



MIKE CARUSO
CLERK OF THE CIRCUIT COURT & COMPTROLLER
PALM BEACH COUNTY

**REQUEST TO RELEASE PROTECTED
DECEDENT'S REMOVED INFORMATION
PURSUANT TO SECTION
§119.071(4)(d)9, F.S.**

STATE OF FLORIDA
COUNTY OF PALM BEACH

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 known 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: _____

Page Number: _____

OR

Instrument Number: _____

OR

Clerk's File Number: _____

Signature of Affiant

Sworn to (or affirmed) and signed before me by means of physical presence or online
notarization, this ____ day of _____, 20____ by _____.

personally known to me or produced _____ as identification.

Signature of Notary Public

SEAL

Print, Type, or Stamp Name of Notary Public

Note: The Clerk's office will verify if there are other Requests for Redaction on file from other protected parties as to this property prior to releasing information.