SATISFACTION OF DEFERRED PAYMENT LOAN AGREEMENT

HERNANDO COUNTY, FLORIDA
HERNANDO COUNTY HOUSING REHABILITATION PROGRAM

KNOWN ALL MEN BY THESE PRESENTS: That **HERNANDO COUNTY**, a political subdivision of the State of Florida, whose address is 20 North Main Street, Brooksville, FL 34601-2800; the owner and holder of a certain agreement executed by **Ellen Lufcy aka Ellen I. Lufcy**, to **HERNANDO COUNTY**, bearing date of **June 29, 2009**, recorded in Official Records Book **2673**, Page **594** in Public Records of Hernando County, Florida, securing certain note in the principal sum of **Ten Thousand Five Hundred Thirty-Seven Dollars and 75/100, ($10,537.75)** and certain promises and obligations set forth in said agreement, upon the property situate in Hernando County, Florida as follows, to wit:

LOCATION: 8440 Kindlewood Trail, Brooksville, FL 34613

LEGAL: THE WEST ½ OF THE SOUTH ½ OF THE NORTHWEST ¼ OF THE NORTHWEST ¼ OF THE SOUTHEAST ¼ OF SECTION 23, TOWNSHIP 22 SOUTH. RANGE 18 EAST, HERNANDO COUNTY, FLORIDA EXCEPTING 15 FEET OFF WESTERN BOUNDARY FOR ROADWAY, OF THE PUBLIC RECORDS OF HERNANDO COUNTY, FLORIDA.

PARCEL ID#:   R23 422 18 0000 0290 0080

hereby acknowledges satisfaction of said agreement, and surrenders the same as canceled, and hereby directs the Clerk of the Circuit Court of Hernando County, Florida to cancel same of record.

IN WITNESS WHEREOF, Hernando County has set its hand and seal this_____ day of _____, 2024.

BOARD OF COUNTY COMMISSIONERS
HERNANDO COUNTY, FLORIDA

_____
Print Name: Elizabeth Narverud
Chairperson

ATTEST:

_____
Douglas A. Chorvat, Jr., Clerk of the Circuit Court

Approved for Form and Legal Sufficiency:

By: *Victoria Anderson*
    County Attorney's Office

STATE OF FLORIDA
COUNTY OF HERNANDO

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.

_____
(Signature of person taking acknowledgment)

_____
(Name typed, printed or stamped)

_____
(Title or rank)   (Serial number, if any)

Prepared By & Return To: Hernando County Housing Authority, 621 West Jefferson Street, Brooksville, FL 34601 / Tel: (352) 754-4160