

AFFIDAVIT CONCERNING HOMESTEAD FOR PROPERTY OWNER
IN NURSING HOME OR SIMILAR FACILITY

STATE OF FLORIDA
COUNTY OF CHARLOTTE

THE UNDERSIGNED, first being duly sworn, deposes and states:

1. THAT I have personal knowledge of the facts set forth in this AFFIDAVIT.
2. THAT _____
(legal description)

maintained as the permanent residence of _____
(owners name)
3. THAT the property is not currently being rented or has not been rented in the property owners absence.

Signature

The foregoing instrument was acknowledged before me this _____ day of _____

20_____, by _____

Signature of Notary Public

Commissioned Name of Notary Public

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

Commission Number: _____