

**REQUEST TO ESTABLISH DOCKET**

(Please Type)

<b>Date:</b>	8/29/2005	<b>Docket No.:</b>	050576-TC
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<b>1. Division Name/Staff Name:</b>	Division Of Competitive Markets & Enforcement/Isler
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<b>2. OPR:</b>	Division Of Competitive Markets & Enforcement
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<b>3. OCR:</b>	Office Of The General Counsel
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<b>4. Suggested Docket Title:</b>	Request for cancellation of PATS Certificate No. 8172 by Duane E Lund, effective August 25, 2005.
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**5. Suggested Docket Mailing List (attach separate sheet if necessary)**

**A. Provide NAMES OR ACRONYMS ONLY if a regulated company.**

**B. Provide COMPLETE NAME AND ADDRESS for all others. (Match representatives to companies.)**

**1. Parties and their representatives (if any):**


**2. Interested persons and their representatives (if any):**


**6. Check one:**

Documentation is attached.

Documentation will be provided with recommendation.

DOCUMENT NUMBER-DATE

08282 AUG 29 05

G:\est.doc

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\*\* Also Admitted in California and Utah  
\*\*\* Also Admitted in New York and Connecticut  
\*\*\*\* Also Admitted in Washington D.C.

August 23, 2005

State of Florida  
Public Service Commission  
Att: Paula Isler  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399-0850


Re: Estate of Duane Eddie Lund  
Date of Death: February 20, 2005  
Payphone Certificate TG909

Dear Ms. Isler:

Pursuant to our telephone discussion of yesterday's date, please be advised that the undersigned attorney represents the Estate of Duane Eddie Lund. In this regard, I am enclosing a copy of the death certificate for Duane Eddie Lund, along with a copy of your notice. Please discontinue the above-referenced payphone certificate and write off any monies owed by the decedent.

Thank you for your help.

Very truly yours,

  
Cathy Barfett, Legal Assistant to  
KENNETH M. JONES  
For the Firm  
csb  
Enclosures

2005 AUG 25 11:10:06  
FIRM OF  
COMPLIMENTAL SERVICES

OFFICE of VITAL STATISTICS

CERTIFIED COPY

FLORIDA CERTIFICATE OF DEATH

1. DECEASED'S NAME (Last, First, Middle, Initial)  
**Duane Eddie Lund** Male

2. DATE OF BIRTH (Month, Day, Year)  
**June 9, 1948**

3. AGE-Last Birthday (Years, Months, Days, Hours, Minutes)  
**56**

4. DATE OF DEATH (Month, Day, Year)  
**February 10, 2005**

5. SOCIAL SECURITY NUMBER  
**111-11-1111**

6. BIRTHPLACE (City, State or Territory)  
**Alhambra, California**

7. COUNTY OF DEATH  
**Lee**

8. PLACE OF DEATH (Check only one)  
HOSPITAL:  Impatient  Outpatient  
NON-HOSPITAL:  Hospice Facility  Nursing Home  Home  Other (Specify)

9. FACILITY NAME (If not institution, give street address)  
**Hope Hospice-2430 Diplomat Pkwy.**

10. CITY, TOWN, OR LOCATION OF DEATH  
**Cape Coral**

11. INSIDE CITY LIMITS?  
 Yes  No

12. MARITAL STATUS (Specify)  
Married  Married, but Separated  Widowed  Divorced  Never Married

13. SURVIVING SPOUSE'S NAME (If available, maiden name)  
**Caliste Belle Highley**

14. RESIDENCE - STATE  
**Florida**

14b. COUNTY  
**Lee**

14c. CITY, TOWN, OR LOCATION  
**Cape Coral**

14d. STREET ADDRESS  
**914 SE 20th Court**

14e. APT. NO., SUITE NO., OR BOX NO.  
**33990**

14f. INSIDE CITY LIMITS?  
 Yes  No

15a. DECEASED'S USUAL OCCUPATION (Indicate type of work done during most of working life.)  
**Chef**

15b. KIND OF BUSINESS/INDUSTRY  
**Food Industry**

16. DECEASED'S RACE (Specify the box(es) to indicate what decedent considered himself/herself to be. Note: Two or more races may be specified.)  
 White  Black or African American  American Indian or Alaskan Native (Specify race)  
 Asian Indian  Chinese  Filipino  Japanese  Korean  Vietnamese  Other Asian (Specify)  
 Native Hawaiian  Guamanian or Chamorro  Samoan  Other Pacific Is. (Specify)  Other (Specify)

17. DECEASED OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.)  
 Yes (If Yes, specify)  No

18. DECEASED'S EDUCATION (Specify the decedent's highest degree level of education completed at time of death.)  
 8th or less  High school but no diploma  High school diploma or GED  College but no degree  College degree (Specify)  Associate's  Bachelor's  Doctorate

19. WAS DECEASED EVER IN U.S. ARMED FORCES?  
 Yes  No

20. FATHER'S NAME (First, Middle, Last, Suffix)  
**Arnold Duane Lund**

21. MOTHER'S NAME (First, Middle, Last, Suffix)  
**Caliste Belle Highley**

22a. INFORMANT'S NAME  
**MargoAnne Molamey**

22b. RELATIONSHIP TO DECEASED  
**Sister**

22c. INFORMANT'S MAILING - STATE  
**Florida**

23a. CITY OR TOWN  
**Cape Coral**

23b. STREET ADDRESS  
**914 SE 20th Court**

23c. ZIP CODE  
**33990**

24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)  
**Fuller Funeral Home - Cremation Service**

24a. LOCATION - STATE  
**Florida**

24b. LOCATION - CITY OR TOWN  
**Naples**

25a. METHOD OF DISPOSITION  
 Burial  Entombment  Cremation  Removal from state  Other (Specify)

25b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED?  
 Yes  No

27a. LICENSE NUMBER (of Licensee)  
**3508**

27b. SIGNATURE OF MEDICAL EXAMINER OR PERSON ACTING AS SUCH  
**Medical Examiner**

28. NAME OF FUNERAL FACILITY  
**Fuller Funeral Home - Cremation Service**

28a. CITY OR TOWN  
**Cape Coral**

28b. STREET ADDRESS  
**1910 Del Prado Blvd. S.**

28c. ZIP CODE  
**33990**

29. CERTIFIER (Check one)  
 Medical Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated.  
 Medical Examiner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.

30. SIGNATURE AND TITLE OF CERTIFIER  
**Dr. M. Olson**

31. DATE SIGNED (month/year)  
**02/10/2005**

32. TIME OF DEATH (24 hr.)  
**2330**

33. MEDICAL EXAMINER'S CASE NUMBER  
**115-43383**

34. LICENSE NUMBER (of Certifier)  
**115-43383**

34b. CERTIFIER'S NAME  
**Dr. M. Olson**

35. NAME OF ATTENDING PHYSICIAN (If other than Certifier)  
**Dr. M. Olson**

36. CERTIFIERS - STATE  
**Florida**

36b. CITY OR TOWN  
**Cape Coral**

36c. STREET ADDRESS  
**2430 Diplomat Pkwy.**

36d. ZIP CODE  
**33909**

37. REGISTRAR - Signature and Date  
**Brenda AMC Hee, Deputy**

38. DATE FILED BY REGISTRAR (Mo., Day, Yr.)  
**Feb. 21, 2005**

39. PROBABLE MANNER OF DEATH (The following are under the jurisdiction of the medical examiner)  
 Natural  Accident  Suicide  Homicide  Pending Investigation  Undetermined

40. REPORTED TO MEDICAL EXAMINER DUE TO CAUSE OF DEATH?  
 Yes  No

41. CAUSE OF DEATH - PART I (See instructions on back)  
IMMEDIATE CAUSE (Final disease or condition resulting in death)  
**Encerphalopathy**

42. UNDERLYING CAUSE (Disease or injury that begins the events leading to death) (List)

43. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.  
**Metabolic Acidosis**  
**Dica Balo's Myelomas**

44a. WAS AN AUTOPTYPY PERFORMED?  
 Yes  No

44b. WERE AUTOPTYPY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?  
 Yes  No

44c. DID TOBACCO USE CONTRIBUTE TO DEATH?  
 Yes  No  Probably  Unknown

45. IF FEMALE, WAS SHE PREGNANT WITHIN THE PAST YEAR?  
 Yes  No  Unknown

46. DATE OF INJURY (Month, Day, Year)  
**Renal Failure**

47. TIME OF INJURY (24 hr.)  
**February 23, 2005**

48. LOCATION OF INJURY - STATE  
**Florida**

49a. CITY OR TOWN  
**Cape Coral**

49b. STREET ADDRESS  
**2430 Diplomat Pkwy.**

49c. APT. NO., SUITE NO., OR BOX NO.  
**33990**

49d. ZIP CODE  
**33990**

50. DESCRIBE HOW INJURY OCCURRED

51. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, wooded area)

52. TYPE OF VEHICLE  
 Car/Miivan  S.U.V.  Motorcycle  Pickup Truck/Cargo Van  Bus  Heavy Transport  Other (Specify)

Brenda AMC Hee, Deputy February 23, 2005

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

DOH FORM 1947 (10/03)



C1232146

CERTIFICATION OF VITAL RECORD

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED



COMMISSIONERS:  
BRAULIO L. BAEZ, CHAIRMAN  
J. TERRY DEASON  
RUDOLPH "RUDY" BRADLEY  
LISA POLAK EDGAR

STATE OF FLORIDA



DIVISION OF COMPETITIVE MARKETS &  
ENFORCEMENT  
BETH W. SALAK  
DIRECTOR  
(850) 413-6600

## Public Service Commission

July 1, 2005

Mr. Duane E Lund (TG909)  
914 SE 20<sup>th</sup> Court  
Cape Coral, FL 33990-1849

Dear Mr. Lund:

The Commission received the company's 2004 Regulatory Assessment Fee return form, along with partial payment in the amount of \$11.86. As information, the 2004 Regulatory Assessment Fee is .0015% of a company's intrastate revenues, or \$50.00, whichever is greater. In this case, the company has a balance for the 2004 Regulatory Assessment Fee of \$38.14. A copy of the company's Regulatory Assessment Fee return is enclosed.

Please pay the total past due balance of \$38.14 by July 22, 2005, to avoid a possible enforcement docket from being established for violation of the Regulatory Assessment Fee rule, which normally carries a \$500 fine. When returning payment and a copy of the completed 2004 Regulatory Assessment Fee return form, please use the enclosed blue envelope, which will insure prompt processing.

In the meantime, if you have any questions, just let me know. I can be reached at (850) 413-6502-phone, (850) 413-6503-fax, by internet e-mail at [Plsler@psc.state.fl.us](mailto:Plsler@psc.state.fl.us), or at the address below.

Sincerely,

A handwritten signature in cursive script that reads "Paula J. Isler".

Paula J. Isler  
Bureau of Service Quality

Enclosure

# Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission  
(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:  
01/01/2004 TO 12/31/2004

TG909-04-0-R  
Duane E Lund  
914 S.E. 20th Court  
Cape Coral, FL 33990-1849

532 FEB 07

**FOR PSC USE ONLY**  
Check# 1165  
\$ 11.86 06-03-001  
003001  
\$ \_\_\_\_\_ P 06-03-001  
004011  
\$ \_\_\_\_\_ I  
Postmark Date \_\_\_\_\_  
Initials of Preparer RT

Please Complete Below If Official Mailing Address Has Changed

Del Communication (Name of Company) 914 SE 20th Ct (Address) CAPE CORAL FL 33990 (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ 5824.13
2.	Gross Intrastate Revenue	2081.24
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	( )
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> (Line 2 less Line 3)	\$ 7905.87
5.	Regulatory Assessment Fee Due – (Multiply Line 4 by 0.0015)	11.86
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____
8.	<b>TOTAL AMOUNT DUE</b>	\$ 11.86

AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

9. Number of pay telephones in operation at close of period covered by this Return 13

\* These amounts must be intrastate only and must be verifiable.

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

Duane E Lund  
(Signature of Company Official)

OWNER (Title) 1-30-05 (Date)

Duane E Lund  
(Preparer of Form - Please Print Name)

Telephone Number 239-458-2469 Fax Number ( )

F.E.I. No. 93-1167372

1st Dkt

COMPANY IDENTIFICATION

Printed on 06/10/2005 at 16:25:34 by PJI

Complete Name: Duane E Lund

Mailing Name: Duane E Lund

Company Code: TG909

FEID Number:

RAF ACCOUNT FOR THE PERIOD 01/01/2004 THROUGH 12/31/2004

Reg. Date: 09/03/2002 Inactive Date:  
 Service: PAT - Pay Telephone  
 Received: Actual RAF Form  
 Status: Pending  
 Amended: No Extension: No  
 Frozen: No Comments: No  
 Payment Count: 1 Payment Made to Date  
 Operating Rev: \$7,905.87 Interstate Rev: \$0.00  
 RAF Rate: 0.0015 Net RAF Due: \$50.00

Assessment	Due	Paid	Owe
RAF	\$50.00	\$11.86	\$38.14
Penalty	\$0.00	\$0.00	\$0.00
Interest	\$0.00	\$0.00	\$0.00
Extension Fee	\$0.00	\$0.00	\$0.00
Total	\$50.00	\$11.86	\$38.14

Last modification was made on Thursday, February 3, 2005 at 2:49 PM by Valorie Moore

Period covered: 01/01/2004 through 12/31/2004 RAF rate: 0.0015  
 Operating rev: \$7,905.87 Gross intrastate rev: \$0.00  
 Documents: Actual RAF form received on 01/31/2005  
 RAF form mailed on 12/03/2004  
 RAF form mailed on 12/01/2004

Postmarked	Trans Date	Date Posted-By	Dep #	Check #	Check Amount
01/31/2005	02/03/2005	02/03/2005-VPM	KH532	1165	\$11.86
	RAF paid		KH532		\$11.86



## MCD Company Information for TG909

Printed on 06/17/2005 at 16:45:07 by PJI

Company Code: TG909  
Complete Name: Duane E Lund  
Mailing Name: Duane E Lund  
Certificate No(s): 8172  
Status: Active  
Regulation Date: 09/03/2002  
Bankruptcy: No  
Company Liaison #1: Duane E. Lund  
Title: Owner  
Mailing Address: 914 S.E. 20th Court

Physical Location: Cape Coral, FL 33990-1849  
914 S.E. 20th Court

Phone: Cape Coral, FL 33990-1849  
(239) 458-2469  
Fax: (239) 458-2469

Related Dockets:

020580-TC Application for certificate to provide pay telephone service by  
Duane E Lund.