

SATISFACTION OF DEFERRED PAYMENT LOAN AGREEMENT

HERNANDO COUNTY, FLORIDA
HERNANDO COUNTY HOUSING
REHABILITATION PROGRAM

-For Recording Use Only Above Line-

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 **Larry J. Pollard and Pamela J. Pollard (husband and wife)**, to **HERNANDO COUNTY**, bearing date of **December 9, 2013**, recorded in Official Records Book **3069**, Page **514** in Public Records of Hernando County, Florida, securing certain note in the principal sum of **Eight Thousand Three Hundred Ninety-Five Dollars and 00/100, (\$8,395.00)** and certain promises and obligations set forth in said agreement, upon the property situate in Hernando County, Florida as follows, to wit:

LOCATION: 13074 Santee Street, Spring Hill, FL 34609

LEGAL: Lot 6, Block 1315, of **SPRING HILL, UNIT 20**, according to the plat thereof as recorded in Plat Book 9, Page(s) 65-80, of the Public Records of Hernando County, Florida.

PARCEL ID#: R32 323 17 5200 1315 0060

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**

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)

Approved for Form and Legal Sufficiency:

(Title or rank)

(Serial number, if any)

By: Victoria Anderson
County Attorney's Office