

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

STATE OF FLORIDA  
COUNTY OF WALTON

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

STATE OF FLORIDA  
COUNTY OF WALTON

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  who has 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.