had not been for many years, but they would like the death certificate amended so the wife could receive his social security benefits. I offered my help in anyway I could.

I asked if they had any objection to the cremation process they all stated no. I asked if they would like me to contact Ms. Crawford to return Mr. Fernandez's remains to my establishment so I could return to them they said yes.

I had the wife sign an affidavit of amendment and told the family what documents I needed to amend. I called Ms. Crawford she returned the remains on Mar 11, 2015, I explained to her that niece was listed and told her the family had already signed an affidavit to amend so she left it up to the family to do the amendment. She also offered her contact information if the family would like to reach out to her in regards to their father.

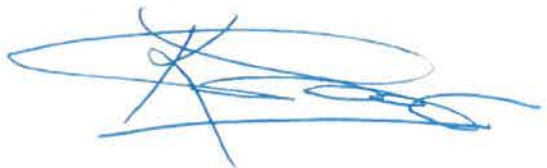
The family came and picked up there father's remains the same day (Mar 11th.) and also brought me the documents I needed to do the amendment. I forwarded Ms. Crawford's contact information to them in which they were grateful to her for.

I received notice back from the Bureau of Vital Statistics on Apr 2, 2015, explaining what needed to be done. (see attachment) I called Ana at the number she provided me and read the statement to her. She told me she would get back with me and never did.

I reached out to Ana and her sister Melissa (only two phone numbers given to me) I left many message's with no response back from either. I did this for many months. The last time I tried reaching out to the family is when the Bureau of Vital Statistics called asking me what I wanted to do with the amendment. I called them back stating I could not get in contact with the family so follow their procedures. (this was about a year or more later).

I was contacted by a reporter on August 22, 2019. (Kylie McGivern) asking about Mr. Fernandez and why niece was listed on the death certificate I stated it was an error and that the family never responded back to have it amended. From there she kept asking questions. I contacted The Department of Funeral Services and Cemetery and spoke with a gentleman about the reporter and the case. The reporter stated that she was going to sit in front of my establishment until she got an interview so I decided to accommodate her. At no time did I state that Ms. Crawford stated he had a daughter and if he did I would have had her sign my due diligent form. (I would have said I think or if she did no information given to contact her.)

I do not have all documents after two years I scan into my system, unfortunately this is all that was scanned for Mr. Fernandez. After the reporter contacted me I reached out to Ms. Crawford and asked if she wanted to amend the death certificate from niece to caregiver and she stated she would. (I don't believe that Ms. Crawford signed my forms as niece but caregiver. I believe this was an error, but without any documents I can not say for sure. I put forth every effort to help this family four years ago to amend Mr. Fernandez's death certificate and they failed to return my phone messages and at the time they left my office they had no complaints. If there would have been any other problems, I would have done what ever I needed to do to accommodate them at that time.



9/28/2019

F020565

ADMISSION RECORD

Casa Mora Rehab and Extended Care- SNF
1902 59th St West
Bradenton, FL 34209-4602
United States
TEL: (941) 761-1000

Oct 31, 2014 23:01:03 ET

RESIDENT INFORMATION

Resident Name		Preferred Name	Unit	Room / Bed	Admission Date	Init. Adm. Date	Orig. Adm. Date	Resident #
FERNANDEZ, FRANCISCO R.			SOUTH HALL	288-A	10/31/2014	10/31/2014	10/31/2014	41788
Previous address				Previous Phone #		Legal Mailing address		
1207 30th Avenue East Paradise Rest ALF, Bradenton, FL, 34208						Same as Previous Address		
Sex	Birthdate	Age	Marital Status	Religion	Race	Occupation(s)	Primary Lang.	
M	09/22/1937	77	Divorced	Unknown	Hispanic or Latino	Unknown	English	
Admitted From		Admission Location		Birth Place		Citizenship		Maiden Name
Acute care hospital		SARASOTA MEMORIAL HOSPITAL				U.S.		
Medicare (HIC) #		Medicaid #		Social Security #		Medical Record #		
Insurance Name:		Insurance Policy #:		Part D Policy #		SMC I.D.#		
MMA Policy#		MMA Insurance Co.		Managed Medicaid		Managed Medicaid Policy#		
Part D Insurance		PRESTIGE						

PAYER INFORMATION (No Data Found)

OTHER INFORMATION

Most Recent Hospital Stay	Allergies		
	No Known Allergies		
Admission Type	Advanced Directives - Code Status	Medicaid Recertification Date	Medicare A Eff Date
Medicare Coverage	Other Advanced Directives	Part D Carrier	
Part A & B			

CARE PROVIDERS

Provider	Phone	Address	UPIN	NPI
Attending Physician (Primary) ALI, ASAD BCBS #32379	Office: (941) 752-1400	6078 14TH ST W Bradenton, FL 34203		1790715233

PHARMACY

Pharmacy	Phone/Fax	Address
PharMerica- Sarasota (Primary) Primary Contact: Michael Goren	Phone: (941) 342-2500 Fax: (941) 377-2394	775 Bell Rd Sarasota, FL, 34240

EXTERNAL FACILITIES (No Data Found)

Facility Name	Phone	Facility Type

CONTACTS

Name	Contact Type	Relationship	Address	Phone
Security Group, Inc., Sunshine Financial	Financial Agent POA - Financial Responsible Party	Trust Officer	P O Box 7997 St Petersburg, FL, 33734	Cell: (727) 398-3655
Crawford, Claudia	Trust Officer POA - Care	Other	6515 4th Avenue NE Bradenton, FL, 34208	Cell: (941) 565-0757

DIAGNOSIS INFORMATION (No Data Found)

Code	Description	Onset Date	Rank	Classification

ADVANCED DIRECTIVE

Full Resuscitate	DNR
------------------	-----

MISCELLANEOUS INFORMATION

Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)	
1/25/15	1500	0	GOOD EARTH	
Signature		Date	Time	
		1-25-15		
Personal Effects Sent With	Relationship	Date	Time	

SUNSHINE FINANCIAL SERVICE GROUP INC.
SOCIAL SECURITY BENEFICIARY
PO Box 7997, St Petersburg, FL 33734

Pay To Family Crest Management Services, Inc

Ref Amount Client Check Memo
\$892.00 FRANCISCO R FERNAND INV#

Check #
Date 01/28/2015
Amount \$892.00

Bank Acct.

PERSONAL NEEDS

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

**Rick Scott**

Governor

John H. Armstrong, MD, FACS

State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

April 02, 2015

Mr. William Tompkins
C/o The Good Earth Crematory
501 17th Avenue West
Bradenton, FL 34205

Dear Karen:

This letter is in reference to your recent request for an amendment to the death certificate filed for Francisco Ramon Fernandez, for which we have received a fee of \$30.00.

Per our discussion yesterday, we can correct the decedent's middle name with the two documents you submitted but the birth certificate for Mr. Fernandez must be either the original certified copy or a notarized copy accompanied by a certified English translation in order to amend the parent's name.

At the time of death a person acting as an informant, usually a family member or next of kin, provides the funeral home with the information to be placed on the death certificate. There are certain amendments that can be processed administratively through this office; however, a court order is required to amend marital status on a death certificate.

The Bureau of Vital Statistics is not empowered to amend a death certificate if the change to marital status will alter the surviving spouse item on the certificate. The amendment you have requested would change the surviving spouse item. I have enclosed a copy of section 382.016, Florida Statutes as well as section 64V-1.007, Florida Administrative Code, which specifically addresses the issue of amending marital status. The Bureau of Vital Statistics is merely a custodian of vital records. Court orders are required since judges are fact finders, unlike an administrative body such as Vital Statistics. The order must specifically direct the Bureau of Vital Statistics to amend the death certificate of Francisco Ramon Fernandez and to change the marital status from "Divorced" to "Married, but Separated" and to reflect Ana Delia Montalvo as the surviving spouse.

If you plan to pursue this action through court, we suggest that your attorney first contact our legal counsel, CARYL KILINSKI, so that she can advise them of the procedures in place. Ms. Kilinski may be reached at: Department of Health, General Counsel's Office, 4052 Bald Cypress Way, BIN A02, Tallahassee, Florida 32399-1703.

Page 1

Florida Department of Health

Bureau of Vital Statistics

P.O. Box 210 • Jacksonville, FL 32231-0042

Phone: (904) 359 - 6900 • www.floridavitalstatisticsonline.com**www.FloridasHealth.com**

TWITTER: HealthyFLA

FACEBOOK: FLDepartmentofHealth

YOUTUBE: fidoh

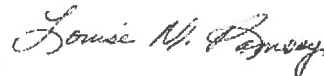
April 2, 2015

Francisco Ramon Fernandez

Since a court order is required, all the information you listed on the affidavit can be put in the court order, and if all is not included in the court order, Ana cannot sign the affidavit making herself the new informant. Ms. Crawford must sign the affidavit.

A return envelope is enclosed to ensure that your request is handled promptly. If you have additional questions or need clarification as to our requirements, please contact our office at (904) 359-6900, extension 1072 or by email at louise.ramsey@flhealth.gov.

Sincerely,



Louise M. Ramsey
Records Specialist
Bureau of Vital Statistics

lmr

Enclosures

REQ 2015780215

EXPEDITE

The Good Earth CREMATORY

501 17th Avenue West
Phone: (941)748-7756 Fax: (941)748-7919

The Undersigned Hereby Acknowledges Receipt of the Cremated Remains
Francisco Raul Fernandez

Cremated: January 29, 2015

Cremation number: CA#15-00601

Type of Urn or Urns: 1 - Black plastic cremation urn/cardboard mailer.

Authorized Recipient: Release to family.

Disposition Instructions: Release to family.

Death Certificates Received: with cause (long): 2 without cause (short): 1

Prayer cards: 0

Tribute Book: 0

Veterans Flag: 0

Thank you cards: 0

Items returned to family: None.

Family pickup on 3/11/2015
Sharon Unseker

Acknowledgment, I have reviewed my certified copies of death certificates
And/or all other printed items provided to me by The Good Earth Crematory,
and accept them as being satisfactory.

Received By: [Signature]

Dated: 2-6-15

Witnessed By: The Good Earth Crematory

Dated: [Signature]

[Signature] March 11 2015



SAFE DRIVER
On 8/1/14, a driver vehicle conviction exempt to the safety test required by law

K

Ph # 941-844-0819

Bradenton

941-348-5750

(Dina) - Melissa

Menu



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TAMPA BAY

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Quick links...



ALERT

**What's happening in Tampa Bay this weekend? |
October 4-6**

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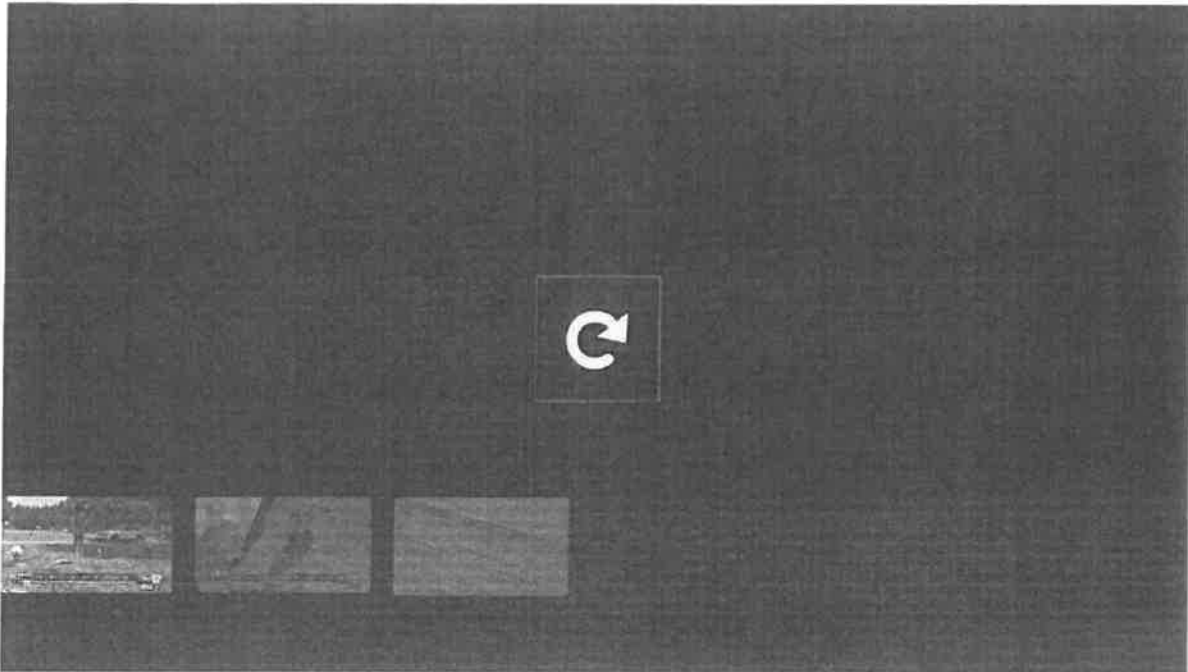
I-Team investigation into fake nephew cremating Navy veteran prompts other families to come forward

State regulators launch new investigation

Posted: 7:40 AM, Sep 23, 2019 **Updated:** 11:33 PM, Sep 23, 2019



By: Kylie McGivern



MANATEE COUNTY, Fla. – After a Manatee County man died, his niece signed off on his cremation, but the I-Team found the woman wasn't a relative at all.

It's a problem the ABC Action News first uncovered in July after I-Team Investigator Kylie McGivern discovered a man falsely claiming to be the nephew had signed off on the death certificate and cremation for a U.S. Navy veteran without his family's knowledge.

RELATED: State launches investigation after fake nephew cremates veteran

The I-Team found a gap in state law doesn't require funeral homes to verify the identity of family members.

Ana Maria Anselmi, who contacted the I-Team after seeing that July report, said something similar happened to her father.

"When I first saw your report, I was first just like, 'Wow.' (I was) almost shocked that this happened to someone else," said Anselmi.

After the I-Team began looking into her story, the state agency overseeing funeral homes and cemeteries opened an investigation into the Bradenton crematory where he was taken.

I-TEAM INVESTIGATIONS | The latest investigations from our I-Team

Anselmi's father, Francisco Fernandez, died in 2015 at age 77.

But Anselmi said neither she nor her three sisters were contacted about his death.

Anselmi said she was close with her father growing up.

"He was fun, adventurous, was very involved in our life," she told the I-Team.

Anselmi described her father as the life of the party, showing ABC Action News photos they took together on her wedding day.

But as Fernandez grew older, Anselmi said his behavior began to change and they grew apart.

"It was just this kind of erratic behavior that we'd never really seen before," said Anselmi. "I still loved my father deeply."

Anselmi said she and her sisters lost contact with their father for several years.

RELATED: I-Team investigation into veteran's cremation by a fake nephew prompts calls for change

It was only after one of her sisters contacted the Department of Vital Statistics that they learned their father had died just weeks earlier.

“When we first saw his death certificate, honest to God, we questioned, ‘Is this really our dad?,’” said Anselmi. “Because his name was spelled wrong. His mother’s name, the person claiming to be a surviving relative – all of that was incorrect.”

Fernandez’s death certificate listed a woman they had never heard of before as his niece.

“He doesn’t have a niece named Claudia Crawford,” said Anselmi. “It was very...alarming, like how could this have happened?”

Karin Tompkins, owner of Good Earth Crematory in Bradenton, told the I-Team it was a mistake to list Crawford as a niece but could not say how she wound up listed on Fernandez’s death certificate or how she was allowed to sign off on his cremation.

“She was his caregiver,” said Tompkins. “That’s how she was listed – as caregiver. Niece was an error – a clerical error.”

Tompkins said she relied on Crawford for all information and took her at her word that there was no other family involved.

“She did state there was a daughter but no way to contact that daughter,” said Tompkins.

Anselmi showed the I-Team Facebook messages she traded with Crawford which she said “contradicts that.”

In one of the messages, Crawford wrote to Anselmi, “He was like my uncle to me and that’s what I told people so they wouldn’t think he had no one in this world.”

Anselmi said she wanted to meet Crawford.

“I tried to meet with her just to get some information from her on just the last month of his life – or since she walked into his life – just trying to help with us getting that closure,” said Anselmi. “But that never happened.”

The I-Team reached out to Claudia Crawford – also known as Claudia Alonzo in county records.

RELATED: Answers wanted after I-Team found fake nephew cremated veteran without family's knowledge

In a phone call, Crawford told I-Team Investigator Kylie McGivern she met Fernandez during his stay at Paradise Rest, a Bradenton assisted living facility where she worked as an office manager. State records show the assisted living facility voluntarily closed in June.

Crawford agreed to speak with the I-Team on camera, but then stopped returning calls and text messages and attempts to reach her at her home went unanswered.

In a voicemail Crawford left for I-Team Investigator Kylie McGivern, she said Fernandez didn't have any family.

“I believe I made myself his healthcare surrogate because no one would come forward and he needed to get medical attention,” said Crawford.

She later added, “I was the only contact person because no one else came forward. I even helped with his cremation and it was not until after his passing that his family came forward.”

Anselmi said she was able to get her father's remains from the crematory and bury him in the family plot in Bradenton.

“He wanted to be buried with his mom,” said Anselmi. “He's with his family and we have peace knowing that.”

Anselmi said she's sharing her story to warn others and call for change.

"So that another family doesn't have to go through what my mother and my sisters and I have gone through, then that will make it all worth it," said Anselmi.

This story came from a tip. If something like this has happened to you or your loved one, email kylie.mcgivern@wfts.com or call 1-866-428-NEWS.

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CURATION BY

The Good Earth Crematory
501 17th Avenue W.
Bradenton, Fl. 34205
Phone (941) 748-7756
Fax# (941) 748-7919

Fax Cover Letter/ E-Mail

To: Kurt
From: Karin Tompkins

Pages 3

Here is my response from the email. And the answer to your question early about meeting with the reporter. I refused until she threaten to set out side my business until she got the interview. So if decided I better just meet with her and get it over with because I didn't want her hang out in front of my establishment. If you should have any questions please call.

Sincerely,
Karin Tompkins

The information contained in this facsimile message is legally privileged and confidential information intended only for use of the individual named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this telecopy is strictly prohibited. If you receive this telecopy in error, please immediately notify us by telephone. If you do not receive all pages, or if there is a problem with any page in the transmittal, please call us at the phone number listed above.

10/14/2019

New message - goodearthcrematory.com - gecrematory@gmail.com - Gmail



label:personal



Compose

Spam

18

Trash

Personal

49

Receipts

103

Travel

Work

Manage labels



Karin

+

Karin Tompkins <gecrematory@gmail.com>

to Kylie

Thanks but I do have a question for you did you tell Ana that I was aware of a daughter ?

McGivern, Kylie

Good afternoon, I told her you shared with me in our interview that Claudia told you there was a daughter but

Karin Tompkins <gecrematory@gmail.com>

to Kylie

When I handed you my due diligence form I must of misunderstood your question. I would of been sepculating
Thanks Karin

McGivern, Kylie

to me

Hi Karin,

I'm back in town now after taking last Thursday/Friday off and am admittedly confused by you
because I want to get this right.

I went back through our interview and want to share the quotes from our interview:

10/14/2019

New message - goodearthcrematory.com - gecrematory@gmail.com - Gmail



label:personal



Compose

Spam 18

Trash

Personal 49

Receipts 103

Travel

Work 1

Manage labels

Karin +

I went back through our interview and want to share the quotes from our interview:

"She did state there was a daughter. She did state there was a daughter but no way to conta

"She didn't know the daughter's name."

"She knew there was a daughter."

"She stated there was a daughter. Um, and no way to contact this family. At time of death. Si

"At the time she came to me, she had no way of contacting this daughter."

"I know she told me, there was a daughter. So at that time, I asked her to sign another form."

Please let me know if there's something else I should know.

Thank you again and I look forward to hearing from you,

Kylie McGivern

Investigative Reporter

WFTS ABC Action News

Cell: (813) 294-8137

Kylie.mcgivern@wfts.com

Twitter: @KylieMcGivern



No recent chats

[Start a new one](#)

Licensee Profile Information

Wednesday, September 18, 2019

Demographics

Name: THE GOOD EARTH CREMATORY
FEIN: [REDACTED] **Branch #:** 74379
Licensee #: F041305 **Proprietary #:**
License(s) Held: Resident **E-Mail:** GECREMATORY@GMAIL.COM
Name Changed:
Officers, Owner, and Other Interested Parties
 No Officer found.

Addresses

TYPE	ADDRESS	DATE MAIL RETURNED
HOME	501 17TH AVE WEST BRADENTON Manatee Florida 34205	
BUSINESS	501 17TH AVE WEST BRADENTON Manatee Florida 34205	
PREFERRED MAILING	501 17TH AVE WEST BRADENTON Manatee Florida 34205	

Phones

TYPE	COUNTRY CODE	PHONE #	EXTENSION
BUSINESS		(941)748-7756	
PRIMARY		(941)748-7756	

Name History

No Name History found.

Address History

BUSINESS FORMER ADDRESS	DATE CHANGED
OWNER: FAMILY CREST MGT SVSINC 501 17TH AVE WEST BRADENTON Manatee Florida 34205	05/01/2009
PREFERRED MAILING FORMER ADDRESS	DATE CHANGED
OWNER: FAMILY CREST MGT SVSINC 501 17TH AVE WEST BRADENTON Manatee Florida 34205	05/01/2009

License Details

28-00 DIRECT DISPOSAL ESTABLISHMENT - OTHER (VALID)

License Information

Active Appointments: 0 **Last Lost Active Appointment Date:** **Collateral Security:** NO **CE Compliant:** N/A

License History

RECORD ID	LICENSE STATUS	STATUS DATE	ORIGINAL ISSUE DATE
1736664	VALID	08/28/2019	07/21/1998
1736664	INVALID - EXPIRED	09/01/2015	07/21/1998
1736664	VALID	10/04/2007	07/21/1998
1736664	DELINQUENT	08/31/2007	07/21/1998
1736664	INVALID - EXPIRED	08/31/2007	07/21/1998
1736664	VALID	09/01/2001	07/21/1998

Appointment Details

No Appointments found.

Alerts

No Active Alerts found.

No Inactive Alerts found.

Licensee Profile Information

Monday, November 25, 2019

Demographics

Name:	TOMPKINS, KARIN		
SSN:	[REDACTED]	Licensee #:	F020565
Date of Birth:	[REDACTED]	Place of Birth:	
License(s) Held:	Resident	Sex:	
Ethnic Identity:	UNKNOWN	Deceased:	NO
Name Changed:	07/25/2011	E-Mail:	GECREMATORY@GMAIL.COM

Addresses

TYPE	ADDRESS	DATE MAIL RETURNED
HOME	501 17TH AVE WEST BRADENTON Manatee Florida 34205	
PREFERRED MAILING	501 17TH AVE WEST BRADENTON Manatee Florida 34205	

Phones

TYPE	COUNTRY CODE	PHONE #	EXTENSION
BUSINESS		(941)748-7756	0
PRIMARY		(941)748-7746	

Name History

FORMER NAME	DATE CHANGED
TOMPKINS, KAREN	07/25/2011

Address History

No Address History found.

License Details

27-00 DIRECT DISPOSER - OTHER (VALID)

License Information

Active Appointments: 0 **Last Lost Active Appointment Date:** **Collateral Security:** NO **CE Compliant:** YES

License History

RECORD ID	LICENSE STATUS	STATUS DATE	ORIGINAL ISSUE DATE
1740788	VALID	08/28/2019	01/28/1998
1740788	DELINQUENT	08/31/2007	01/28/1998
1740788	INVALID - EXPIRED	08/31/2007	01/28/1998
1740788	VALID	09/01/2001	01/28/1998

37-06 PRENEED, SALES AGENT - AGENT (VALID)

License Information

Active Appointments: 1 **Last Lost Active Appointment Date:** **Collateral Security:** NO **CE Compliant:** N/A

License History

RECORD ID	LICENSE STATUS	STATUS DATE	ORIGINAL ISSUE DATE
1473531	VALID	10/31/2005	03/01/2004

Appointment Details

PRENEED, SALES AGENT - AGENT (Type Class 37-06)**Appointments**

APPOINTING ENTITY	RECEIPT #	STATUS	STATUS DATE	ORIGINAL ISSUE DATE	EXPIRATION DATE	TEMPORARY TYPE	STATE / COUNTY
FAMILY CREST MANAGEMENT SERVICES INC - 115692	41035172532	ACTIVE - RENEWED	03/29/2016	03/12/2008	03/31/2018	NO	STATE
FAMILY CREST MANAGEMENT SERVICES INC - 115692	F928990001	INACTIVE - CANCELLED	03/12/2008	03/01/2004	02/29/2008	NO	STATE

Alerts

No Active Alerts found.

No Inactive Alerts found.

Summarization of Relevant Documents

- A. Profile Sheet
- B. Investigative Report with Findings, by Nicole Singleton
- C. Notification to Licensee
- D. Response from Licensee
- E. ALIS Licensing Information
- F. Department of State, Division of Corporations information for Downing Funeral Home and Cremation Services, Inc.

PROFILE SHEET

Division of Funeral, Cemetery, and Consumer Services

License #1 Downing Funeral Home and Cremation Service, Inc.
Funeral Establishment F039831
1214 Wendy Court
Springhill, Florida 34606

License #2 Mark C. Downing
Funeral Director & Embalmer F042062
1214 Wendy Court
Springhill, Florida 34606

Investigation ATN 33109

Examiner Nicole Singleton, Investigation Manager
111 West Madison Street
Tallahassee, Florida 32399
VOIP 14987

Supervisor Ellen Simon, Assistant Director
VOIP 14985



CHIEF FINANCIAL OFFICER
JIMMY PATRONIS
STATE OF FLORIDA

DIVISION OF FUNERAL, CEMETERY AND CONSUMER SERVICES

REPORT OF INVESTIGATION

Date of Complaint: June 24, 2019
Area Office: Tallahassee

Assignment Number: 33109
Period of Investigation: 6/24/19-9/13/19

SUBJECT

Name: Downing Funeral Home and Cremation Service Inc

License Type: Funeral Establishment
License Number: F039831

Address: 1214 Wendy Court
Springhill, Florida 34606

Telephone: (352) 684-5334

Email: downingfuneralhm@bellsouth.net

SYNOPSIS

SYNOPSIS: This investigation is predicated on receipt of a complaint from Michael Walaconis, alleging that Downing Funeral Home failed to obtain authorizations from him and his sister, Heather Halford, when making final arrangements for their father, Robert Walaconis, who passed on June 5, 2018. Mr. Walaconis alleges that the funeral home staff was made aware of the children upon receiving information and documents from the nursing home where Robert Walaconis passed away. However, there was no attempt to contact either of them. Mr. Walaconis states that his father wished to be buried in Pennsylvania. The funeral home worked with Todd Smith, who stated that he was a nephew to Robert Walaconis. However, Mr. Walaconis states that Todd Smith is not related to the family, **(Exhibit 1)**.

REPORT NARRATIVE

Downing Funeral Home was notified of this investigation in a letter dated July 25, 2019, (**Exhibit 2**).

Mark Downing, owner and licensed funeral director and embalmer (F042062), responded to the allegations in a letter dated August 6, 2019, (**Exhibit 3**). Mr. Downing also included copies of the information sheet from Hernando Pasco Hospice (HPH), which lists next of kin as Todd Smith. The document also notes that Robert Walaconis is not in contact with his children.

In the response, Mr. Downing states that received the call about Robert Walaconis from HPH, and they provided the deceased and next of kind information to the Downing Funeral Home removal team. He states that Todd Smith was given as a point of contact. Funeral home staff reached out to Mr. Smith to make arrangements for Robert Walaconis, and at that time, they asked him about Mr. Walaconis' children. Mr. Smith was not able to provide any information about the children to the funeral home. Downing Funeral Home staff did not learn the Mr. Smith was not a nephew until Mr. Walaconis contacted them ten months after his father's death.

Mr. Downing's response does not include any information regarding attempts by the funeral home staff to contact the children, once they learned Robert Walaconis had children.

On August 26, 2019, Investigator Kurt Schuller obtained the funeral home file for Robert Walaconis. The file includes an authorization for cremation that notes "estranged from children for 20 years/no contact." Additional notes written by funeral home staff to Mark Downing state that the contact is Todd Smith, further explaining that Todd's aunt, Lynn Smith, was a good friend of Robert Walaconis (**Exhibit 4**).

The funeral home file for Robert Walaconis does not include any information regarding attempts by the funeral home to locate the children once they learned Robert Walaconis had children.

On September 13, 2019, the Division received an email from the Florida Office of the Attorney General, which included a letter from Michael Walaconis regarding the issues with his father's medical treatment, final arrangements, and Todd Smith's actions, (**Exhibit 5**). Mr. Walaconis provided multiple documents including:

- copy of Robert Walaconis' death certificate
- medical records from Citrus Memorial Hospital and Avante at Inverness
- letter to daughter Heather Halford (listed beneficiary) from Pacific Life regarding Robert Walaconis' insurance policy,
- completed Do Not Resuscitate Order signed by Todd Smith.
- Order Appointing Personal Representative from Citrus County Circuit Court, appointing Michael Walaconis, dated 6/18/2019

Of note, the admission record for Avante at Inverness, dated 5/2/2018 and printed 5/4/2018, lists Heather Halford (Brensinger) as "emergency contact #1." Todd Smith is not listed as a contact. A second admission record, dated 5/4/2018 and printed 6/25/2019, lists Heather Halford (Brensinger) as "emergency contact #1." Todd Smith is listed in the contacts as a nephew.

Based on the information obtained during this investigation, it appears that contact information for Heather Halford was not provided by Avante Inverness when Robert Walaconis was transferred to Hernando Pasco Hospice. Therefore, HPH did not provide contact information for Heather Halford to Downing Funeral Home. However, the documents that HPH provided to the funeral home noted that Robert Walaconis did have two children. The cremation authorization also noted that the funeral home staff was aware that Robert Walaconis had children.


FINDINGS

497.152(1)(a)(b), F.S., violating any provision of this chapter or any lawful order of the board or department or of the statutory predecessors to the board or department; Committing fraud, deceit, negligence, incompetency, or misconduct in the practice of any of the activities regulated under this chapter; by neglecting to attempt contact with next of kin of deceased, Robert Walaconis, to determine if there was any objection to the cremation of the deceased's human remains, as required by 497.609, F.S.,


497.609, F.S. states "if a direct disposer, direct disposal establishment, funeral director, funeral establishment, or cinerator facility performs a cremation pursuant to the authorization of a legally authorized person who represents that she or he is not aware of any objection to the cremation of the deceased's human remains by others in the same class of the person making the representation or of any person in a higher priority class, and the deceased's human remains are subsequently cremated, no person may make a claim objecting to the cremation against that direct disposer, direct disposal establishment, funeral director, funeral establishment, or cinerator facility."

EXHIBIT LIST

Exhibit 1 Complaint
Exhibit 2 Notice to Licensee
Exhibit 3 Licensee Response
Exhibit 4 Funeral file for Robert Walaconis
Exhibit 5 Records


Investigator: Nicole Singleton

10/3/19
Date Completed

× 
Reviewer: Ellen Simon

October 4, 2019
Date Reviewed

Florida Division of Funeral, Cemetery and Consumer Services
Notice of Complaint and Request for Written Response

TO:

DOWNING FUNERAL HOME AND CREMATION SERVICE INC
1214 WENDY COURT
SPRING HILL FL 34606

Date of this Notice: 7/25/2019

License #: F039831

License Type:

2600 - FUNERAL ESTABLISHMENT

Assignment Number: **ATN- 33109** (Include this number in all communications with the Division)

Dear Sir/Madam:

A complaint has been filed against you, and the Funeral and Cemetery Division requests a written response from you. The Division is charged with investigating the complaint, pursuant to s. 497.149, Fla. Statutes.

A copy of the written complaint is attached. Pursuant to section 497.153(2)(b), Fla. Statutes, please provide a written response within 20 days of receipt of this Notice. Please address your response to the Division Investigator named below. Please attach copies of any contracts, correspondence, or other documents that support your position.

Thank you for your attention to this matter.

Sincerely,

Division of Funeral, Cemetery, and Consumer Services

Complainant: WALACONIS, MICHAEL
UNKNOWN
UNKNOWN FL 999999

Investigator: Nicole Singleton, Funeral & Cemetery Division, 200 East Gaines St., Tallahassee FL 32399-0361, fax 850-413-4958, ph. 850-413-4987, email nicole.singleton@MyFloridaCFO.com. Supervisor: Ellen Simon, ph 850-413-4985.

COPY OF WRITTEN COMPLAINT ATTACHED.

Initials of Division staffer mailing this Notice:





CHIEF FINANCIAL OFFICER
JIMMY PATRONIS
STATE OF FLORIDA

MEMORANDUM

Date: June 24, 2019

To: Carmen Mock, Document Specialist, Division of Funeral, Cemetery and Consumer Services

From: Nicole Singleton, Investigation Manager, Division of Funeral, Cemetery, and Consumer Services

Re: Downing Funeral Home & Cremation Services, Inc., License Number F039831

Information received from Michael Walaconis, son of Robert Joseph Walaconis (DOD 6/5/18), alleges that licensee failed to obtain authorization family prior to cremating Robert Walaconis. Complainant alleges a man named Todd Smith is listed on the death certificate and was responsible for making the arrangements at the funeral home. Complainant further alleges documents from the funeral file state that Robert Walaconis had children but had not spoken to them in 20 years.

Please open an investigation based on the information obtained.

FLORIDA DIVISION
19 AUG 12 AM 8:07
Downing Funeral Home & Cremation Services
1214 Wendy Court Spring Hill, Florida 34607

Phone: 352-684-5334

Fax: 352-684-5375

Nicole Singleton,

August 6, 2019

I am writing in response to a complaint ATN-33109, that has been put against my Funeral Home.

Downing Funeral Home & Cremation Services received a death call from Hernando Pasco Hospice on Robert Walaconis when he passed away June 5, 2018. Hernando Pasco Hospice provided to the removal team for Downing Funeral Home the name of the deceased as well as next of kin information, and in this case Todd Smith (NEPHEW) was our point of contact, we reached out to Todd Smith to set an appointment to gather information for the Death Certificate and have the Cremation Authorization Signed by the LEGAL NEXT OF KIN (which we were told was nephew Todd Smith) We asked Mr. Smith about the children and he said he never met them or saw them in the 6-7 year relationship that Robert Walaconis and his mother were together. We asked Todd if he knew their names or anything to help the funeral home research to find them, Todd responded that he had no information. Todd Smith did not tell the Funeral Home that he wasn't a legal next of kin until Mr. Walaconis' son Michael contacted the funeral home 10 months after his fathers' death. The paperwork from Hospice stated there was no contact with children for over 20 years. After speaking with the son Michael and offering our deepest apologizes and explaining what information the funeral home was given and that we didn't know if any children were alive or any names of the children, the son seemed more interested in getting his fathers' gun collection and beating up Todd Smith. I tried to explain what Todd Smith did and that he had paid for the cremation and that if he did not step forward or told the funeral home that he was not the legal

next of kin (which was what his father told the Hospitals and Hospice) then Mr. Walaconis would have been an unclaimed body and the county would have signed the Cremation Authorization and his father would have been cremated and after 120 days the funeral home can scatter at sea (Downing Funeral Home would have placed him a the National Cemetery because he was a veteran) I told Michael the cremated remains were still here at the funeral home and that we could mail them or he could pick them up a well as the flag and Death Certificates , he said he would pick them up.

Please contact me with any questions, Thank You

Mark C. Downing

A handwritten signature in cursive script, appearing to read "Mark C. Downing", written in dark ink.

RECEIVED
19 APR 12 AM 8:07

Date of death: 6/5/18 Time of death: 12:20 AM ☒ PM Date of birth: [redacted]
Attending physician: Dr. Rutherford Phone #: 352 544 1181
Diagnosis: [redacted] SSN: [redacted]
Prosthetic: ☐ Yes ☒ No Pacemaker: ☐ Yes ☒ No Defibrillator: ☐ Yes ☒ No Implanted pump/port: ☐ Yes ☒ No
Patient's address: 6242 Cortez Blvd
Phone #: 352 544 1181
Next of kin's name: Todd Smith 352 464 4063 Relationship: Nephew
Address & phone # (if different): 4620 N. Canyon Terr. Hernando FL 34442
Funeral home:
Burial: ☐ Yes ☒ No Body for burial out of state: ☐ Yes ☒ No
Cremation: ☐ Yes ☐ No County-assisted cremation: ☐ Yes ☒ No Bobber RN
Next of Kin Signature/Telephone Authorization: [Signature] Date: 6/5/18

Reportable deaths to Medical Examiner's Office – Pasco (727) 582-6800; Hernando/Citrus (352) 326-5961
(check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Criminal violence | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Death/decline associated with traumatic injury | <input type="checkbox"/> Suspicious/unusual circumstances |
| <input type="checkbox"/> Poison/drug overdose | <input type="checkbox"/> Disease/injury/toxic agent related to employment |

Complete when sending body to the Pasco, Hernando or Citrus County Medical Examiner ☐ N/A

Place of birth (city, state, country): _____
Marital status: ☐ Married ☐ Never married ☐ Widowed ☐ Divorced ☐ Married/separated
Surviving spouse's name (include maiden name): _____
Occupation (do not use retired): _____ Kind of business/industry: _____
Is decedent of Hispanic or Haitian origin? ☐ No ☐ Yes, specify Mexican, Cuban, Puerto Rican, Haitian, South/Central American: _____
Education level (0-12 or level of college and what degree received): _____
Father's name: _____ Mother's name (including middle and maiden): _____
Was decedent in Armed Forces? ☐ Yes ☐ No
Information obtained from: _____ Relationship: _____ Telephone #: _____

Nurse attending death: Bobbie Gubler RN

Comments: Pt died peacefully. Called Nephew Todd Smith who is having trouble with open it's locked chest file to find info concerning finances. Pt. is not in contact with children.

Name of Person Picking Up Body

Alisa [Signature]
HPH
HOSPICE
A Chapters Health® Affiliate

Funeral Home/Transport Co.

Signature of Person Picking Up Body

[Signature]
Nurse Signature:

Date: 6/5/18

Team: Ca

ID #: 1-82543

Patient Name: Wataconis Robert
(Print)

Last First

WHITE: Funeral Home/Medical Examiner YELLOW: Medical Record

**RELEASE OF BODY
FOR FUNERAL HOME/
MEDICAL EXAMINER**

HPH031 REV 01/13 PH: 1-800-486-8784

30 Day different
than letters
Envelope dated
July 26



CHIEF FINANCIAL OFFICER
STATE OF FLORIDA
Department of Financial Services
200 East Gaines Street
Tallahassee, Florida 32399-0361

Return Service Requested

U.S. POSTAGE >> PITNEY BOWES
FIRST CLASS
ZIP 32399 \$ 000.50⁰
02 4W
0000355275 JUL 26 2018

PITNEY BOWES

3450733942 R082



19 AUG 12 AM 8:07

CHIEF FINANCIAL OFFICER
JIMMY PATRONIS
STATE OF FLORIDA

Letter dated
June 24th

MEMORANDUM

Date: June 24, 2019

To: Carmen Mock, Document Specialist, Division of Funeral, Cemetery and Consumer Services

From: Nicole Singleton, Investigation Manager, Division of Funeral, Cemetery, and Consumer Services

Re: Downing Funeral Home & Cremation Services, Inc., License Number F039831

Information received from Michael Walaconis, son of Robert Joseph Walaconis (DOD 6/5/18), alleges that licensee failed to obtain authorization family prior to cremating Robert Walaconis. Complainant alleges a man named Todd Smith is listed on the death certificate and was responsible for making the arrangements at the funeral home. Complainant further alleges documents from the funeral file state that Robert Walaconis had children but had not spoken to them in 20 years.

Please open an investigation based on the information obtained.

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
Nicole Singleton • Investigation Manager
Division of Funeral, Cemetery and Consumer Services
200 East Gaines Street • Tallahassee, Florida 32399 • Tel. 850-413-4987 • Fax 850-413-4958
Email • nicole.singleton@fdfs.state.fl.us
AFFIRMATIVE ACTION • EQUAL OPPORTUNITY EMPLOYER

Florida Division of Funeral, Cemetery and Consumer Services
Notice of Complaint and Request for Written Response

Letter dated June 25-

TO:

DOWNING FUNERAL HOME AND CREMATION SERVICE INC
1214 WENDY COURT
SPRING HILL FL 34606

Date of this Notice: 6/25/2019

License #: F039831

License Type:
2600 - FUNERAL ESTABLISHMENT

Assignment Number: **ATN- 33109** (Include this number in all communications with the Division)

Dear Sir/Madam:

A complaint has been filed against you, and the Funeral and Cemetery Division requests a written response from you. The Division is charged with investigating the complaint, pursuant to s. 497.149, Fla. Statutes.

A copy of the written complaint is attached. Pursuant to section 497.153(2)(b), Fla. Statutes, please provide a written response within 20 days of receipt of this Notice. Please address your response to the Division Investigator named below. Please attach copies of any contracts, correspondence, or other documents that support your position.

Thank you for your attention to this matter.

Sincerely,

Division of Funeral, Cemetery, and Consumer Services

Complainant: WALACONIS, MICHAEL
UNKNOWN
UNKNOWN FL 999999

Investigator: Nicole Singleton, Funeral & Cemetery Division, 200 East Gaines St., Tallahassee FL 32399-0361, fax 850-413-4958, ph. 850-413-4987, email nicole.singleton@MyFloridaCFO.com. Supervisor: Ellen Simon, ph 850-413-4985.

COPY OF WRITTEN COMPLAINT ATTACHED.

Initials of Division staffer mailing this Notice: 

Licensee Profile Information

Tuesday, October 1, 2019

Demographics

Name: DOWNING FUNERAL HOME AND CREMATION SERVICE INC
FEIN: [REDACTED] **Branch #:** 70758
Licensee #: F039831 **Proprietary #:**
License(s) Held: Resident **E-Mail:** DOWNINGFUNERALHM@BELLSOUTH.NET
Name Changed:
Officers, Owner, and Other Interested Parties
 No Officer found.

Addresses

TYPE	ADDRESS	DATE MAIL RETURNED
HOME	1214 WENDY COURT SPRING HILL Hernando Florida 34606	
BUSINESS	1214 WENDY COURT SPRING HILL Hernando Florida 34606	
PREFERRED MAILING	1214 WENDY CT SPRING HILL Hernando Florida 34607	

Phones

TYPE	COUNTRY CODE	PHONE #	EXTENSION
BUSINESS		(352)684-5334	
PRIMARY		(352)684-5334	
SECONDARY		(727)534-3799	

Name History

No Name History found.

Address History

PREFERRED MAILING FORMER ADDRESS	DATE CHANGED
1214 WENDY COURT SPRING HILL Hernando Florida 34606	11/30/2016

License Details

22-00 APPRENTICE/INTERN TRAINING AGENCY - OTHER (VALID)

License Information

Active Appointments: 0 **Last Lost Active Appointment Date:** **Collateral Security:** NO **CE Compliant:** N/A

License History

RECORD ID	LICENSE STATUS	STATUS DATE	ORIGINAL ISSUE DATE
1867945	VALID	05/03/2012	05/03/2012
1867945	APPLICATION ONLY - PENDING BOARD REVIEW	05/01/2012	05/03/2012
1867945	APPLICATION ONLY - NEW	04/02/2012	05/03/2012
1841959	APPLICATION ONLY - WITHDRAWN	11/05/2010	
1841959	APPLICATION ONLY - NEW	10/25/2010	

26-00 FUNERAL ESTABLISHMENT - OTHER (VALID)

License Information

Active Appointments: 0 **Last Lost Active Appointment Date:** **Collateral Security:** NO **CE Compliant:** N/A

License History

RECORD ID	LICENSE STATUS	STATUS DATE	ORIGINAL ISSUE DATE
1734927	VALID	04/03/2019	02/12/2007
1734927	INVALID - EXPIRED	02/28/2019	02/12/2007
1734927	VALID	03/03/2017	02/12/2007
1734927	INVALID - EXPIRED	02/27/2017	02/12/2007
1734927	VALID	12/01/2016	02/12/2007
1734927	INVALID - EXPIRED	11/30/2016	02/12/2007
1734927	VALID	12/08/2014	02/12/2007
1734927	INVALID - EXPIRED	12/01/2014	02/12/2007
1734927	VALID	02/12/2007	02/12/2007

Appointment Details

No Appointments found.

Alerts

No Active Alerts found.

No Inactive Alerts found.

Licensee Profile Information

Tuesday, October 1, 2019

Demographics

Name:	DOWNING, MARK C		
SSN:	[REDACTED]	Licensee #:	F042062
Date of Birth:	[REDACTED]	Place of Birth:	MA
License(s) Held::	Resident	Sex:	MALE
Ethnic Identity:	WHITE	Deceased:	NO
Name Changed:		E-Mail:	DOWNINGFUNERALHM@BELLSOUTH.NET

Addresses

TYPE	ADDRESS	DATE MAIL RETURNED
HOME	8050 SPRING HILL DR SPRING HILL Hernando Florida 34606	
BUSINESS	1214 WENDY COURT SPINGHILL Hernando Florida 34607	
PREFERRED MAILING	1214 WENDY COURT SPINGHILL Hernando Florida 34607	

Phones

TYPE	COUNTRY CODE	PHONE #	EXTENSION
BUSINESS		(352)684-5334	
MOBILE		(352)678-8588	0
FACSIMILE		(352)684-5375	0
PRIMARY		(352)684-5334	
SECONDARY		(352)678-8588	

Name History

No Name History found.

Address History

HOME		
FORMER ADDRESS		DATE CHANGED
8050 SPRING HILL DR SPRING HILL Florida 34606		08/24/2006
MAILING		
FORMER ADDRESS		DATE CHANGED
8050 SPRING HILL DR SPRING HILL Florida 34606		08/24/2006

License Details

25-00 FUNERAL DIRECTOR & EMBALMER - OTHER (VALID)

License Information

Active Appointments: 0 **Last Lost Active Appointment Date:** **Collateral Security:** NO **CE Compliant:** YES

License History

RECORD ID	LICENSE STATUS	STATUS DATE	ORIGINAL ISSUE DATE
1737561	VALID	08/08/2019	04/05/2000
1737561	DELINQUENT	08/31/2007	04/05/2000
1737561	INVALID - EXPIRED	08/31/2007	04/05/2000
1737561	VALID	09/01/2001	04/05/2000

25-03 FUNERAL DIR. & EMBALMER, CONCURRENT INTERN - OTHER (INVALID - EXPIRED)**License Information****Active Appointments:** 0 **Last Lost Active Appointment Date:** **Collateral Security:** NO **CE Compliant:** N/A**License History**

RECORD ID	LICENSE STATUS	STATUS DATE	ORIGINAL ISSUE DATE
1737562	INVALID - EXPIRED	04/02/1999	04/13/1999

Appointment Details

No Appointments found.

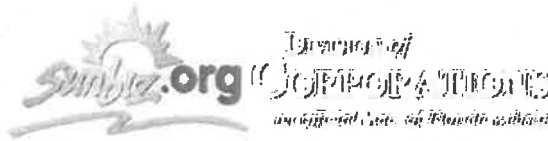
Alerts

No Active Alerts found.

No Inactive Alerts found.

Florida Department of State

DIVISION OF CORPORATIONS

[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /**Detail by Entity Name**

Florida Profit Corporation

DOWNING FUNERAL HOME AND CREMATION SERVICE, INC.**Filing Information**

Document Number	P05000084873
FEI/EIN Number	05-0624026
Date Filed	06/13/2005
State	FL
Status	ACTIVE

Principal Address

1214 WENDY CT
SPRING HILL, FL 34607

Mailing Address

1214 WENDY CT
SPRING HILL, FL 34607

Changed: 04/30/2007

Registered Agent Name & Address

DOWNING, MARK C
1214 WENDY CT
SPRING HILL, FL 34607

Officer/Director Detail**Name & Address**

Title PD

DOWNING, MARK C
8050 SPRING HILL DR
SPRING HILL, FL 34606

Title STD

DOWNING, MARTHA A
8050 SPRING HILL DR
SPRING HILL, FL 34606

Annual Reports

Report Year	Filed Date
2017	04/25/2017

2018 04/30/2018
2019 04/10/2019

Document Images

04/10/2019 -- ANNUAL REPORT	View image in PDF format
04/30/2018 -- ANNUAL REPORT	View image in PDF format
04/25/2017 -- ANNUAL REPORT	View image in PDF format
04/04/2016 -- ANNUAL REPORT	View image in PDF format
04/01/2015 -- ANNUAL REPORT	View image in PDF format
05/01/2014 -- ANNUAL REPORT	View image in PDF format
04/02/2013 -- ANNUAL REPORT	View image in PDF format
01/03/2012 -- ANNUAL REPORT	View image in PDF format
01/28/2011 -- ANNUAL REPORT	View image in PDF format
05/03/2010 -- ANNUAL REPORT	View image in PDF format
04/15/2009 -- ANNUAL REPORT	View image in PDF format
05/01/2008 -- ANNUAL REPORT	View image in PDF format
04/30/2007 -- ANNUAL REPORT	View image in PDF format
07/05/2006 -- ANNUAL REPORT	View Image In PDF format
06/13/2005 -- Domestic Profit	View image in PDF format

Exhibits

- | | |
|-----------|--|
| Exhibit 1 | Complaint |
| Exhibit 2 | Notice to Licensee |
| Exhibit 3 | Licensee Response |
| Exhibit 4 | Funeral File for Robert Walaconis |
| Exhibit 5 | Medical Records and Documents for Robert Walaconis |

EXHIBIT 1

Complaint



CHIEF FINANCIAL OFFICER
JIMMY PATRONIS
STATE OF FLORIDA

MEMORANDUM

Date: June 24, 2019

To: Carmen Mock, Document Specialist, Division of Funeral, Cemetery and Consumer Services

From: Nicole Singleton, Investigation Manager, Division of Funeral, Cemetery, and Consumer Services

Re: Downing Funeral Home & Cremation Services, Inc., License Number F039831

Information received from Michael Walaconis, son of Robert Joseph Walaconis (DOD 6/5/18), alleges that licensee failed to obtain authorization family prior to cremating Robert Walaconis. Complainant alleges a man named Todd Smith is listed on the death certificate and was responsible for making the arrangements at the funeral home. Complainant further alleges documents from the funeral file state that Robert Walaconis had children but had not spoken to them in 20 years.

Please open an investigation based on the information obtained.

EXHIBIT 2

Notice to Licensee

Florida Division of Funeral, Cemetery and Consumer Services

Notice of Complaint and Request for Written Response

TO:

DOWNING FUNERAL HOME AND CREMATION SERVICE INC
1214 WENDY COURT
SPRING HILL FL 34606

Date of this Notice: 7/25/2019

License #: F039831

License Type:

2600 - FUNERAL ESTABLISHMENT

Assignment Number: **ATN- 33109** (Include this number in all communications with the Division)

Dear Sir/Madam:

A complaint has been filed against you, and the Funeral and Cemetery Division requests a written response from you. The Division is charged with investigating the complaint, pursuant to s. 497.149, Fla. Statutes.

A copy of the written complaint is attached. Pursuant to section 497.153(2)(b), Fla. Statutes, please provide a written response within 20 days of receipt of this Notice. Please address your response to the Division Investigator named below. Please attach copies of any contracts, correspondence, or other documents that support your position.

Thank you for your attention to this matter.

Sincerely,

Division of Funeral, Cemetery, and Consumer Services

Complainant: WALACONIS, MICHAEL
UNKNOWN
UNKNOWN FL 999999

Investigator: Nicole Singleton, Funeral & Cemetery Division, 200 East Gaines St., Tallahassee FL 32399-0361, fax 850-413-4958, ph. 850-413-4987, email nicole.singleton@MyFloridaCFO.com. Supervisor: Ellen Simon, ph 850-413-4985.

COPY OF WRITTEN COMPLAINT ATTACHED.

Initials of Division staffer mailing this Notice:





CHIEF FINANCIAL OFFICER
JIMMY PATRONIS
STATE OF FLORIDA

MEMORANDUM

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Please open an investigation based on the information obtained.

EXHIBIT 3

Licensee Response

FD-36 (Rev. 11-29-10)
15 AUG 12 AM 8:07
Downing Funeral Home & Cremation Services
1214 Wendy Court Spring Hill, Florida 34607

Phone: 352-684-5334

Fax: 352-684-5375

Nicole Singleton,

August 6, 2019

I am writing in response to a complaint ATN-33109, that has been put against my Funeral Home.

Downing Funeral Home & Cremation Services received a death call from Hernando Pasco Hospice on Robert Walaconis when he passed away June 5, 2018. Hernando Pasco Hospice provided to the removal team for Downing Funeral Home the name of the deceased as well as next of kin information, and in this case Todd Smith (NEPHEW) was our point of contact, we reached out to Todd Smith to set an appointment to gather information for the Death Certificate and have the Cremation Authorization Signed by the LEGAL NEXT OF KIN (which we were told was nephew Todd Smith) We asked Mr. Smith about the children and he said he never met them or saw them in the 6-7 year relationship that Robert Walaconis and his mother were together. We asked Todd if he knew their names or anything to help the funeral home research to find them, Todd responded that he had no information. Todd Smith did not tell the Funeral Home that he wasn't a legal next of kin until Mr. Walaconis' son Michael contacted the funeral home 10 months after his fathers' death. The paperwork from Hospice stated there was no contact with children for over 20 years. After speaking with the son Michael and offering our deepest apologizes and explaining what information the funeral home was given and that we didn't know if any children were alive or any names of the children, the son seemed more interested in getting his fathers' gun collection and beating up Todd Smith. I tried to explain what Todd Smith did and that he had paid for the cremation and that if he did not step forward or told the funeral home that he was not the legal

next of kin (which was what his father told the Hospitals and Hospice) then Mr. Walaconis would have been an unclaimed body and the county would have signed the Cremation Authorization and his father would have been cremated and after 120 days the funeral home can scatter at sea (Downing Funeral Home would have placed him at the National Cemetery because he was a veteran) I told Michael the cremated remains were still here at the funeral home and that we could mail them or he could pick them up as well as the flag and Death Certificates, he said he would pick them up.

Please contact me with any questions, Thank You

Mark C. Downing

A handwritten signature in dark ink, appearing to read "Mark C. Downing", written in a cursive style.

19 APR 12 AM 8:07
FBI - NEW YORK

Date of death: 6/5/18 Time of death: 12:20 AM ☒ PM Date of birth: [REDACTED]
Attending physician: Dr. Rutherford Phone #: 352 544 1181
Diagnosis: [REDACTED] SSN: [REDACTED]
Prosthetic: ☐ Yes ☒ No Pacemaker: ☐ Yes ☒ No Defibrillator: ☐ Yes ☒ No Implanted pump/port: ☐ Yes ☒ No
Patient's address: 12242 Cortez Blvd
Phone #: 352 544 1181
Next of kin's name: Todd Smith 352 464 4063 Relationship: Nephew
Address & phone # (if different): 4620 N. Canyon Terr. Hernando FL 34442
Funeral home: _____
Burial: ☐ Yes ☒ No Body for burial out of state: ☐ Yes ☒ No
Cremation: ☐ Yes ☐ No County-assisted cremation: ☐ Yes ☒ No Bobker RN
Next of Kin Signature/Telephone Authorization: [Signature] Date: 6/5/18

Reportable deaths to Medical Examiner's Office – Pasco (727) 582-6800; Hernando/Citrus (352) 326-5961
(check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Criminal violence | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Death/decline associated with traumatic injury | <input type="checkbox"/> Suspicious/unusual circumstances |
| <input type="checkbox"/> Poison/drug overdose | <input type="checkbox"/> Disease/injury/toxic agent related to employment |

Complete when sending body to the Pasco, Hernando or Citrus County Medical Examiner ☐ N/A

Place of birth (city, state, country): _____
Marital status: ☐ Married ☐ Never married ☐ Widowed ☐ Divorced ☐ Married/separated
Surviving spouse's name (include maiden name): _____
Occupation (do not use retired): _____ Kind of business/industry: _____
Is decedent of Hispanic or Haitian origin? ☐ No ☐ Yes, specify Mexican, Cuban, Puerto Rican, Haitian, South/Central American: _____
Education level (0-12 or level of college and what degree received): _____
Father's name: _____ Mother's name (including middle and maiden): _____
Was decedent in Armed Forces? ☐ Yes ☐ No
Information obtained from: _____ Relationship: _____ Telephone #: _____

Nurse attending death: Bobbi Fubler RN

Comments: Pt died peacefully. Called Nephew Todd Smith who is having lock with open. It's locked chest file to find info concerning finances. It is not in contact with children.

Name of Person Picking Up Body

Funeral Home/Transport Co.

Signature of Person Picking Up Body

Allison [Signature]

[Signature]

[Signature]

HPH
HOSPICE

A Chapters Health® Affiliate

**RELEASE OF BODY
FOR FUNERAL HOME/
MEDICAL EXAMINER**

HPH031 REV 01/13 PH: 1-800-486-8784

Nurse Signature: [Signature]

Date: 6/5/18

Team: C-2

ID #: 682543

Patient Name: Walaconis Robert

(Print)

Last

First

WHITE: Funeral Home/Medical Examiner

YELLOW: Medical Record

30 Day different
than letters

Envelope dated
July 26

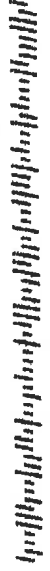


CHIEF FINANCIAL OFFICER
STATE OF FLORIDA
Department of Financial Services
200 East Gaines Street
Tallahassee, Florida 32399-0361

Return Service Requested

FIRST CLASS
U.S. POSTAGE
ZIP 32399 \$000.50⁰
02 4W 000056275 JUL 26 2018

ATTN: [Signature]



3460733942 R062



19 AUG 12 AM 6:07

CHIEF FINANCIAL OFFICER
JIMMY PATRONIS
STATE OF FLORIDA

Letter dated June 24th

MEMORANDUM

Date: June 24, 2019

To: Carmen Mock, Document Specialist, Division of Funeral, Cemetery and Consumer Services

From: Nicole Singleton, Investigation Manager, Division of Funeral, Cemetery, and Consumer Services

Re: Downing Funeral Home & Cremation Services, Inc., License Number F039831

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Nicole Singleton • Investigation Manager
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Email • nicole.singleton@fdfs.state.fl.us
AFFIRMATIVE ACTION • EQUAL OPPORTUNITY EMPLOYER

Florida Division of Funeral, Cemetery and Consumer Services
Notice of Complaint and Request for Written Response

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Sincerely,

Division of Funeral, Cemetery, and Consumer Services

Complainant: WALACONIS, MICHAEL
UNKNOWN
UNKNOWN FL 999999

Investigator: Nicole Singleton, Funeral & Cemetery Division, 200 East Gaines St., Tallahassee FL 32399-0361, fax 850-413-4958, ph. 850-413-4987, email nicole.singleton@MyFloridaCFO.com. Supervisor: Ellen Simon, ph 850-413-4985.

COPY OF WRITTEN COMPLAINT ATTACHED.

Initials of Division staffer mailing this Notice: 

EXHIBIT 4

Funeral File for Robert Walaconis

DOWNING FUNERAL HOME AND CREMATION SERVICES

1214 Wendy Court
Spring Hill, Florida 34607
(352) 684-5334

DECEASED *Robert J. Wainwright* No. *6-5-18*
DATE OF DEATH *Brooksville FL*
PLACE OF DEATH
DATE OF STATEMENT

A. CHARGE FOR SERVICES SELECTED

1. Professional Services:

Basic Services of Funeral Director & Staff
Embalming
Other preparation of body

2. Facilities, Equipment & Staff:

Use of Facilities & Staff for Viewing / Visitation ...
Use of Facilities & Staff for Funeral Ceremony ...
Use of Facilities & Staff for Memorial Service ...
Use of Equipment & Staff for Graveside Service ...
Use of Equipment & Staff for Church Service

3. Transportation:

Transfer of Remains to Funeral Home
Hearse
Limousine
Sedan
Service / Utility Vehicle

4. Other Services / Facilities / Equipment:

TOTAL OF SERVICES SELECTED \$ *995*

B. CHARGE FOR MERCHANDISE SELECTED

Casket (or other receptacle)

Name/No.

Material

Color

Outer Burial Container

Name/No.

Material

Acknowledgement Cards

Register Book

Memory Folders / Prayer Cards

Clothing

Cremation Urn

TOTAL OF MERCHANDISE SELECTED \$

C. SPECIAL CHARGES

Forwarding remains to: Receiving remains from:

Immediate Burial

Direct Cremation

Other

TOTAL OF SPECIAL CHARGES \$

TOTAL FUNERAL HOME CHARGES \$ *1295*
(This total does not include Cash Advances)

STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED

Charges are only for those items that you selected or that are required. If we are required by law or by a cemetery or crematory to use any items, we will explain the reasons in writing below.

If you selected a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as a direct cremation or immediate burial. If we charged for embalming, we will explain why below.

CASH ADVANCES

Certified Copies of Death Certificate

\$ 10 each \$ 10

Clergy

Musician

Deputy Escort

Paid Newspaper Notice

Cemetery

HEGIRA EXHIBIT 35

Other

TOTAL CASH ADVANCES \$ 45

We charge you for our services in obtaining: (specify cash advance items).

SUMMARY

Total Funeral Home Charges \$ *995*
Local Sales Tax (if applicable) \$ *1295*
State Sales Tax (if applicable) \$
Total Cash Advances \$ 45
GRAND TOTAL \$ *1340*

Less Credits and Payments

\$ 1040

Total Credits

BALANCE DUE \$

Billing To

DISCLOSURES

Reason for embalming

If any law, cemetery or crematory requirements have required the purchase of any items listed, the law or requirement is explained below.

ACKNOWLEDGEMENT AND AGREEMENT

I hereby acknowledge that I have the legal right to arrange the funeral services for the deceased, and I authorize this funeral establishment to perform services, furnish goods, and incur outside charges, specified on this Statement. I acknowledge that I have received the General Price List and the Casket Price List and the Outer Burial Container Price List.

Terms of Payment:

Full payment is due no later than:

If any payment is not paid when due, an ANNUAL PERCENTAGE RATE CHARGE of 12% on the unpaid balance will be due. I agree to pay the Balance Due listed on this Statement, plus any Late Charge. In the event I default in payment to this funeral establishment, I agree to pay reasonable attorney's fees and court costs in addition to any Late Charge applicable. I understand and agree that I am assuming personal liability for the charges set forth in this Statement, and that this is in addition to the liability imposed by law upon the estate of the deceased. By my signature below, I hereby agree to all of the above and acknowledge receipt of a copy of this Statement.

Signature

State Security Number

Signature

ACCEPTANCE: This funeral establishment agrees to provide all services, merchandise, and cash advances indicated on this Statement.

By *Faith S. Sweeney*

15 Jun
Date

Downing Funeral Home
Hernando Crematory, Inc.
1214 Wendy Ct.
Spring Hill, FL 34607
(352) 684-5334

AUTHORIZATION FOR CREMATION

Pacemaker: Unknown YES ☒ NO ☐

Permit # F039831- 5206

Date: 6-15-19

The undersigned hereby requests and authorizes, in accordance with and subject to your rules and regulations as well as those of the State of Florida, to cremate the remains and Min. Alternative containing the remains of ROBERT J. WALACONIS

who died at BROOKSVILLE FL on 5 June 2018 at 12:20 and
(City and State) (Day) (Month) (Year) (Hour)

certifies and represents that I/we have the right to make such authorization and am related to the deceased as Nephew in law
(Relationship)

I/we also request you to make the following disposition of the cremated remains: Return to Family

REGISTERED U.S. MAILING INSTRUCTIONS

The undersigned hereby authorizes the crematory to deliver the cremains via REGISTERED U.S. MAIL and agrees to assume all liability for any damages that may arise from any cause growing out of said delivery to indemnify and hold harmless the crematory and funeral director or their employees from any and all claims related to said shipment. The undersigned also agrees to pay for such delivery in the amount of \$ _____

I/we agree to hold you, your servants and employees blameless and harmless from any and all liability whatsoever, also for any loss or damage to said cremated remains, occasioned by an act of God, common enemy, theft, strikes, riots, vandals, order of Military or Civil Authority, and for any other act beyond our control. If no final disposition instructions are given to the crematory or funeral home, the cremated remains will be held for 120 days from date of death and then disposed of in a dignified manner. The cremation will take place within 48 hours after all authorizations and permits are received.

Heart pacemakers, morphine pumps, deep cell stimulators, etc., any medical device with a battery, can be dangerous when placed in a cremation chamber and shall be removed prior to the cremation process. If the crematory does not receive proper notice, the family and/or undersigned shall be responsible for any damage resulting and the crematory will not be responsible or accept any liability under those circumstances.

I/we affirm that the above statement is true.

SIGNED [Signature] Address _____

WITNESS _____ Address _____

[Signature]
(Funeral Director's Signature)

Signed and sworn to before me this _____ day of _____

Date of disposition _____ By _____ (Notary Public Signature)

Cremated remains received by _____ On _____

The named deceased was received by the Hernando Crematory, Inc. in Min. Alternative approved by the Rules and Regulations of the State Board of Funeral Directors and Embalmers for Florida governing Crematories and that the 48 hour period since death had elapsed before said deceased was cremated on 6-15-18.

Signed: _____

RULES APPLICABLE TO CREMATORIES:
It shall be unlawful for any person, firm or corporation to cremate any dead body prior to the expiration of forty eight (48) hours after the death of such human body. (Sec. 872.02(1), F.S.)
A dead human body may be held any place or in transit over twenty-four (24) hours after the death or pending disposition only if the body is maintained under refrigeration at a temperature of 40F or below; embalmed in a manner approved by the Board of Funeral Directors and Embalmers in accordance with provisions of Chapter 470 F.S.; or otherwise preserved. (Division of Health Rules - Gen. Authority Sec. 381.09 (1)(g)(II), F.S.)
Crematory or cremator facilities are permitted only to require a container in the form of a cardboard container of suitable strength or a wooden box or casket chosen for cremation or calcination to take place. In such cases where the deceased died from a contagious disease, an airtight container will be required to stop fluid leakage and offensive odors and to reduce the possible spread of contagion. (Ch. 21-1-9.09(g)-FD&E Rules).

Mark

Information regarding Robert Walacoris
NOK was given to us by HPH Hospice

(we cannot show any forms)

Because of HEPPH CALLS
HOSPICE FORM SIGNED BY NURSE STATES PT IS NOT IN CONTACT
WITH CHILDREN 20 Y.
Our Contact is TODD SMITH listed as

NOK nephew 352 464 4063.

Todd Smith's Aunt LYNN SMITH was a comparatively
good friend to Mr Walacoris. Mr. Walacoris
spent the holidays with family members
of Todd Smith. During the hurricane
Mr. Walacoris went to stay at a
relative of Todd Smith.

Mr. Walacoris listed Todd Smith as a
NOK at Citrus Hospital & Oak Hill Hospital.

I did confuse this family with another
and I believed the son Robert had
met Todd Smith. I was mistaken and
corrected this immediately with a phone
call to Kylie from ABC news.

Todd Smith never met any children
of Mr Walacoris and he knew him
for 5-6 years.

This information was given to me by
Todd Smith. (over)

10 months after the death of Mr. Walacoxis
we were contacted by Robert Walacoxis stating
he was the son. He showed ID and took the
remains. Todd Smith had paid for the
Cremation

Todd - (nephew)
will be dropping
off some money
Thurs 6/14

He needs to sign the
Cremation Auth

Todd's #

352-464-4063

Downing Funeral Home & Cremation Services
1214 Wendy Court. Spring Hill, Florida 34607
352-684-5834 352-684-5875 fax

TODAY'S DATE 6-5-18

PERSON CALLING HOSPICE PHONE # _____

NAME OF DECEASED Robert L. Walcott

PICK UP ADDRESS W/ ZIP CODE HCH - 3250

ALF OR FACILITY NAME HOSPICE

IF HOSPICE OR HOSPITAL - ROOM/FLOOR/WING _____

IF HOUSE CALL - ACCESSABILITY OF DECEASED _____

ESTIMATED WEIGHT OF DECEASED _____

NEXT OF KIN And Smith PHONE # 352 464 4063

PROPERTY YES/NO NO SIGN John L. M. DATE 6/5/18

INFORMATION TO BE OBTAINED BY REMOVAL TEAM

REMOVAL PERSON (S) SKIP / ALISTON

DOCTOR'S NAME _____ PHONE # _____

DAY OF DEATH 6/5/18 DATE OF DEATH _____ TOD 12:20pm

SSN [REDACTED] DOB [REDACTED]

NOTES / SPECIAL INSTRUCTIONS _____

[Type text]

Locally Owned and Operated
www.DowningFuneralHome.net

Certificate of Cremation

We certify that Robert J. Walaconis
(name of deceased)

Who died on the 5TH day of June, 2018

Was cremated at HERNANDO CREMATORY, INC. in Spring Hill, FL

On the 18TH day of June, 2018

Permit # 18-F039831-5206

Crematory File# 4448

Hernando Crematory, Inc.
1214 Wendy Court
Spring Hill, Florida 34607

By: Alston Downing

Hernando Crematory, Inc. - Spring Hill

Decesed Robert J. Watson Crematory File # **F040852**

Date of Death 1-5-18 Time of Death 4:44

LD Checked Yes / No Personal Effects 12.0

Permittee Yes / No No

Crematory: Hernando Alternative Container / Container / Other Refrigerated / Embalmed

Permit # 18-019831-5206 M.E. Approval 0625-1

Date of Cremation 1-15-18 Type of Urn 150x

Signature of Operator [Signature]

Notes [Blank] Estimated Weight [Blank]

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2018093711

DATE ISSUED: JUNE 15, 2018

DECEDENT INFORMATION

DATE FILED: JUNE 12, 2018

NAME: ROBERT J WALACONIS

DATE OF DEATH: JUNE 5, 2018

SEX: MALE

AGE: 071 YEARS

DATE OF BIRTH: [REDACTED]

SSN: [REDACTED]

BIRTHPLACE: PENNSYLVANIA, UNITED STATES

PLACE WHERE DEATH OCCURRED: HOSPICE

FACILITY NAME OR STREET ADDRESS: 12260 CORTEZ BLVD

LOCATION OF DEATH: BROOKSVILLE, HERNANDO COUNTY, 34613

RESIDENCE: 7170 N. DAWSON RD, HERNANDO, FLORIDA 34442, UNITED STATES

COUNTY: CITRUS

OCCUPATION, INDUSTRY: SHOP OWNER, RETAIL

EDUCATION: UNKNOWN

EVER IN U.S. ARMED FORCES? YES

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: DIVORCED

SURVIVING SPOUSE NAME: NONE

FATHER'S/PARENT'S NAME: UNOBTAINABLE UNOBTAINABLE

MOTHER'S/PARENT'S NAME: UNOBTAINABLE UNOBTAINABLE

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: TODD SMITH

RELATIONSHIP TO DECEDENT: NEPHEW

INFORMANT'S ADDRESS: 4620 N CANYON TERR, HERNANDO, FLORIDA 34442, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: MARK C. DOWNING, F042062

FUNERAL FACILITY: DOWNING FUNERAL HOME AND CREMATION SERVICE INC F039831
1214 WENDY COURT, SPRING HILL, FLORIDA 34607

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: HERNANDO CREMATORY INC
SPRING HILL, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

TIME OF DEATH (24 HOUR): 1220

CERTIFIER'S NAME: ANDREW LESLIE RUTHERFORD

CERTIFIER'S LICENSE NUMBER: ME98900

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

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

DATE CERTIFIED: JUNE 11, 2018



, STATE REGISTRAR

REQ: 2018393424

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.



* 3 4 5 6 7 8 9 *

DH FORM 1946 (03-13)

CERTIFICATION OF VITAL RECORD



State of Florida, Department of Health, Bureau of Vital Statistics
BURIAL TRANSIT PERMIT

DATE PRINTED: June 16, 2018

TRACKING NUMBER: 2018097629

1. DECEDENT INFORMATION

Name of Deceased
ROBERT J WALACONIS
Date of Death
June 5, 2018
Place of Death - County
HERNANDO
City, Town or Location
BROOKSVILLE
Name of facility, or street address if not a facility
12260 CORTEZ BLVD
Name and Address of Funeral Home/Direct Disposal Establishment
DOWNING FUNERAL HOME AND CREMATION SERVICE INC F039831
1214 WENDY COURT
SPRING HILL, FLORIDA 34607
Fla. Lic. No./Reg. No.
F039831
Phone Number
(352) 684-3334
Funeral Director/Direct Disposer
MARK C. DOWNING
Fla. Lic. No./Reg. No.
F042062
Medical Verification Statement
Bonnie at the certifying physician's office, was contacted on 06/11/2018 by the funeral director listed above; he/she indicated that ANDREW LESLIE RUTHERFORD, certifying physician, will complete and sign the medical certification of cause of death within 72 hours.

2. BURIAL - TRANSIT PERMIT

The Florida Department of Health, Bureau of Vital Statistics
hereby grants permission to dispose of this body in accordance with Chapter 382, Florida Statutes.



Permit Number: 2018-F039831-5206

Date Issued: June 11, 2018

State Registrar

3. AUTHORIZATION for CREMATION, DISSECTION, BURIAL-AT-SEA, or HOSPITAL DISPOSITION

Authorization given by Medical Examiner District 5

Approval Number: 05281

4. CEMETERY OR CREMATORY

Place of Disposition: HERNANDO CREMATORY INC
Method of Disposition: CREMATION

Date of Disposition: 6-16-18

EDRS maintains all statutorily required information regarding the death record and related burial transit permit, therefore, returning the permit to the county health department is no longer required.

If the Place of Final Disposition wishes to retain the copy of the permit for their file they may do so.

DH 326E, 10/12

84V-1.011, Florida Administrative Code

NATIONAL PERSONNEL RECORDS CENTER

1 ARCHIVES DRIVE ST LOUIS, MO 63138-1002
www.archives.gov

April 25, 2019


HEATHER HALFORD
27 MARSHA DRIVE
CRESSONA, PA 17929RE: Veteran's Name: WALACONIS, Robert Joseph
Request Number: 2-22753882875

Dear Recipient:

Thank you for contacting the National Personnel Records Center. We are responding to your request for separation/discharge papers by attaching one of the following documents: Undeleted separation document (DD Form 214, *Report of Separation*, was not used until January 1, 1950) or NA Form 13038, *Certification of Military Service*, (in cases where there was no separation document in file). Information shown on the NA Form 13038 has been extracted from records on file at the Center. A seal has been affixed to the enclosed documents to attest to their authenticity. The documents provided may be used to apply for benefits.

If you have questions or comments regarding this response, you may contact us at 314-801-0800 or by mail at the address shown in the letterhead above. If you contact us, please reference the Request Number listed above. If you are a veteran, or a deceased veteran's next of kin, please consider submitting your future requests online by visiting us at <http://vetrecs.archives.gov>

Sincerely,


GREGORY MANGIARACINO
CERT Technician (AFN-MC2D)

**We Value Our
Veterans' Privacy**
*Let us know if we have
failed to protect it.*

Enclosure(s)

Please complete our on-line survey. We really want to know how we did answering your request. Go to www.archives.gov/veterans/survey and enter your request number 2-22753882875. The survey should only take a few minutes and is used to help improve service to our customers.

4/15/2019

Yes

Signature Verification

Monday, April 1: 2015 8:28:19 AM CDT

National Personnel Records Center

Military Personnel Records

1 Archives Drive

Saint Louis, MO 63103-1002

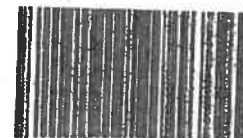
Attention:

NPRC WEB

Service Request Number:

2-22753882875

Service Request Number:



2-22753882875

I declare (or certify, or state) under penalty of perjury under the laws of the United States of America that the information that I provided is true and correct.

Requester is: Next of kin of Deceased Veteran

Relationship: Father

(Signature Required)

Heather A. Halford

(Print Name)

Please allow at least 90 days after you return the signature page before following-up on the status of your request. During that time, please do not resubmit your request as doing so will add further delay.

EXHIBIT 5

Additional Records and Documents

CS/Elder Abuse
BR

August 3, 2019

To Whom It May Concern,

I, Michael Anthony Walaconis, am writing the following statement on behalf of both myself and my sister Heather Halford (Brensinger), my father's only living relatives. Also, to give the reader an overall view of the life of my father Robert Walaconis who was the victim of abuse, neglect, robbery, up through when he was illegally and immorally cremated. His wishes were to be buried in Fort Indiantown Gap National Cemetery in Pennsylvania. The last time I verbally spoke with my father in 2016, I made a promise to complete his burial wishes. Now looking back I realize he was aware his health may have been failing, which was the reason he made this request. My reason for continuing with the investigation (with such resolve) into the facts leading up to and including his death and inappropriate cremation stem from this promise, a lifetime desire to be the person my father wasn't able to be, and to hopefully correct any loopholes which allow a person to pretend to be a relative of an incapacitated person. It is clear to us this loophole was capitalized on to "get rid of the problem" of my father, and to hide the situation from his true family and for financial gain as well.

I intend to keep this promise, including holding accountable any actors in both negligent and criminal acts committed against my father for as long as it takes until justice is served. I will not be going away.

We are interested in using any and all resources available to us until this happens including organizing protests, petitions, newspapers, media, social media, and any other means discovered to create action. We intend to keep this story in the public eye, especially in Florida. We assume you will be on board with this as the majority of Florida residents and voters are elderly retirees whom are often vulnerable to circumstances similar to my fathers.

It has taken an exhausting 4 months of research, investigation, begging, cajoling, without much help and in some cases complete refusal of County and State run offices to become involved until ABC news investigator Kylie McGivern offered her assistance.

This complaint will be lengthy and detailed. We appreciate the reader take the time to grasp the full picture of events which took place, out of respect for my father (who was a Navy Veteran of the Vietnam Era) and to understand completely the travesty which has occurred here.

I will begin the complaint with a summary of my father's life as well as our relationship with him. It will go into brief detail of some traumatic events, not for sympathy, but to show the reader a broader picture of his/our lives other than what has been stated by the criminal actor, TODD SMITH.

Following the complaint will be numbered attachments to allow the reader to follow along more easily. As we realize unless we do this it would be difficult to understand the events from our vantage point.

We offer anyone in authority full access to any and all files including medical and financial records we have in our custody so as to be fully transparent. We have NOTHING to hide.

We offer you to join the fight. We will meet you in the middle of the fire.

Our interests are to see those who were negligent, criminal, lazy, complacent and downright evil, held accountable by the law, the public, and by GOD.

Fueling me is 45 years of anger, pain, regret, and a life experience of being failed by a system which in public promises to protect the weak and vulnerable. My resolve will not waiver.

Michael Walaconis

**Florida
Attorney's General Office
SEP 09 2019
Citizen Services**

Private/Personal Complaint for Robert Joseph Walaconis

Robert Joseph Walaconis was born in Girardville, Pa. Raised in a depressed, impoverished area my father's life began with an alcoholic abusive mother and absent father whom he never met. He went to catholic school and upon graduation entered the US NAVY, during the Vietnam Era.

After leaving the Navy my father worked 7 days a week laying carpet and was considered a top employee. He eventually met my mother and he had two children, Heather and Michael Walaconis. My father was an abusive alcoholic. My first memory of him when I was very young is of him crashing a custom van into a road sign on the divider of a highway on our way to Mcdonalds. He was drunk and fighting with my mother in the front seat. He pulled into the MCDonalds and pulled the sign out of the windshield where it had come through and we proceeded into the restaurant to eat as if nothing happened.

Shortly thereafter my father and mother separated. My father moved out of the area offering no support or visitation. He eventually quit drinking in the early 1980s. He moved to the Williamsport Area of Pennsylvania and over the years developed a Video Rental business which prospered for many years and began declining in the early 2000s.

During this time my sister and I were abused, neglected, and tortured by our mentally ill, abusive and alcoholic mother. My sister and I tried to take care of each other. My sister being older carried most of this responsibility. This continued until we were old enough to separate ourselves from this situation. My sister and I saved our mothers life (along with many other traumatic events) around 1980 from a suicide attempt.

My sister and I were reacquainted with our father in 1994, as my sister found his address and phone number on the Internet. We met him at his residence in Mill Hall, Pa and continued a relationship for several years after this rekindling.

I was serving in the Marine Corps at the time and my father offered to buy me a car as my vehicle at the time was almost inoperable. I initially refused as I made clear to my father I was only interested in a relationship, not money. He persisted. I took his offer. Within months he demanded the vehicle back after I missed a planned visit to his home on a weekend our liberty was suspended at Camp Lejeune, NC. I tried to explain this. He didn't seem to care. I then secured a loan through Marine Federal Credit Union and paid him back for the vehicle to prove I wasn't interested in gifts or being controlled.

My sister continued to have a relationship with my father where he flew her to his home in Florida to spend a week at Disney and bought season passes for the family among other gifts. He visited her often staying at her house on a monthly basis. I was deployed to Okinawa, Japan in 1995 and moved in with my father in his Mill Hall home after my honorable discharge in 1996 for approximately a year.

During my stay with my father he would leave me in charge of his home and 12 German Shepherds he raised and bred, as well as doing chores, picking up money from his businesses, etc. all while he traveled for up to two weeks at a time around the world with very little contact or direction while he was away.

While I was serving in Japan my best friend a Corporal Montoya (who is now a Florida resident and TAXPAYER) had attempted to take his life by slitting his wrists in front of me, blood squirting on my person. I chased him. Restrained him and I imagine I aided in saving his life. Because of this event and prior trauma I was angry, detached, and unsociable. At one point my father, after coming home from a two week trip, had accused me of stealing \$8 from his cookie jar. I was hurt as I did not do this. We talked calmly and decided I would move out. (as at this point I was submissive to my father) I was

homeless until 1998, clumsily trying to move forward. I began drinking heavily, and was slowly becoming an alcoholic.

My sister and I continued contact with my father throughout around 2000. At this point my sister had two daughters and was putting herself through school to be a Registered Nurse, and trying to act as a parent and role model to an out of control brother. I became a father in 1998 and was excited to now have my father in my life for advice and guidance raising my daughter. My dad offered to cosign on a house for me, I agreed as I could not get a house in my own name and wanted to provide a decent living environment for my daughter. The bank ran his credit and he showed up "Deceased". After this he stopped answering his phone and ceased contact.

He would reconnect with my sister and I with sometimes months, years in between. Our contact and interaction with my father was controlled by him. If he chose not to contact you, he didn't. Then he'd come back and act as if nothing had happened offering money or gifts to break the ice. We refused and only sometimes accepted offerings for the grandchildren.

In around 2006 my father's business was declining and he was separating from his girlfriend a Pauline McGonagal. He was frustrated about this breakup as he apparently had to give her a sizeable amount of money. At this time he sold his businesses, rental properties, etc. He moved to Florida. After this move his contact and visits became minimal. In 2009 he agreed to meet my sister at Disney as she flew my nieces and my daughter to Disney for vacation. He offered to pay for the trip, she declined. He offered to meet her at the park and spend the week with them. She called him from the airport in Florida. He stated he "hurt his back and could not come". He then stopped answering phone calls. My sister just accepted this and continued with the trip. I contacted him and exploded on him in anger and rage. He then sent several financial documents naming us as beneficiary. We ignored these documents,

my sister putting them aside until May of 2019. She would constantly receive mailings from these organizations and would simply file them with the other paperwork.

After the 2009 episode our communication became much more infrequent and distant to protect ourselves from the pain he would cause by coming and going. He created chaos and then left you alone in the storm. That is how it felt anyway.

Around 2016 my dad called my sister again and they began to have phone conversations and exchange pictures via email of the kids, etc. It had been sometime since he had seen his grandchildren. In 2013 I had lost a friend (in a traumatic event I witnessed) I was close to while trying to help him. This event sent me into a spiral. I attempted suicide, saved by my sister, and began a few year periods of inpatient stays at several VA facilities. I walked away from my home, my job with the Dept of Public Welfare, Long Term Care, and my life (everything except my daughter) and spent a year in relative isolation trying to find the strength to continue. After this period my sister asked me to move into her home as I wasn't in a very good mental state. This is where these phone calls/emails occurred.

During these phone calls with my father he asked to make sure he was buried in Fort Indiantown Gap Pa. It was his only wish. I agreed. At one point, I begged him for advice. He stated "I don't know, you're a lot like your mother. I do have \$100,000 in guns here for you." I exploded. I now realize he was probably unable to offer me emotional support and money was the only thing he believed he had to offer. I yelled at him, and told him all the things I always wanted to say but was afraid too.

He stopped calling. After a few weeks I called him and left him a message telling him I was very angry and hurt and needed time to heal, but I would in the very least keep my promise of his burial.

In early 2017 my sister sent him an email (ATTACHMENT 12 EMAIL)asking him to contact her. He did not respond. I tried to email and call. No answer. I was traveling the country without a permanent residence and trying to process the events of my life and periodically trying to reconnect with him. Offering to stop at his house in Florida on my travels. He didn't respond. We know now at this time he was suffering from dementia, something he never mentioned to us before. This brings us to the events of his 2018 hospital, nursing home and hospice stays and the entrance of Todd Smith.

This may sound like a harsh representation of my father. I tried to explain what it felt like as his son. In his defense, he was an honorably discharged veteran, a successful business man, a good citizen never being arrested or even a traffic ticket that I am aware of, an avid fisherman and hunter, collector of guns and movies, books, etc. He was kind to animals and loved flying pigeons. He had few friends as he was a difficult person to get along with. As I age and grow wiser I realize he didn't want to be this way, and I imagine his internal demons were simply stronger than his will to change. Because of this I am determined to honor his death and life by following this story through and insuring he is not a victim but a person who through his own suffering allowed laws to change and insure what happened to him does not happen to others.

The following will be a summary of the events that took place between his first admission to the Citrus Hills Memorial hospital in April of 2018 through current.

Private /Personal Complaint for Robert Joseph Walaconis

In April 2019 my sister Heather Halford (Brensinger) received a letter from one of my father's financial advisors stating "the annuity payment for Robert Walaconis will cease unless proof can be provided he is not deceased" we assumed it was merely a mistake but as my daughter was about to graduate from college, my sister and I decided to try to reach him again. His phone number was disconnected. I was hesitant to call the police initially because I assumed he would be mad, however towards the evening I decided I had to. I contacted first the Dunedin Police Dept, and they directed me to the Citrus County Sheriff's office. The officer went out to his home and contacted me stating it looked abandon. I was shocked, and asked if there had been any emergency calls from the residence. He advised there had not. He ran my father's drivers license and informed me Robert Walaconis was deceased in June. I couldn't process it only being April and him saying June. He stated 2018. I don't remember much else of the phone call and called my sister in disbelief.

The following day my sister and I left for Florida. We arrived the following day arriving at my fathers residence. It seemed vacant for a long time. The weeds were overgrown, inside the house trash was scattered along with several items arranged in a corner with a sheet of paper attached to a clipboard listing items for sale including guns. (See Attachment 1). In the center of the room were financial records laid out all over the floor of accounts in my fathers name, his social security card, 50 or so credit cards, accounts separated showing my sister as the joint owner, our names on several documents. Also there were pictures of myself, my sister, my daughter, my nieces scotch taped to the walls throughout the home. Not in picture frames but as if they were printed on a printer and hung up in a very chaotic manner, including into the bathroom. This frightened us and we went to the neighbors

to inquire what they knew. The neighbors we are speaking of live in a home directly to the left of 7170 Hernando Drive, Hernando Florida. They answered the door and at first were leery to give us information. They offered

"Todd Smith started coming around 4 months before your dad died. Todd was doing odd jobs for him and driving him places. Todd is a very shady character. He was unloading things out of the home the day your dad died. He was staying there and having parties there for months after; he was just there around 4 days ago. He drove your dad's Jeep around for a while after he died. He met your dad at the gas station he works at down the road. Todd told us "The son was in prison (me) and the sister wanted nothing to do with that bank account. I have Power of Attorney and the son was fighting me in court but he won't win". We knew something was wrong and we said that stuff should go to the kids."

They also stated they had done odd jobs for my dad and he was a "miserable old man". The woman stated she had cleaned for my father for years but they had a falling out and no longer spoke. We learned from a person my father flew pigeons with that this argument may have been due to a pigeon coup in my dad's backyard. The male adult neighbor also commented on my dad's gun collection and stated that Todd took everything out of that house he could sell and they were under the impression Todd was in a will and was legally entitled to my father's property, based on what Todd Smith told them. They also stated my dad had been acting "weird" in the months before he went to the hospital talking about the war and driving through the yard.

We had no idea who Todd Smith was and went directly to the Vital Records office where we learned a person by the name of Todd Smith had been entered as a Nephew on the Death Certificate. (See Attachment 2)

We then called the Citrus County Sherriff's department and asked a Deputy to come to 7170 Dawson Drive. A Deputy of the Citrus County Sherriff's Dept arrived at the residence. My sister and I met him at the front of the property. We began to explain and the deputy stopped us and said "It's a civil issue we don't have time for this it's a small department." We talked about the financial records, the guns, and the fact that my dad did not have any other relatives, and the death certificate stated Dementia (See attachment 2) as a cause of death and we had never been informed of him having that diagnosis.

I was emotional and the deputy told me to back off and lower my voice. I was not yelling intentionally, I was in shock. He then told us "What it looks like to me is kids that never talked to their Dad coming around to get money. My wife works in Health Care and she sees this all the time." We couldn't believe what he was telling us so we asked for his name and to speak with a detective. After this he seemed bothered by us taking his name and said he would take us to see Todd Smith at his residence. We thought this was odd, but wished to get to the bottom of this. Upon arriving the Deputy knocked on the door it was answered by a Mr Hall (not sure) who began to tell us "Bob was a great guy who was always giving things away". I called him a liar as I knew this was not something my father ever did to anyone. Anywhere. Ever. He told me "I've been in jail all my life, Ill put you in the ground." Then asked for me to be removed from the property, we obliged. We drove to our cousins residence and spent the night. I was drinking and very emotional. I called Todd Smith for answers. He only laughed. I don't remember much else. The following morning early we drove to Florida again to get my father's ashes from Downing Funeral Home. On the way there, the Deputy called me and asked where I

was. I told him on the way to get my father's ashes. He told me to the best of my recollection **"Todd Smith had a POA and you don't like it. The bottom line is you came to Florida and threatened people. ILL SEE YOU AGAIN."** I hung up. We got the ashes. We left Florida in fear and came directly home. We called friends to inquire what to do. We contacted a probate attorney as the hospitals and nursing home would give us nothing as far as records or information until we had an Appointment by the Probate Court. **(See attachment3)**. This document gave us access to the medical records; we also gleaned the information which follows from private detectives, friends, neighbors, hospital employees, community members and friends of Todd Smith.

From the information we have been able to gather we believe a scenario as follows occurred:

In April 5, 2018 my father was brought into Citrus Memorial Hospital in an **"Altered Mental State."**

He believed Harry Truman was the president of the United States. He appeared to have a UTI but it doesn't appear he was ever treated properly for this infection. He continued this altered mental status from this time through his death on June 5, 2018. **(See Attachments 4- ALTERED MENTAL STATE)**

On April 13th, 2018 my father was admitted to Avante Nursing Home, and discharged the same day with **"Inappropriate Discharge"** being noted by Avante. He was sent back to Citrus Memorial while



Al Nienhuis

DEPUTY
Cody S. Silagyi
PATROL DIVISION

P.O. Box 10070
Tampa, FL 33603-0070

PHONE 352 754-6830
FAX 352 796-0493

never being treated (from what we can determine) for his UTI or any tests done to find out the cause of his abrupt change in Mental Status. In our review it appears he was mistreated and malpractice occurred on several occasions **(See Attachments 5-ABUSE)**

From here it appears he was shifted back and forth between the Citrus Memorial hospital and Avante at least 3 more times. We believe it was impossible for him to receive adequate treatment while being transferred so much while being vulnerable with the UTI and other medical conditions **(See attachments 5 Items will be generalized and highlighted)**

During his stay he was restrained and had several bedsores which were much progressed. **(See attachments 5- ABUSE)**

Also during his stay he had asked and even offered to pay for his own transfer to the Veterans Hospital. This was refused due to a note stating " **he didn't have transportation and family refused to pay.**" **(Family meaning Todd Smith)** I called the DAV- Disabled American Veterans office and they insured me if they received a call he would have been transported there for free. These wishes were never carried out by anyone including the Social Worker. This is a travesty! A veteran wants to go to the Veterans Hospital where he knows his needs will be taken care of and he will be protected and he is denied! So the nursing home would get payment money, no other reason. **(See attachments 6 VA TRANSFER REQUEST)**

As you will notice, my sister and I were his emergency contacts. A note in his file shows my sister was the only one allowed to make decisions. Later in the file it states my father had two daughters and a nephew. If you view the copy labeled VA HOSPITAL in the following attachment you will see the correct emergency contact information this is from 7/10/2014 where it lists, Heather Brensinger/Daughter, Michael Walaconis/Son, below lists **Martin Dolley/Friend**. On 5/2/2018 the emergency contact information lists Heather Brensinger/Daughter and **Dorothy Martin/Daughter**. We are unsure of how

this mistake was made. However if this information came from my father it proves he was out of his mind. If it was a mistake by AVANTE it is an unacceptable mistake. (see attachments 7 CONTACTS)

Then on 5/4/2018 only two days later, Todd Smith enters as a point of contact NEPHEW, note from 4/5/2018 forward my father wasn't in mental shape to know where he was. A social worker should have stepped in and appointed a guardian. No identification shown in the file. There is nothing in any file signed by my father requesting Todd Smith to do anything for my father. We believe this document (along with the refusal to send a veteran to a VETERANS HOSPITAL) began the travesty which unfolded. In our opinion the nursing home needed a relative to sign off on my father for a DNR (MY FATHER WAS ALWAYS A FULL CODE) (SEE attachment 8 FULL CODE) and also to make decisions for him while he was in an ALTERED MENTAL STATE. There was no real effort to contact us. The reader can enter Heather Brensinger into a google search and for free come up with at the very least her address, if paid her phone number all in under 4 minutes. This is complacency. Taking the easiest possible avenue of relief by signing anyone up as a "relative" instead of taking the time to research his record and make a humane attempt to contact his children. It states later that an attempt was made to contact my sister and his other "daughter" Dorothy. But there is no daughter Dorothy and my sister received no phone calls from Florida during that time, no messages, no mailings. **NOTHING!** **THIS MUST CHANGE!**

From this point forward my father was transferred back and forth from Citrus Memorial Hospital to Avante Nursing home and back again, never being adequately treated for the issues he entered with. It appears the two businesses were arguing over who would take the responsibility. This is disgusting.

From this point my father apparently was transferred to OAK HILL HOSPITAL where it seems Todd Smith lied about petitioning the courts for an EMERGENCY POWER OF ATTORNEY. Todd Smith did

no such thing. No entry into the courts about anything. This proves TODD SMITH was impersonating a NEPHEW when he knew he wasn't anything more than a handyman.

After this TODD SMITH signed a DNR=Do Not Resuscitate order, sending my dad to hospice and his death. Todd Smith had not visited my father even once, shown in the medical records. Todd Smith made excuses why he couldn't come **"He had a training seminar for work"** Todd works at a gas station/convenience store. He was only interested in getting documentation which he assumed would allow him access to my father's Bank Accounts. TODD SMITH then asked for BEREVEMENT SERVICES for himself???!! Acting his role, perfectly. He then offered to donate my dads tissues to science, luckily this was refused. He then signed as a NEPHEW to have my father cremated and left him sit on a shelf for months until we found him. TODD SMITH told the funeral home he was in a bad car accident and couldn't pick up the remains. TODD SMITH was not in any car accident. He was busy selling my fathers lifetime belongings. My father always kept a large amount of cash in his home. We assume TODD SMITH broke into my dads safes. Paid the least costly disposal method for my Father, used my fathers cash to keep the funeral home from questioning him. It had been over two weeks from his date of entry to the funeral home until TODD SMITH came and paid for the cremation. TODD SMITH stated he had no money to pay for anything, which shows he used my dads money. (SEE ATTACHMENT 9).

FINAL SUMMARY

It is of our opinion, backed up by facts, that TODD SMITH saw a "BIG WEAK FISH" and began his plan several months before my father passed. He saw an aging, confused man who often bragged about his wealth and of his troubled relationships with his children. We believe TODD SMITH is a well disguised and practiced predator. He pretends to be a nice compassionate person when under his costume he is evil. He was paid to do everything for my father. This was my fathers norm. He didn't trust people and he protected his money like it was his life. He wasn't generous. He was frugal, but boastful. He shopped for bargains, he didn't waste money. He never gave anything to anyone as long as I knew him, lived with him, traveled with him, etc.

The hospitals, nursing home, hospice, funeral home all failed to protect my father while he was paying them for their services. He was abused, neglected, over medicated, and put out like trash to any person willing to take out the trash.

TODD SMITH did this with deliberation and interest in money. TODD SMITH stole every item in my fathers home that had any value, right down to his clothing. TODD SMITH paid no bills, no maintenance on his home, contacted no one about his death, did not contact courts, police, family, he did not ever request an obituary (to conceal the death from internet searches). We believe TODD SMITH assumed having the NEPHEW listed on the death certificate would allow him access to my fathers

many financial accounts, which is the reason the financial documents were laid out on the floor. From what we have gathered so far it is not yet clear if he had any luck accessing his credit, bank accounts, insurance. He may have taken the cash on hand, sold his items including a plethora of GUNS, and was also trying to rent out my fathers home. The electricity wasn't paid, the water bill wasn't paid, the homeowners insurance wasn't paid, the taxes weren't paid. Anyone can see the truth here, unless they choose to not look closely.

The hospitals and nursing homes failed to fully treat my father and looked at him as someone who was eventually going to die anyway. But they didn't fail to completely bill him. No one identified TODD SMITH. No one asked for proof. All while they are dealing with a 70 year old man with Dementia who never had a TODD SMITH listed before, who from his initial entry was confused and not able to make his own decisions. No one identified POA but entered it into file as OBTAINED. No one contacted his children. The funeral home cremated a catholic person who was terrified to be cremated, without identification, without contacting the children. On a news cast the Funeral Director stated they always try to search for family on google, obituaries, but in this case there were no children. **(Please see attachment 10 Cremation) On this form it lists "children", showing a recorded lie.**

My father listed my sister and myself as his beneficiaries since as early as 2009. He never changed this. He wasn't mad at us. He simply wanted to but didn't know how to be a dad. He had few friends as he was very difficult to deal with. We believe there was a will and TODD SMITH destroyed it. My father had several financial accounts in our name. **(See Attachment 11 Beneficiaries)** THIS ISNT ABOUT MONEY, if it were why would we continue? We already have enough to sue so why not just take our money and go home? This isn't a sad story about kids without their dad, although it is to us. It's a story about an aging elderly, mentally ill, lonely, weak both physically and mentally who was used and

abused by the people who were supposed to care for him. Those who were paid to care for him. A navy veteran denied the right to be placed where he chose, to be buried how he chose, to die with dignity.

His children, my sister Heather and I saw to it our father was buried where he wanted to be, with our own time, and our own money. That's what you're supposed to do even if you don't find the language in life to have the relationship you would have wanted.

For me I waited 44 years to tell my dad I forgave him for not being there. To tell him I did better than he did as a father. To tell him I realize he was never taught how to be a dad. And that I knew he was proud of my sister and I for being good parents without any teachers.

TODD SMITH stole that from us. TODD SMITH is to blame but all the rest are willing accomplices.

We demand you use the resources in the State Of Florida to begin a very detailed investigation into TODD SMITH, AVANTE NURSING HOME, CITRUS MEMORIAL HOSPITAL, OAK HILL HOSPITAL, HPH HOSPICE, AND DOWNING FUNERAL HOME. The resources were there to train my father and myself for military service, please find the resources now to investigate his inhumane treatment by all the above.

Michael Walaconis

Heather Halford

ATTACHMENT

1

TODD LIST

1

3- Book \$5
LOS VEGAS JACK \$20
RAM HEAD TURKEY \$10
SHAVER
WATER FALL LAMP \$4
COPPER SOCKS \$5
ALL SHOES \$30
2 FISH ON WALL \$40
MOVIE PLAYER \$5
DRANG GRAY CORDS \$3
BAR CHAIR \$5
C-D \$15
MUSIC
2 PLASTIC STORAGE \$8
HAT \$3
FIRE EXT \$5
BLACK BOXES \$5
FAN \$3
WASINE DRYER REF \$3.00
CLOCK MICKY 1.00
HUMIDIFER 10.00
GOOBY \$10.00

GUNS

TIM 352
436-2978

RON GUNS
606 402 0909

#533



ATTACHMENT

2

Death Certificate



CERTIFICATION OF DEATH

STATE FILE NUMBER: 2018093711

DATE ISSUED: APRIL 10, 2019

DECEDENT INFORMATION

DATE FILED: JUNE 12, 2018

NAME: ROBERT J WALACONIS

DATE OF DEATH: JUNE 5, 2018

SEX: MALE

SSN: [REDACTED]

AGE: 071 YEARS

DATE OF BIRTH: [REDACTED]

BIRTHPLACE: PENNSYLVANIA, UNITED STATES

PLACE OF DEATH: HOSPICE

FACILITY NAME OR STREET ADDRESS: 12260 CORTEZ BLVD

LOCATION OF DEATH: BROOKSVILLE, HERNANDO COUNTY, 34613

RESIDENCE: 7170 N. DAWSON RD, HERNANDO, FLORIDA 34442, UNITED STATES

COUNTY: CITRUS

OCCUPATION, INDUSTRY: SHOP OWNER, RETAIL

EDUCATION: UNKNOWN

EVER IN U.S. ARMED FORCES? YES

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: DIVORCED

SURVIVING SPOUSE NAME: NONE

FATHER'S/PARENT'S NAME: UNOBTAINABLE UNOBTAINABLE

MOTHER'S/PARENT'S NAME: UNOBTAINABLE UNOBTAINABLE

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: TODD SMITH

RELATIONSHIP TO DECEDENT: NEPHEW

INFORMANT'S ADDRESS: 4620 N CANYON TERR, HERNANDO, FLORIDA 34442, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: MARK C. DOWNING, F042062

FUNERAL FACILITY: DOWNING FUNERAL HOME AND CREMATION SERVICE INC F039831

1214 WENDY COURT, SPRING HILL, FLORIDA 34607

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: HERNANDO CREMATORY INC

SPRING HILL, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER NOT APPLICABLE

TIME OF DEATH (24 HOUR): 1220

DATE CERTIFIED JUNE 11, 2018

CERTIFIER'S NAME: ANDREW LESLIE RUTHERFORD

CERTIFIER'S LICENSE NUMBER: ME98900

NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): NOT APPLICABLE

CAUSE OF DEATH AND INJURY INFORMATION

MANNER OF DEATH: [REDACTED]

CAUSE OF DEATH - PART I - AND APPROXIMATE INTERVAL: ONSET TO DEATH

a.

b.

c.

d.

PART II - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I

AUTOPSY PERFORMED? NO

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?

DATE OF SURGERY:

DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN

REASON FOR SURGERY:

PREGNANCY INFORMATION: NOT APPLICABLE

DATE OF INJURY: NOT APPLICABLE

TIME OF INJURY (24 HOUR):

INJURY AT WORK?

LOCATION OF INJURY:

DESCRIBE HOW INJURY OCCURRED:

PLACE OF INJURY:

IF TRANSPORTATION INJURY, STATUS OF DECEDENT:

TYPE OF VEHICLE:

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

ATTACHMENT

3

Probate

IN THE CIRCUIT COURT FOR CITRUS COUNTY,
FLORIDA
IN RE: ESTATE OF

File No. 2019 CP 000395

ROBERT J. WALACONIS

Division Probate

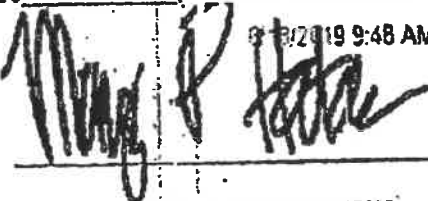
Deceased.

ORDER APPOINTING PERSONAL REPRESENTATIVE
(Intestate -- single)

On the petition of Michael Walacanis for administration of the estate of Robert J. Walacanis, deceased, the court finding that the decedent died on June 5, 2018, and that Michael Walacanis is entitled to appointment as personal representative by reason of he is the son of the decedent, and is qualified to be personal representative, it is

ADJUDGED that Michael Walacanis is appointed personal representative of the estate of the decedent, and that upon taking the prescribed oath, filing designation and acceptance of residence, and filing bond in the sum of \$ 0, letters of administration shall be issued.

SO ORDERED.



6/18/2019 9:48 AM 2019 CP 000395

e-Signed 6/18/2019 9:48 AM 2019 CP 000395

NOT REBBY CERTIFY that a true and correct copy of the foregoing
has been furnished by electronic or U.S. Mail on 06/18/2019.

8 *Edith Coover*

ATTACHMENT

4

Altered Mental State



ATTACHMENT

5

ABUSE

ATTACHMENT

6

VA TRANSFER



HAVE TRANSPORTED
IF CALLED :-
SAID TRANSPORTED
FOR TRANSPORTED
REASON
WOUND

7

ATTACHMENT

7

EMERGENCY

CONTACTS

MARTIN DOWEY
Listed as "friend"
which is correct

DOROTHY MARTIN

Changed to
Daughter?

But my dad couldn't
communicate, shows
out of his mind,
of AVATE Changed
to have relative

MARIL DOLLEY still
DOROTHY MARTIN - But
Avante said they called
"Both Daughters". Marty
received No call or
would have cleared up

How did Todd Smith
get addcd when
Robert never left
Altered State?



ATTACHMENT

8

FULL CODE



ATTACHMENT

9

NO MONEY TODD

On the following pages while reading the notes you will see that Todd Smith never visited my father. But he made the determination to cease his care, change his doctor, and have him cremated all which were against my father's wishes.

Todd stated he had no money to transfer my father to the VA hospital, he also stated he had no money for burial. But he also stated that he needed to get a "locksmith" to break into my father's financial records.

My father always kept a sizeable amount of cash in his home. We believe Todd either drugged my father which put him into an Altered Mental state. Even if he didnt drug him (which we will never know as there was no autopsy) he ensured he would die. He knew of our whereabouts as our numbers were taped to my father's desk when we arrived at his home. Todd did this because he knew my father had "money". He did this with deliberate intent to gain financially and steal from us being there at the time of my fathers passing and also to conceal his death.

ATTACHMENT

10

SIGNED CREMATION

Proves funeral
home knew about
children.

No Obituary.
No attempt to
contact. Admitted
on film ABC NEWS

Date: _____

The undersigned hereby requests and authorizes, in accordance with and subject to your rules and regulations as well as those of the State of Florida, to cremate the remains and Min. Alternative containing the remains of ROBERT J WALACONIS
(Name in Full)

who died at BROOKSVILLE FL on 5 June 2018 at 12:20 and
(City and State) (Day) (Month) (Year) (Hour)

certifies and represents that I/we have the right to make such authorization and am related to the deceased as nephew in law
Ad Estranged from child born for 20 years no contact (Relationship)

I/we also request you to make the following disposition of the cremated remains: Return to Family

REGISTERED U.S. MAILING INSTRUCTIONS

The undersigned hereby authorizes the crematory to deliver the cremains via REGISTERED U.S. MAIL and agrees to assume all liability for any damages that may arise from any cause growing out of said delivery to indemnify and hold harmless the crematory and funeral director or their employees from any and all claims related to said shipment. The undersigned also agrees to pay for such delivery in the amount of \$ _____.

I/we agree to hold you, your servants and employees blameless and harmless from any and all liability whatsoever, also for any loss or damage to said cremated remains, occasioned by an act of God, common enemy, theft, strikes, riots, vandals, order of Military or Civil Authority, and for any other act beyond our control. If no final disposition instructions are given to the crematory or funeral home, the cremated remains will be held for 120 days from date of death and then disposed of in a dignified manner. The cremation will take place within 48 hours after all authorizations and permits are received.

Heart pacemakers, morphine pumps, deep cell stimulators, etc., any medical device with a battery, can be dangerous when placed in a cremation chamber and shall be removed prior to the cremation process. If the crematory does not receive proper notice, the family and/or undersigned shall be responsible for any damage resulting and the crematory will not be responsible or accept any liability under those circumstances.

I/we affirm that the above statement is true.

SIGNED [Signature] Address _____

WITNESS _____ Address _____

[Signature]
(Funeral Director's Signature)

Signed and sworn to before me this _____ day of _____

Date of disposition _____ By _____

(Notary Public Signature)

Cremated remains received by _____ On _____

The named deceased was received by the Hernando Crematory, Inc. in Min. Alternative approved by the Rules and Regulations of the State Board of Funeral Directors and Embalmers for Florida governing Crematories and that the 48 hour period since death had elapsed before said deceased was cremated on 6-18-18.

Signed: _____

RULES APPLICABLE TO CREMATORIES:

It shall be unlawful for any person, firm or corporation to cremate any dead body prior to the expiration of forty eight (48) hours after the death of such human body. (Sec. 872.02(1), F.S.)
A dead human body may be held any place or in transit over twenty-four (24) hours after the death or pending disposition only if this body is maintained under refrigeration at a temperature of 40F or below; embalmed in manner approved by the Board of Funeral Director and Embalmers in accordance with provisions of Chapter 470 F.S.; or otherwise preserved. (Division of Health Rules - Gen. Authority Sec. 88L03 (1)(a)(II), F.S.)
Crematory or crematorium facilities are permitted only to require a container in the form of a cardboard container of suitable strength or a wooden box or casket chosen for cremation or calcination to take place. In such cases
if a deceased died from a contagious disease, an airtight container will be required to stop fluid leakage and offensive odors and to reduce the possible spread of contagion. (Ch. 21-J-9.09(g)-FD&E Rules).

Todd needed
a locksmith??

Why would you
need that if
trusted??

Diagnosis: [REDACTED] SSN: [REDACTED]
Prosthetic: ☐ Yes ☒ No Pacemaker: ☐ Yes ☒ No Defibrillator: ☐ Yes ☒ No Implanted pump/port: ☐ Yes ☒ No
Patient's address: 2242 Cortez Blvd
Phone #: 352 544 1181
Next of kin's name: Todd Smith 352 464 4065 Relationship: Nephew
Address & phone # (if different): 4620 N. Canyon Terr. Hernando FL 34442
Funeral home:

Burial: ☐ Yes ☒ No Body for burial out of state: ☐ Yes ☒ No
Cremation: ☐ Yes ☐ No County-assisted cremation: ☐ Yes ☒ No
Next of Kin Signature/Telephone Authorization: [Signature] Date: 6.5.18

Reportable deaths to Medical Examiner's Office – Pasco (727) 582-6800; Hernando/Citrus (352) 326-5961
(check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Criminal violence | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Death/decline associated with traumatic injury | <input type="checkbox"/> Suspicious/unusual circumstances |
| <input type="checkbox"/> Poison/drug overdose | <input type="checkbox"/> Disease/injury/toxic agent related to employment |

Complete when sending body to the Pasco, Hernando or Citrus County Medical Examiner ☐ N/A

Place of birth (city, state, country): _____
Marital status: ☐ Married ☐ Never married ☐ Widowed ☐ Divorced ☐ Married/separated
Surviving spouse's name (include maiden name): _____
Occupation (do not use retired): _____ Kind of business/industry: _____
Is decedent of Hispanic or Haitian origin? ☐ No ☐ Yes, specify Mexican, Cuban, Puerto Rican, Haitian, South/Central American: _____
Education level (0-12 or level of college and what degree received): _____
Father's name: _____ Mother's name (including middle and maiden): _____
Was decedent in Armed Forces? ☐ Yes ☐ No
Information obtained from: _____ Relationship: _____ Telephone #: _____

Nurse attending death: Bobbie Fabler RN

Comments: Pt died peacefully. Called Nephew Todd Smith who is having locksmith open pt's locked chest file to find info concerning finances. Pt is not in contact with children 20 yrs.

Name of Person Picking Up Body: [Signature]

Funeral Home/Transport Co. [Signature]

Signature of Person Picking Up Body: [Signature]

HPH
HOSPICE
A Christus Health Affiliate

**RELEASE OF BODY
FOR FUNERAL HOME/
MEDICAL EXAMINER**

HPH031 REV 01/13 PH: 1-800-486-8784

Nurse Signature: Bobbie Fabler RN

Date: 6/5/18

Team: Ca

ID #: 682543

Patient Name: Waleconis Robert J.

(Print)

Last

First

WHITE: Funeral Home/Medical Examiner

YELLOW: Medical Records

ATTACHMENT

11

BENEFICIARIES

PACIFIC LIFE

April 10, 2019

HEATHER HALFORD
hab72@comcast.net

Contract: VR02014052
Investment Option: Variable Annuity
Line of Business: Non-Qualified
Annuitant(s): ROBERT J WALACONIS
Owner(s): ROBERT J WALACONIS
Designated Recipient(s): HEATHER BRENSINGER & MICHAEL A WALACONIS

Dear Heather Halford:

Please accept our sympathy on your loss. We are replying to a request for a claimant package for the above-referenced contract. A detailed description of the benefit options and instructions are provided in the enclosed claimant package.

The death benefit amount will be calculated as of the date all processing requirements are received in good order by Pacific Life, and may be equal to the accumulated cash value. The accumulated cash value is subject to market fluctuation; therefore the death benefit amount may be subject to market fluctuation. If the contract is a variable product, unless new instructions are provided, any applicable death benefit step-up will be allocated according to the future allocation instructions that are currently on file for this contract.

In the case of multiple designated recipients, the death benefit amount will be calculated upon receipt of the first set of claim paperwork received in good order. Any unpaid portion of the death benefit amount will remain in the same allocation as before the death benefit was calculated. Consequently, the remaining death benefit amount may fluctuate with the market and the remaining recipients yet to claim may receive an amount different from the recipients who have already been paid their share of the benefit. Each designated recipient must complete separate claim paperwork.

In addition, please note that systematic premium and distribution programs such as Pre-Authorized Checking, Scheduled Withdrawals, Substantially Equal Payments, or Minimum Required Distributions have been terminated at this time.

Neither Pacific Life nor its representatives give tax or legal advice.

Pacific Life is dedicated to providing exceptional service and we appreciate the opportunity to service your financial needs. If you have any questions, our dedicated Beneficiary Services Team Member can be reached by calling (800) 722-4448, pressing 3, and entering extension x3688. They are available Monday through Friday from 6:00 a.m. to 4:00 p.m., Pacific Time.

Sincerely,



Lorene C Gordon
Senior Vice President, Operations
Retirement Solutions Division

Pacific Life Insurance Company
Retirement Solutions Division
P.O. Box 2378, Omaha, NE 68103-2378 www.PacificLife.com
Securities Distributed by Pacific Select Distributors, LLC., Member, FINRA & SIPC

Amount of deposit: [redacted]

This Time Deposit is issued to:

Issuer:

\$ [redacted]

Robert J Walaconis
POD Heather Ann Brensinger
7170 N Dawson Dr
Hernando FL 34442-2173

The Bank of Inverness
PO Box 1929
Inverness, FL 34451-1929

Not Negotiable - Not Transferable - Additional terms are below.

By Camp J. Recanzone

By Tom M. Bradley

Additional Terms and Disclosures

This form contains the terms for your time deposit. It is also the Truth-in-Savings disclosure for those depositors entitled to one. There are additional terms and disclosures on page two of this form, some of which explain or expand on those below. You should keep one copy of this form.

Maturity Date: This account matures 10/25/07
(See below for renewal information.)

Rate Information: The interest rate for this account is 5.00 %
with an annual percentage yield of 5.12 %. This rate will be
in effect until the maturity date specified above. Interest begins to accrue on
the business day you deposit any noncash item (for example, a check).
Interest will be compounded Monthly.
Interest will be credited Monthly.

To Certificate

The annual percentage yield assumes that interest remains on deposit
until maturity. A withdrawal of interest will reduce earnings.

If you close your account before interest is credited, you will not
receive the accrued interest.

NUMBER OF ENDORSEMENTS needed for withdrawal or any
other purpose is: 1.

Minimum Balance Requirement: You must make a minimum deposit to

open this account of \$ [redacted]

☒ You must maintain this minimum balance on a daily basis to earn the
annual percentage yield disclosed.

Withdrawals of Interest: Interest ☐ accrued ☒ credited during a
term can be withdrawn: without penalty.

Early Withdrawal Penalty: If we consent to a request for a withdrawal
that is otherwise not permitted you may have to pay a penalty. The
penalty will be an amount equal to:

3 Months interest on the amount withdrawn.

Renewal Policy:

☐ Single Maturity: If checked, this account will not automatically
renew. Interest ☐ will ☐ will not accrue after maturity.

☒ Automatic Renewal: If checked, this account will automatically
renew on the maturity date. (see page two for terms)
Interest ☒ will ☐ will not accrue after final maturity.
At the Money Market Rate.

ACCOUNT OWNERSHIP: (select one and initial)

Single Party Account

Multiple Party Account

Multiple Party Account - Tenancy by the Entireties

Trust - Separate Agreement dated: _____

ACCOUNTS at Death: (select one and initial)

Single Party Account

Multiple Party Account with Right of Survivorship

Multiple Party Account without Right of Survivorship

Single Party Account with Pay on Death

Multiple Party Account with Right of Survivorship and Pay on Death

On Death Beneficiaries: To add Pay On Death Beneficiaries'
one or more:

TIN: [redacted]

Social Security or Employer's I.D. Number: A correct
taxpayer identification number is required for almost
every type of account. A certification of this number is
also required and is contained on the first copy of this
certificate.

Backup Withholding - A certification that you are not
subject to backup withholding is necessary for almost all
accounts (except for persons who are exempt altogether).
This certification is contained on the first copy of this
form. Failure to provide this certification when required
will cause us to withhold a percentage of the interest
earned (for payment to the IRS). Providing a false
certification can result in serious federal penalties.

ENDORSEMENTS - SIGN ONLY WHEN YOU REQUEST WITHDRAWAL

X _____

X _____

X _____

Transfer on Death (TOD) Plan Form

Use this form to establish, change, or delete beneficiaries or to terminate the plan for your Vanguard® nonretirement accounts through the Vanguard Transfer on Death (TOD) Plan. The TOD Plan is available only for accounts registered to an individual, including Vanguard Brokerage Services® accounts, and joint accounts enrolled in the plan before 2007.

Do not use this form for IRAs and other retirement accounts, for community property accounts, or to enroll a joint account after 2006.

Questions?

Call 800-662-2739.

We strongly encourage you to consult with a legal advisor before enrolling, because the plan can affect tax strategies and established estate plans.

1. Your Information *Print in capital letters and use black ink.*

Request Type:

To terminate a plan, complete Sections 1, 2, and 4 only.

☒ Establish new plan. ☐ Change plan. ☐ Terminate plan.

Name of Account Owner

Provide your full, legal name.

Name, first, middle, last

Robert J WALACONIS

If you have applied for a taxpayer ID number but have not received it, enter the date on which you applied.

Social Security Number or Individual Taxpayer ID Number

Name of Joint Account Owner (if applicable) first, middle, last

Daytime Phone area code, number, extension

1-352-726-8157

Evening Phone area code, number, extension

1-352-726-8157

2. Plan Account Information

List the accounts you want to enroll in the plan or the accounts you want to remove from an established plan. Only nonretirement accounts registered to an individual are eligible. Joint accounts with an established plan may remain in the plan and continue to be updated.

Establish or Change the Transfer on Death Plan for These Funds

For brokerage accounts, list only the money market settlement (sweep) account number. Beneficiaries will apply to the settlement account and the linked brokerage account.

Fund Number

[Redacted]

Fund Number

[Redacted]

Fund Number

[Redacted]

Account Number

[Redacted]

Account Number

[Redacted]

Account Number

[Redacted]

over

If you choose this option, skip to Section 4.

Apply Beneficiaries From an Existing Transfer on Death Plan *optional*

☐ Carry over the beneficiaries named on the existing Transfer on Death Plan established for the nonretirement account below to all of the accounts listed above.

Fund Number

Account Number

**ACKNOWLEDGMENT AND SIGNATURE(S)****The following acknowledgment applies to contract owner changes under Section 2:**

I have read and understand the provisions of the contract and/or product prospectus (if applicable) regarding owner changes. I understand that any gain in the contract on the date of an owner change may be reported to the Internal Revenue Service for the current tax year and may be a taxable event. I further understand that neither Pacific Life nor its representatives, agents or employees provide tax or legal advice and that it is my responsibility to consult with a tax or legal adviser prior to any owner change. I certify that I am a U.S. person (including a U.S. resident alien) and that my SSN or Taxpayer ID number is correct.

The following acknowledgment applies to beneficiary designations changes under Section 3:

I have read and understand the provisions of the contract and/or product prospectus (if applicable) regarding beneficiary designations and the death benefit proceeds. I acknowledge that the information I have provided regarding my beneficiary(ies) is true, complete and accurate and that this information will be relied upon in order to identify my beneficiary(ies). Pacific Life may rely on information and/or confirmation by any responsible individual (e.g., executor) to identify a beneficiary(ies). I understand that the beneficiary designation cancels and supercedes both current and previous beneficiary designations. I acknowledge that any additional documents submitted to Pacific Life regarding beneficiary designations will be neither returned nor reviewed. In the event that no beneficiaries have been designated or that no beneficiaries have been clearly identified, Pacific Life may pay the death benefit proceeds to the owner's estate. I further understand that Pacific Life is not the administrator of any qualified retirement plan or program, or the custodian of any individual retirement annuity arrangement, and that Pacific Life's administrative duties are limited to the administration of the contract.

[Signature] _____ mo / day / yr
 Current Owner's Signature (Required for all changes)

_____ mo / day / yr
 Joint Owner's Signature (If applicable, required for all changes)

_____ mo / day / yr
 New Owner's Signature (Required only for contract owner changes)

_____ mo / day / yr
 New Joint Owner's Signature (If applicable)

_____ mo / day / yr
 Former Signature of Owner (Required only for owner name changes and should match signature with former name on file)

To complete this form: Print clearly using dark ink. Provide requested information in full. An incomplete form may delay processing. If an Attorney-In-Fact is signing this form, please include an original or certified copy of the Power-of-Attorney documentation accompanied by a notarized sample signature for the Attorney-In-Fact. This additional documentation may be excluded if previously submitted to Pacific Life.

If this contract was issued through the Pacific Life annuity confirmation process, confirmation must be on file and in good order prior to any changes being made to the contract.

Where to send this form:

By regular mail: Pacific Life Insurance Company P.O. Box 7187 Pasadena, CA 91109-7187	By overnight mail: Pacific Life Insurance Company 1111 S. Arroyo Parkway, Suite 205 Pasadena, CA 91105-3967	By fax: (888) 837-8172
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Additional forms: The following additional forms or other documentation may be required depending on the type of change being requested:

Section 2 – Change or Add Owner(s): If changing the owner of the contract to a trust, attach a completed **Trustee Certification and Disclosure** form.

Section 3 – Beneficiary Designation: Attach a separate sheet, signed and dated, if additional beneficiaries are to be designated.

Section 5 – Name Changes: Attach copies of appropriate documentation (marriage certificate, driver's license, or court documentation) reflecting name change.

For help or questions: Contact your registered representative or call Pacific Life customer service at (800) 722-2333.



I INCLUDING ALL NEW FUNDS
MAY OPEN OR TRANSFER
TO MY BENEFICIARIES
WILL BE ADDED TO

Robert J. J. J. J. J.
1-25-07

Secondary Beneficiaries Check all that apply.

Those you designate as your secondary beneficiaries will inherit your plan assets only if there are no surviving primary beneficiaries upon your death or the death of the last surviving joint owner, if applicable. Indicate the percentages of your assets to be distributed to the designated secondary beneficiaries upon your death. The total must equal 100%.

Individuals

☐ Name of Individual first, middle, last

Birth Date mm/dd/yyyy

Relationship: ☐ Spouse ☒ Other

BRITTANY Lee VERNOSKY
GRANDDAUGHTER

11-21-90

33 1/3 %

☐ Name of Individual first, middle, last

Birth Date mm/dd/yyyy

Relationship: ☐ Spouse ☒ Other

KELLY ANN BRENSINGER
GRANDDAUGHTER

2-12-74

33 1/3 %

☐ Name of Individual first, middle, last

Birth Date mm/dd/yyyy

Relationship: ☐ Spouse ☒ Other

RYLEIGH ALYSON WALACONIS
GRANDDAUGHTER

2-1-98

33 1/3 %

This applies to an existing trust only; you cannot create a trust with this form.

Trusts

☐ To the trustee of an existing trust created under an agreement

Name of Trust

Date of Trust mm/dd/yyyy

%

Organizations/Charities

☐ Name of Organization or Charity

%

☐ Name of Organization or Charity

%

If the percentages do not total 100%, Vanguard will allocate fund percentages totaling 100%

Total

100%

☐ I do not want to designate secondary beneficiaries at this time.

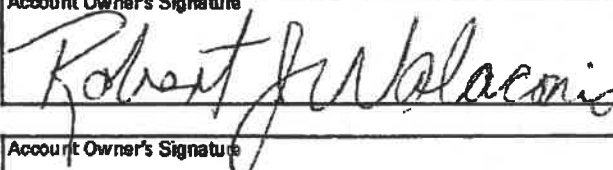
If you choose this option and either all of your primary beneficiaries predecease you or a trust or organization/charity you named no longer exists, your assets will pass to your estate or the estate of the last surviving joint owner, if applicable.

4. Signature of Account Owner *Read carefully before signing.*

I, the undersigned plan account owner, hereby acknowledge I have received and read the Vanguard Transfer on Death Plan Agreement and accept all terms and conditions set forth in the agreement and this form.

I understand that the Transfer on Death Plan will supersede any conflicting provisions that I or my representatives have made or may make in any will, trust, agreement, or other instrument relating to the accounts enrolled under the plan.

Attach a separate sheet if additional signatures are required.

Account Owner's Signature 	Date mm/dd/yyyy 01-21-07 08-21-07 <i>RJW</i>
Account Owner's Signature	Date mm/dd/yyyy

Reminders:

- Keep in mind that the beneficiary designations on this form will override any others you've specified for these accounts in a will, trust, or other legal document.
- Consult with your financial or legal advisor, and coordinate your Transfer on Death Plan with the rest of your estate planning.
- Include an Account Registration Form if you are establishing a Transfer on Death Plan for a new Vanguard nonretirement account.

Mailing information:

Make a copy of your completed form for your records.

Mail your completed form and any attached information in the enclosed postage-paid business reply envelope.

If you do not have a business reply envelope, mail to:

Vanguard
PO. Box 1110
Valley Forge, PA 19482-1110

For overnight delivery, mail to:

Vanguard
455 Devon Park Drive
Wayne, PA 19087-1815

Mail to: PO Box 59060
Minneapolis, MN 55459-0060

Phone: 800.950.1962

Fax: 763.582.6006

Service Request

Please read the notes and guidelines before completing each section. If you have any questions or need assistance in completing this form, please contact your representative or call Client Services at 800.950.1962.
To ensure prompt processing, please print throughout the entire form.

Insured/Annuitant name

Robert J Walacenis

SSN

[REDACTED]

Policy #

5014703

1) Change of address/phone number (only complete with new information)

Street address

Apartment number

City

State/ZIP code

Phone number

()

2) Name change (please provide a photocopy of a legal document reflecting this change)

From

To

3) Ownership change (please print)

Guidelines:

- IRS guidelines prohibit any individual other than the annuitant to be the owner of an IRA/SEP.
- If designating a trust, please forward copies of the trust pages that include: 1) the name of the trust, 2) date of the trust, 3) name of the trustee and successor trustee, and 4) signature page.
- Please comply with the guidelines for a valid signature when signing under a trust (John Doe, as trustee) or as a power of attorney (John Doe by Jane Doe, "power of attorney").
- Please update the beneficiary section on the back of this form if you are changing ownership.

If transferring ownership on a nonqualified annuity, I understand this may be a taxable event to the previous owner.

From

To

Previous owner's signature

New owner's signature

New owner information

Date of birth

SSN or TIN

Relationship to previous owner

Daytime phone number

()

Street address

Apartment number

City

State/ZIP code

Phone number

()

Increase my premium to

Decrease my premium to

Change billing mode to

\$

\$

☐ Monthly ☐ Annual ☐ Semiannual ☐ Quarterly

5) Beneficiary change (please print)

Guidelines:

- All designations are in equal shares unless otherwise specified in fractions or percentages. Dollar amounts are not allowed.
- If designating a trust, provide full name and date of the trust.

Full name and relationship to the insured/annuitant must be completed in order to process this request.

All previous beneficiary designations are hereby revoked and the following are designated as beneficiaries under this policy.

Primary beneficiaries: Attach additional sheet if needed, signed by contract owner. Allocation must equal 100%.

1) Name	Heather Brensinger		Relationship	Daughter
Allocation %	50	Date of birth		SSN or TIN
2) Name	Michael A. Watkonis		Relationship	Son
Allocation %	50	Date of birth		SSN or TIN

Contingent beneficiaries: Attach additional sheet if needed, signed by contract owner. Allocation must equal 100%.

1) Name			Relationship	
Allocation %		Date of birth		SSN or TIN
2) Name			Relationship	
Allocation %		Date of birth		SSN or TIN
Spousal signature				Date

Attention: Spousal signature required in community property states if spouse not named for 50% of the proceeds:
AZ, CA, ID, LA, NM, NV, TX, WA, and WI.

6) Other requests or comments (please print)

The owner's original signature is required for all service requests. In accordance with the terms of the policy, the request will become effective when approved and acknowledged in writing by the Company.

Owner's signature	Phone	Date
Joint owner's signature	(302) 768-157	10/9/07

Waltham Forest
717A Al. Dawson St.
Hemel Hempstead + 1900
E411R.



143014

100

Heather A Brensinger
 2014 Roe Vell Dr.
 Orwigsburg Pa.
 17961

Sent via the Samsung Galaxy S9, an AT&T 5G Evolution capable smartphone

—— Original message ——

From: hab72 <hab72@comcast.net>

Date: 1/18/17 2:44 PM (GMT-05:00)

To: Bobw46@hotmail.com

Subject:

Hello. I Tried to contact you by phone awhile back. I know you and Michael had differences but I don't think that's any reason to ignore me. You have to remember,all the years you weren't involved and my mom was not capable, I was the one who stood up and filled in. I've been Michael's parent. He doesn't live with me now. He's doing good. I'd just like to know my dad now. I want NOTHING from you but to know you. I've provided for myself very well. I did it all on my own. I'm looking for nothing. I want no money, no property, no assets, no beneficiary of anything. I want to know you and I will not ask you for one Penny ever. I travel very frequently. It's my passion. I just would like to visit or meet when I come to flordia. I'm a nurse, a very good one. I'd like to know your wishes are fulfilled when you pass..I'd do everything to see that happen. If you are sick and need help, you can call me anytime. I'll never turn my back on you. I just want you to know, I'm here if you need me. And I ask for nothing in return. Just be nice :)
Heather

Sent via the Samsung Galaxy S7, an AT&T 4G LTE smartphone

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Michael WALACONIS
5834 Elmer Street
Pittsburgh, PA 15232

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Ashley Moody
Office of Attorney General
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