

REQUEST TO RELEASE THE EXEMPT STATUS OF HOME ADDRESS
119.071(4)(d)8]

STATE OF FLORIDA

COUNTY OF DUVAL

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

_____ (Affiant)

Sworn to (or affirmed) and subscribed before me on _____, 20__, by
means of ☐ physical presence or ☐ online presence by

_____.

(Signature of Notary Public-State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

☐ Personally Known OR ☐ Produced Identification

(Type of Identification Produced)

Instructions:

After completing your request form, please mail the signed original document to: Duval County Clerk of Courts, 501 West Adams Street, Rm 2338, Jacksonville, FL 32202, Attn: Public Information Officer. Completed forms may also be submitted in person or via email to public.info@duvalclerk.com. For locations and directions, visit www.duvalclerk.gov.