

REQUEST TO RELEASE THE EXEMPT STATUS OF HOME ADDRESS FOR WAKULLA COUNTY

F.S. 119.071(4)(D)8

STATE OF FLORIDA

COUNTY OF WAKULLA

Before me, the undersigned authority, personally appeared: _____ (Affiant),

Who swore to or affirmed that:

1. Affiant is a protected party and authorized to submit this request by affidavit.
2. Affiant has conveyed real property that was my dwelling location.
3. Affiant requests the release of the exempt status for this dwelling location since the conveyance of the real property has removed the exempt status as my home address.
4. Affiant confirms that the request for the release is pursuant to the conveyance of my dwelling location.
5. Affiant provides the location of the former dwelling location to be located in the Official Records at:

Book Number: _____

Page Number: _____

OR

Instrument Number: _____

OR

Clerk's File Number: _____

Signature of Affiant

STATE OF FLORIDA

COUNTY OF WAKULLA

Sworn to (or affirmed) and signed before me by means of ___ physical presence or ___ online notarization, the ___ day of _____, 20___, by _____
___ Personally Known to me or ___ who has produced _____ as identification.

(SEAL)

Signature of Notary Public

Print, Type, or Stamp Name of Notary Public