

# 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 **Maryruth Rodrigues De Miranda**, to **HERNANDO COUNTY**, bearing date of **January 29, 2013**, recorded in Official Records Book **2980**, Page **520-522** in Public Records of Hernando County, Florida, securing certain note in the principal sum of **Six Thousand Nine Hundred Forty Dollars and 00/100, (\$6,940.00)** and certain promises and obligations set forth in said agreement, upon the property situate in Hernando County, Florida as follows, to wit:

**LOCATION:** 6191 Waycross Drive, Spring Hill, FL 34606

**LEGAL:** Lot 11, Block 34, Spring Hill, Unit 1, According to the plat thereof as recorded in Plat Book 7, Pages 53-64, of the Public Records of Hernando County, Florida.

**PARCEL ID# R32 323 17 5010 0034 0110**

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, Board of County Commissioners

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)

**Approved for Form and Legal Sufficiency:**

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

By: \_\_\_\_\_  
County Attorney's Office

\_\_\_\_\_  
(Title or rank)

\_\_\_\_\_  
(Serial number, if any)