

# SATISFACTION OF MORTGAGE

## HERNANDO COUNTY, FLORIDA HOMEOWNERSHIP PROGRAM DOWN PAYMENT ASSISTANCE PROGRAM

**KNOWN ALL MEN BY THESE PRESENTS:** **HERNANDO COUNTY, FLORIDA**, whose address is 15470 Flight Path Dr., Brooksville, FL 34604, the owner and holder of a certain Mortgage executed by **Shilah J. Anderson**, to **HERNANDO COUNTY, FLORIDA**, dated **May 13, 2011**, recorded in Official Record Book **2823**, Pages **1552-1560**, and modified on **August 11, 2011**, and recorded in Official Record Book **2842**, Page **1533-1534**, in the Public Records of **HERNANDO COUNTY, FLORIDA**, securing a certain note in the principal sum of **Five Thousand Three Hundred Forty Seven Dollars and 35/100, (\$5,347.35)**, and certain promises and obligations set forth in said Mortgage, upon the property in **HERNANDO COUNTY, FLORIDA**, as follows:

**ADDRESS:** 203 Oakwood Drive, Brooksville, FL 34601

**LEGAL:** Lot 19, Block D, COUNTRY CLUB ESTATES, UNIT 2, as per plat thereof recoded in Plat Book 6, Page 23, Public Records of Hernando County, Florida.

**PARCEL ID#:** R14 122 19 0250 00D0 0190

Hereby acknowledges full payment and satisfaction of said Mortgage, and surrenders the same as canceled, and hereby directs the Clerk of the Circuit Court of **HERNANDO COUNTY, FLORIDA**, to cancel same of record.

**WITNESS** this hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 2024.

### BOARD OF COUNTY COMMISSIONERS HERNANDO COUNTY, FLORIDA

STATE OF FLORIDA  
COUNTY OF HERNANDO

\_\_\_\_\_  
Print Name: Elizabeth Narverud  
Chairperson

The foregoing instrument was acknowledged before me by means of \_\_\_ physical presence or \_\_\_ online notarization this \_\_\_\_\_ day of \_\_\_\_\_, 2024, by Elizabeth Narverud, as Chairperson of the Hernando County Board of County Commissioners, who is personally known to me or who has produced \_\_\_\_\_ as identification.

**ATTEST:**

\_\_\_\_\_  
Douglas A. Chorvat, Jr., Clerk of the Circuit Court

\_\_\_\_\_  
(Signature of person taking acknowledgment)

\_\_\_\_\_  
(Name typed, printed, or stamped)

\_\_\_\_\_  
(Title or rank) (Serial number, if any)

Approved for Form and Legal Sufficiency:  
By: Victoria Anderson  
County Attorney's Office