

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: \_\_\_\_\_