

**REQUEST TO RELEASE PROTECTED DECEDENT'S REMOVED INFORMATION FOR WAKULLA COUNTY**

**(F.S. 119.071(4)(d)9**

STATE OF FLORIDA

COUNTY OF WAKULLA

Before me the undersigned authority, personally appeared: \_\_\_\_\_,

("Affiant"), who swore or affirmed that:

1. Affiant verifies by a certified copy of a death certificate, that the protected decedent has died. The certified copy of the death certificate is attached to this affidavit.
2. Affiant verifies that there is no know statute or court order prohibiting the release requested.
3. Affiant confirms that the request for release is due to the death of the protected party.
4. Affiant requests the release of a protected decedent's removed information.
5. Affiant provides the location of the former dwelling location to be located in the Official Records at:

Book Number: \_\_\_\_\_ and Page Number: \_\_\_\_\_

**OR**

Instrument Number: \_\_\_\_\_,

**OR**

Clerk's File Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Affiant

STATE OF FLORIDA

COUNTY OF WAKULLA

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

(SEAL)

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
Print, Type or Stamp Name of Notary Public