

CERTIFICATION OF TAX DEED APPLICATION

Sections 197.502 and 197.542, Florida Statutes

Part 1: Tax Deed Application Information					
Applicant	SAVVY FL LLC FIRST HORIZON COLLATERAL ASSIGNEE 17962 FOXBOROUGH LN BOCA RATON, FL 33496	Application date	Apr 21, 2026		
		Deed application number	2026-0197		
Owner	FOLSOM DOUGLAS TTEE 615 W FORT DADE AVE BROOKSVILLE, FL 34601-2511	Certificate #	2024 / 240002153		
Property description	HALEMONT ADDITION SEC 1 BLK 1 W1/2 OF LOT 2 & ; ALL OF LOT 3	Issued	05/31/2024		
		Parcel ID	R22-222-19-2250-0010-0020		
		Alternate Parcel ID	143473		
Part 2: Certificates Owned by Applicant and Filed with Tax Deed Application					
Column 1 Certificate Number	Column 2 Date of Certificate Sale	Column 3 Face Amount of Certificate	Column 4 Interest	Column 5: Total (Column 3 + Column 4)	
# 2024/240002153	05/31/2024	424.87	54.97	479.84	
→Part 2: Total*				479.84	
Part 3: Other Certificates Redeemed by Applicant (Other than County)					
Column 1 Certificate Number	Column 2 Date of Other Certificate Sale	Column 3 Face Amount of Other Certificate	Column 4 Tax Collector's Fee	Column 5 Interest	Total (Column 3 + Column 4 + Column 5)
# 2025/250002290	05/30/2025	571.02	6.25	37.95	615.22
Part 3: Total*					615.22
Part 4: Tax Collector Certified Amounts (Lines 1-7)					
1. Cost of all certificates in applicant's possession and other certificates redeemed by applicant (*Total of Parts 2 + 3 above)				1,095.06	
2. Delinquent taxes paid by the applicant				0.00	
3. Current taxes paid by the applicant				721.71	
4. Ownership and encumbrance report fee				250.00	
5. Tax deed application fee				175.00	
6. Interest accrued by tax collector under s.197.542, F.S. (see Tax Collector Instructions, page 2)				67.25	
7. Total Paid (Lines 1-6)				2,309.02	
I certify the above information is true and the tax certificates, interest, ownership and encumbrance report fee, and tax collector's fees have been paid, and that the ownership and encumbrance statement is attached.					
Sign here: <u>TERESA ALBARELLA</u>			<u>Hernando</u> County, Florida		
Signature, Tax Collector			Date <u>06/23/2026</u>		

Send this certification to the Clerk of Court by 10 days after the date signed. See Instructions on Page 2

Part 5: Clerk of Court Certified Amounts (Lines 8-15)	
8. Processing tax deed fee	0.00
9. Certified or registered mail charge	0.00
10. Advertising charge(s) (see s.197.542, F.S.)	0.00
11. Electronic Auction Fee	0.00
12. Recording fee for certificate of notice	0.00
13. Sheriff's fees	0.00
14. Interest (see Clerk of Court Instructions, page 2)	0.00
15. Total Paid (Lines 8-14)	0.00
16. Plus one-half of the assessed value of homestead property, if applicable under s. 197.502(6)(c), F.S.	18,436.50
17. Other outstanding certificates and delinquent taxes not included in this Application, if applicable	0.00
18. Statutory opening bid (total of Lines 7, 14, 15 (if applicable) and 16 (if applicable))	20,745.52
19. Redemption fee	6.25
20. Total amount to redeem	2,315.27

Sign here: _____ Date of sale _____

Signature, Clerk of Court or Designee

INSTRUCTIONS

Tax Collector (complete Parts 1-4)

Part 2: Certificates Owned by Applicant and Filed with Tax Deed Application

Enter the Face Amount of Certificate in Column 3 and the Interest in Column 4 for each certificate number. Add Columns 3 and 4 and enter the amount in Column 5.

Part 3: Other Certificates Redeemed by Applicant (Other than County)

Total. Add the amounts in Columns 3, 4 and 5

Part 4: Tax Collector Certified Amounts (Lines 1-7)

Line 1, enter the total of Part 2 plus the total of Part 3 above.

Total Paid, Line 7: Add the amounts of Lines 1-6

Line 6, Interest accrued by tax collector. Calculate the 1.5 percent interest accrued from the month after the date of application through the month this form is certified to the clerk. Enter the amount to be certified to the clerk on **Line 6**. The interest calculated by the tax collector stops before the interest calculated by the clerk begins. See Section 197.542, F.S., and Rule 12D-13.060(3), Florida Administrative Code.

The tax collector's interest for redemption at the time of the tax deed application is a cost of redemption, which encompasses various percentages of interest on certificates and omitted or delinquent taxes under Section 197.502, F.S. This interest is calculated before the tax collector calculates the interest in Section 197.542, F.S.

Attach certified statement of names and addresses of persons who must be notified before the sale of the property. Send this form and any required attachments to the Clerk of Court within 10 days after it is signed.

Clerk of Court (complete Part 5)

Line 14: Interest is calculated at the rate of 1.5 percent per month starting from the first day of the month after the month of certification of this form through the last day of the month in which the sale will be held. Multiply the calculated rate by the total of **Line 7**, minus **Line 6**, plus **Lines 8** through **13**. Enter the amount on **Line 14**.

Line 15: Enter the total of Lines 8-14. Complete Lines 15-20, if applicable.

HERNANDO COUNTY TAX COLLECTOR

AMY L. BLACKBURN, C.F.C.

20 NORTH MAIN ST. ROOM 112 * BROOKSVILLE, FL 34601-2892

TELEPHONE (352) 754-4180 * FAX (352) 754-4189

www.hernandocounty.us/tc



APPLICATION FOR TAX DEED

Section 197.502, Florida Statutes

512
R. 12/16

Application Number: 2026-
0197

To: Tax Collector of HERNANDO COUNTY, Florida

I,

SAVVY FL LLC FIRST HORIZON COLLATERAL ASSIGNEE

17962 FOXBOROUGH LN

BOCA RATON, FL 33496,

hold the listed tax certificate and hereby surrender the same to the Tax Collector and make tax deed application thereon:

Account Number	Certificate No.	Date	Legal Description
R22-222-19-2250-0010-0020	2024/240002153	05-31-2024	HALEMONT ADDITION SEC 1 BLK 1 W1/2 OF LOT 2 & ALL OF LOT 3

I agree to:

- pay any current taxes, if due and
- redeem all outstanding tax certificates plus interest not in my possession, and
- pay all delinquent and omitted taxes, plus interest covering the property.
- pay all Tax Collector's fees, ownership and encumbrance report costs, Clerk of the Court costs, charges and fees, and Sheriff's costs, if applicable.

Attached is the tax sale certificate on which this application is based and all other certificates of the same legal description which are in my possession.

Electronic signature on file

SAVVY FL LLC FIRST HORIZON COLLATERAL
ASSIGNEE

17962 FOXBOROUGH LN

BOCA RATON, FL 33496

04-21-2026

Application Date

Applicant's signature

TitleExpress[®]

A service of **Grant Street Group**

339 Sixth Ave, Suite 1400
Pittsburgh, PA 15222

Web: www.grantstreet.com

E-mail: TitleExpress@grantstreet.com

Phone: (412) 391-5555

At the request of the County Tax Collector for Hernando County, FL, a search has been made of the Public Records for the following described property:

Parcel ID	Alt. Key	Property Address
R22-222-19-2250-0010-0020	00143473	615 W FORT DADE AVE BROOKSVILLE 34601-2511

Legal Description

HALEMONT ADDITION SEC 1 BLK 1 W1/2 OF LOT 2 & ALL OF LOT 3

Other Parcel Info

Certificate #	Assessed Value	Homestead?	Mobile Home?	Bankruptcy?
2024 - 240002153	\$36,873	Yes	No	No

Owner of Record on Current Tax Roll

DOUGLAS FOLSOM TTEE

Billing Name & Address

615 W FORT DADE AVE
BROOKSVILLE FL 34601-2511
US

PROPERTY INFORMATION REPORT

This Property Information Report has been prepared in accordance with the requirements of Florida Statutes, Sections 197.502(4) and (5), and satisfies the minimum standards set forth in the Florida Administrative Code, Chapter 12D-13.061.

This report is not an opinion of title, title insurance policy, warranty of title or any other assurance as to the status of title, and shall not be used for the purpose of issuing title insurance.

Pursuant to s. 627.7843, Florida Statutes, the maximum liability of the issuer of this property information report for errors or omissions is limited to the amount paid for this report, and is further limited to the person(s) expressly identified by name as the recipient(s) of the report.

Report Date: 06/22/2026 **Search covers** 20 years **through:** 06/18/2026

Christina Young
Title Examiner

General Examiner Comments:

APPARENT TITLE HOLDER

Name & Address of Record	Document	Examiner Comments
DOUGLAS FOLSOM, AS TRUSTEE OF THE DOUGLAS FOLSOM LIVING TRUST, A TRUST AGREEMENT AND DECLARATION OF TRUST DATED THE 22ND DAY OF FEBRUARY, 2022 615 W FT DADE AVE BROOKSVILLE FL 34601	Warranty Deed Bk:4359 Pg:1649	

Related Documents (for Reference)

Warranty Deed
Bk:1071 Pg:1492

Death Certificate
Bk:2181 Pg:853

Warranty Deed
Bk:2807 Pg:1590

Death Certificate
Bk:2880 Pg:962

Warranty Deed
Bk:3434 Pg:1180

MORTGAGE HOLDER

Name & Address of Record	Document	Examiner Comments
None found.		

Related Documents (for Reference)

None found.

LIEN HOLDER

Name & Address of Record	Document	Examiner Comments
None found.		

Related Documents (for Reference)

None found.

OTHER PARTIES

Name & Address of Record

Document

Examiner Comments

None found.

Related Documents (for Reference)

None found.

OTHER DOCUMENTS

Document Type

Property Appraiser

Instrument Prepared and Return Instrument to:
Dravin Dixon
P.O. Box 696, Brooksville, FL 34605-0696

WARRANTY DEED

This Deed made this 20th day of OCTOBER 2023 Witnesseth
that We, the undersigned

Grantors: Douglas S. Folsom, unmarried of 615 W. Ft. Dade Ave.,
Brooksville, Florida 34601 and Beverly Hilliard, unmarried of 7450 NW 105th
St., Chiefland, Florida 32626, who own 615 W. Ft. Dade Ave., Brooksville,
Florida 34601 as joint tenants with right of survivorship in consideration of
the sum of Ten Dollars (\$10.00) and other good and valuable consideration in
hand paid and receipt acknowledged, do forever remise and release all right,
title, interest, claim, and demand in parcel of real property situate at 615 W.
Ft. Dade Ave., Brooksville, Florida 34601 to

Grantee: Douglas Folsom, as Trustee of Douglas Folsom Living Trust, a
Trust Agreement and Declaration of Trust dated the 22nd day of February,
2022, the parcel of real property situate at 615 W. Ft. Dade Ave., Brooksville,
Florida 34601 more particularly described as follows:

Site Address: 615 W. FT. DADE AVENUE, BROOKSVILLE, FL

LEGAL Description: HALEMONT ADDITION SECTION NO. 1
BLK 1 W 1/2 OF LOT 2 & ALL OF LOT 3
According to the plat recorded in Plat Book 5, Page 10 of
the Public Records of Hernando County, FL

Section/Township/Range: 22-22-19

Subdivision: HALEMONT ADDITION SECTION NO.

Neighborhood: CITY OF BROOKSVILLE SUB (C

Parcel Key: 00143473

Parcel Number: R22 222 19 2250 0010 0020

To have and to hold said real property together with all and singular the appurtenances thereunto appertaining, with full power and authority to protect, conserve, sell, lease, encumber, or otherwise manage or dispose of real property or part of it as said Trustee or the successor may be empowered by the terms of Trust Agreement to do.

THIS IS THE HOMESTEAD PROPERTY OF DOUGLAS S. FOLSOM. ANY EXEMPTIONS AVAILABLE TO DOUGLAS S. FOLSOM ARE TO BE USED BY HIM AS THIS IS HIS HOMESTEAD.

THIS IS A DEED OF CONVENIENCE GIVEN FOR NOMINAL CONSIDERATION; ONLY MINIMUM DOCUMENTARY STAMPS REQUIRED.

This instrument was prepared from information furnished by its parties to Attorney Dravin Dixon. Title research or assurance of title was neither requested, nor performed, nor given, by Attorney Dravin Dixon in pursuit of drafting deed. Dravin Dixon does not warrant the accuracy of the information nor the marketability of title and no search has been performed on same nor has any determination been made as to the ownership of the property or the authority of the Grantor to transfer title to the property. The parties acknowledge and agree that the Grantor may not have any interest in the property and that they have had an opportunity to purchase Title Insurance which would also involve a Record Title Search to insure property conveyance and vesting of the property, but have declined to acquire same, and accept all risk inherent therewith.

Grantor reserves the right to use, occupy and reside upon any real property placed in this Trust as their permanent residence during their lives. It is the intent of the provision to retain for the grantor the requisite beneficial interest and possessor right in and to such real property to comply with Florida Statutes 196.041(2), such interest being hereby declared to be equitable title to real estate as that term is employed in Section 6, Article VII of the State Constitution. Per Florida Statute 196.041 (2) A person who otherwise qualifies by the required residence for the homestead tax exemption provided in s. 196.031 shall be entitled to such exemption where the person's possessory right in such property is based upon an instrument granting to him or her a beneficial interest for life, such interest being hereby declared to be "equitable title to real estate" as that term is employed in s. 6, Art. VII of the State Constitution, and such person shall be entitled to the homestead tax

exemption irrespective of whatever such interest was created prior or subsequent to the effective date of this act.

In no case shall any party dealing with Trustee in relation to the real property or to whom the real property or any part of it shall be conveyed, contracted to be sold, leased, or mortgaged by Trustee, be obliged to see to the application of any purchase money, rent, or money borrowed or advanced on the premises, or be obliged to see that the terms of this trust have been complied with, or be obliged to inquire into the necessity of expediency of any act of a Trustee, or be obliged or privileged to inquire into any of the terms of the Trust Agreement or Declaration of Trust; and every deed, trust deed, mortgage, lease, or other instrument executed by a Trustee in relation to the real property shall be conclusive evidence in favor of every person relying upon or claiming under any such conveyance, lease or other instrument (a) that at the time of its delivery the trust created by this Indenture and by the Trust Agreement and Declaration of Trust was in full force and effect, (b) that the conveyance or other instrument was executed in accordance with the trusts, conditions, and limitations contained in this Indenture and in the Trust Agreement and Declaration of Trust, and is binding upon all beneficiaries under those instruments, (c) that a Trustee was duly authorized and empowered to execute and deliver every such deed, trust deed, lease, mortgage, or other instrument and (d) if the conveyance is made to a successor or successors in trust, that the successor or successors in trust have been appointed properly and vested fully with all title, estate, rights, powers, duties, and obligations of the predecessor in trust.

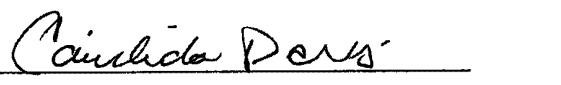
Any contract, obligation, or indebtedness incurred or entered into by a Trustee in connection with the real property may be incurred or entered into by such Trustee in the name of the then beneficiaries under the Trust Agreement and Declaration of Trust as their attorney in fact by this Deed irrevocably appointed for that purpose or, at the election of Trustee, in his/her own name as Trustee of an express trust and not individually, and Trustee shall have no obligation whatsoever with respect to any such contract, obligation, or indebtedness except only in so far as the trust property and funds in the actual possession of Trustee shall be applicable for the payment and discharge of any such obligation, and all persons and corporations whomsoever and whatsoever shall be charged with notice of this condition from the date of filing for record of this Deed.

IN WITNESS WHEREOF, the GRANTOR has hereto set the Grantor's hand and seal this 20th day of OCTOBER, 2023.


Beverly Hilliard

Signed, sealed and delivered in the presence of:


Witness Signature
Witness Name Printed:
Jasmin Ben Martinez
Witness Address:
11155 Sunshine Grace Rd
Brooksville FL 34614


Witness Signature
Witness Name Printed:
Candida Davis
Witness Address:
9429 Chase St.
Spring Hill FL 34608

STATE OF FLORIDA

COUNTY OF HERNANDO

BEFORE ME this 20th day of OCTOBER, 2023 personally appeared Beverly Hilliard, who was sworn to (or affirmed) and subscribed before me by means of

(☒) physical presence or () online notarization, and she was (☒) personally known or () produced identification _____ demonstrating to me to be the person described in and who executed the foregoing instrument in the presence of the following witnesses:

Jasmin Ben Martinez and Candida Davis, who after first being placed under oath by me, swore and acknowledged to me she did affirm and that she executed the same freely and voluntarily and for the uses and purposes therein expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this 20th day of OCTOBER, 2023.


NOTARY PUBLIC, STATE OF FLORIDA

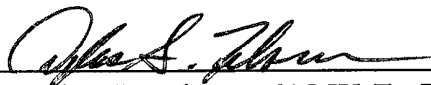
My Commission Expires:

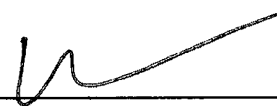
My Commission Number is:

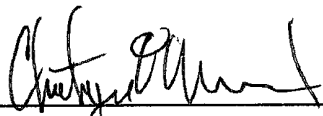


DRAVIN DIXON
Commission # HH156206
Expires July 30, 2025
Bonded Thru Budget Notary Services

IN WITNESS WHEREOF, the GRANTOR Douglas S. Folsom has set his hand and seal this 30th day of OCTOBER 2023.


Douglas S. Folsom, 615 W. Ft. Dade Ave., Brooksville, Florida 34601

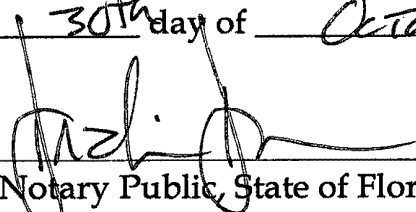

Witness #1 Signature
Name Printed Robert Moreno
Resident of 130 N. Mildred Ave
Brooksville FL 34601


Witness #2 Signature
Name Printed Christopher Marsal
Resident of 130 N. Mildred Ave
Brooksville FL 34601

STATE OF FLORIDA
COUNTY OF HERNANDO

BEFORE ME this 30th day of OCTOBER 2023 personally appeared Douglas S. Folsom who was sworn to (or affirmed) and subscribed before me by means of
(☒) physical presence or () online notarization, and each was
(☒) personally known or () produced identification of _____
demonstrating to me to be the persons described in and who executed the foregoing, in the presence of the following witnesses: Robert Moreno
_____ who after first being placed under oath by me, swore and acknowledged to me each did affirm and that each executed the same freely and voluntarily and for the uses and purposes therein expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this 30th day of OCTOBER 2023.


Notary Public, State of Florida
My Commission Expires:
My Commission Number:



DRAVIN DIXON
Commission # HH 156206
Expires July 30, 2025
Banded Thru Budget Notary Services

** OFFICIAL RECORDS **
BK: 1071 PG: 1492

FILE# 96-021386
HERNANDO COUNTY, FLORIDA

Instrument prepared by and Return to:
Dixie in Dixon
5504 First Avenue N
St. Petersburg, FL 33710

WARRANTY DEED

RCD Jun 10 1996 12:06pm
KAREN NICOLAI, CLERK

26
This Warranty Deed Made this 4th day of June 1996 between Butis Bledsoe (who is predeceased by her spouse H.D. Bledsoe) 615 West Fort Dade Avenue, Brooksville, Florida, known hereafter as the Grantor; and the same Butis Bledsoe and Barmell Dixon P.O. Box 696, Brooksville, Florida 34605-0696 to hold as joint tenants with full rights of survivorship, hereafter known as the Grantees.

Witnesseth: That the grantor, Butis Bledsoe, (who is predeceased by spouse H.D. Bledsoe) for and in consideration of the sum of \$10.00 and other consideration, receipt whereof is hereby acknowledged, does hereby convey unto the Grantees as joint tenants with rights of survivorship, all that certain real property located in Hernando County, Florida, herein described as Legal Description:

DEED DOC STAMPS 0.70
06/10/96 Deputy Clk

Halemont Addition Section 1, Block 1, West 1/2 of Lot 2 and Lot 3
Parcel Identification of Real Property: 22-222-19-2250-0010-0020
Street Address: 615 West Fort Dade Avenue, Brooksville, Florida 34601

ONLY MINIMUM DOCUMENTARY STAMPS ARE REQUIRED TO BE HEREBY AFFIXED, AS THIS IS A DEED OF CONVENIENCE GIVEN FOR NOMINAL CONSIDERATION INVOLVING ASSUMPTION OF NO MORTGAGE AND TENDERING OF NO PAYMENT.

Together with all tenements, hereditaments, and appurtenances thereto belonging or in anywise appertaining to. To have and hold in fee simple. And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants title to said land and will defend the same against lawful claims of all persons whomsoever, and that said land is free of all encumbrances to the extent of the knowledge of the Grantor. Subject to all valid restrictions, reservations, and easements of record.

In Witness Whereof, the said grantor has signed and sealed in these presents the day and year first above written. Signed, sealed, and delivered in our presence:

Butis Bledsoe
Butis Bledsoe

Kathy W. Phillips
Witness

615 W.Ft. Dade Ave., Brooksville, FL
Grantor's Address 34601

Jamie L Phillips
Witness

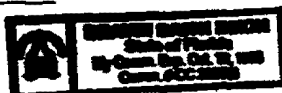
State of Florida
County of Pinellas

I hereby certify that on this day, before me, an officer duly authorized in the State and County said to take acknowledgments, personally appeared Butis Bledsoe to me known to be the person described in or who has provided legal identification and who executed the foregoing instrument and has acknowledged before me that she executed the same.

Witness my hand and official seal in the County and State last aforesaid this 4 day of June, 19 96.

[Signature]
Notary Public

My commission expires:
My commission number:



R:

106202 AB

OFFICE OF VITAL STATISTICS

FLORIDA CERTIFICATE OF DEATH

OFFICIAL RECORDS
BK: 2181 PG: 853

LOCAL FILE NO.

1. DECEASENT'S NAME (LAST, FIRST, MIDDLE, LAST NAME)

Butts

Bledsoe

Female

2. DATE OF BIRTH (Month, Day, Year)

December 29, 1912

3. SEX

92

4. DATE OF DEATH (Month, Day, Year)

November 18, 2005

5. PLACE OF BIRTH (City and State of Birth)

Orton, Virginia

6. COUNTY OF DEATH

Bernardo

7. PLACE OF DEATH (Hospital, Home, etc.)

Hospital

8. DATE OF DEATH (Month, Day, Year)

November 18, 2005

9. PLACE OF DEATH (City and State of Death)

615 W. Fort Dade Avenue

10. CITY TOWN OR LOCATION OF DEATH

Brooksville

11. ZIP CODE

34601

12. MARITAL STATUS (Married, Single, etc.)

Married

13. DECEASENT'S OCCUPATION

Homemaker

14. DECEASENT'S RESIDENCE

Own Home

15. RESIDENCE STATE

Florida

16. COUNTY

Bernardo

17. CITY TOWN OR LOCATION

Brooksville

18. STREET ADDRESS

615 W. Fort Dade Avenue

19. ZIP CODE

34601

20. DECEASENT'S OCCUPATION

Homemaker

21. DECEASENT'S RESIDENCE

Own Home

22. DECEASENT'S RELIGION

None

23. DECEASENT'S RACE

White

24. DECEASENT'S SEX

Female

25. DECEASENT'S AGE

92

26. DECEASENT'S DATE OF BIRTH

December 29, 1912

27. DECEASENT'S DATE OF DEATH

November 18, 2005

28. DECEASENT'S PLACE OF BIRTH

Orton, Virginia

29. DECEASENT'S COUNTY OF BIRTH

Bernardo

30. DECEASENT'S CITY TOWN OR LOCATION OF BIRTH

Orton

31. DECEASENT'S PLACE OF DEATH

Hospital

32. DECEASENT'S COUNTY OF DEATH

Bernardo

33. DECEASENT'S CITY TOWN OR LOCATION OF DEATH

Brooksville

34. DECEASENT'S PLACE OF DEATH

Hospital

35. DECEASENT'S COUNTY OF DEATH

Bernardo

36. DECEASENT'S CITY TOWN OR LOCATION OF DEATH

Brooksville

37. DECEASENT'S PLACE OF DEATH

Hospital

38. DECEASENT'S COUNTY OF DEATH

Bernardo

39. DECEASENT'S CITY TOWN OR LOCATION OF DEATH

Brooksville

40. DECEASENT'S PLACE OF DEATH

Hospital

41. DECEASENT'S COUNTY OF DEATH

Bernardo

42. DECEASENT'S CITY TOWN OR LOCATION OF DEATH

Brooksville

43. DECEASENT'S PLACE OF DEATH

Hospital

44. DECEASENT'S COUNTY OF DEATH

Bernardo

45. DECEASENT'S CITY TOWN OR LOCATION OF DEATH

Brooksville

46. DECEASENT'S PLACE OF DEATH

Hospital

47. DECEASENT'S COUNTY OF DEATH

Bernardo

48. DECEASENT'S CITY TOWN OR LOCATION OF DEATH

Brooksville

49. DECEASENT'S PLACE OF DEATH

Hospital

50. DECEASENT'S COUNTY OF DEATH

Bernardo

51. DECEASENT'S CITY TOWN OR LOCATION OF DEATH

Brooksville

52. DECEASENT'S PLACE OF DEATH

Hospital

53. DECEASENT'S COUNTY OF DEATH

Bernardo

54. DECEASENT'S CITY TOWN OR LOCATION OF DEATH

Brooksville

55. DECEASENT'S PLACE OF DEATH

Hospital

56. DECEASENT'S COUNTY OF DEATH

Bernardo

57. DECEASENT'S CITY TOWN OR LOCATION OF DEATH

Brooksville

58. DECEASENT'S PLACE OF DEATH

Hospital

59. DECEASENT'S COUNTY OF DEATH

Bernardo

60. DECEASENT'S CITY TOWN OR LOCATION OF DEATH

Brooksville

61. DECEASENT'S PLACE OF DEATH

Hospital

62. DECEASENT'S COUNTY OF DEATH

Bernardo

63. DECEASENT'S CITY TOWN OR LOCATION OF DEATH

Brooksville

64. DECEASENT'S PLACE OF DEATH

Hospital

65. DECEASENT'S COUNTY OF DEATH

Bernardo

66. DECEASENT'S CITY TOWN OR LOCATION OF DEATH

Brooksville

67. DECEASENT'S PLACE OF DEATH

Hospital

68. DECEASENT'S COUNTY OF DEATH

Bernardo

69. DECEASENT'S CITY TOWN OR LOCATION OF DEATH

Brooksville

70. DECEASENT'S PLACE OF DEATH

Hospital

71. DECEASENT'S COUNTY OF DEATH

Bernardo

72. DECEASENT'S CITY TOWN OR LOCATION OF DEATH

Brooksville

73. DECEASENT'S PLACE OF DEATH

Hospital

74. DECEASENT'S COUNTY OF DEATH

Bernardo

75. DECEASENT'S CITY TOWN OR LOCATION OF DEATH

Brooksville

76. DECEASENT'S PLACE OF DEATH

Hospital

77. DECEASENT'S COUNTY OF DEATH

Bernardo

78. DECEASENT'S CITY TOWN OR LOCATION OF DEATH

Brooksville

79. DECEASENT'S PLACE OF DEATH

Hospital

80. DECEASENT'S COUNTY OF DEATH

Bernardo

81. DECEASENT'S CITY TOWN OR LOCATION OF DEATH

Brooksville

82. DECEASENT'S PLACE OF DEATH

Hospital

83. DECEASENT'S COUNTY OF DEATH

Bernardo

84. DECEASENT'S CITY TOWN OR LOCATION OF DEATH

Brooksville

85. DECEASENT'S PLACE OF DEATH

Hospital

86. DECEASENT'S COUNTY OF DEATH

Bernardo

87. DECEASENT'S CITY TOWN OR LOCATION OF DEATH

Brooksville

88. DECEASENT'S PLACE OF DEATH

Hospital

89. DECEASENT'S COUNTY OF DEATH

Bernardo

90. DECEASENT'S CITY TOWN OR LOCATION OF DEATH

Brooksville

91. DECEASENT'S PLACE OF DEATH

Hospital

92. DECEASENT'S COUNTY OF DEATH

Bernardo

93. DECEASENT'S CITY TOWN OR LOCATION OF DEATH

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94. DECEASENT'S PLACE OF DEATH

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97. DECEASENT'S PLACE OF DEATH

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98. DECEASENT'S COUNTY OF DEATH

Bernardo

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100. DECEASENT'S PLACE OF DEATH

Hospital

101. DECEASENT'S COUNTY OF DEATH

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102. DECEASENT'S CITY TOWN OR LOCATION OF DEATH

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103. DECEASENT'S PLACE OF DEATH

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104. DECEASENT'S COUNTY OF DEATH

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105. DECEASENT'S CITY TOWN OR LOCATION OF DEATH

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106. DECEASENT'S PLACE OF DEATH

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107. DECEASENT'S COUNTY OF DEATH

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109. DECEASENT'S PLACE OF DEATH

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110. DECEASENT'S COUNTY OF DEATH

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127. DECEASENT'S PLACE OF DEATH

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129. DECEASENT'S CITY TOWN OR LOCATION OF DEATH

Brooksville

130. DECEASENT'S PLACE OF DEATH

Hospital

131. DECEASENT'S COUNTY OF DEATH

Bernardo

132. DECEASENT'S CITY TOWN OR LOCATION OF DEATH

Brooksville

133. DECEASENT'S PLACE OF DEATH

Hospital

134. DECEASENT'S COUNTY OF DEATH

Bernardo

135. DECEASENT'S CITY TOWN OR LOCATION OF DEATH

Brooksville

136. DECEASENT'S PLACE OF DEATH

Hospital

137. DECEASENT'S COUNTY OF DEATH

Bernardo

138. DECEASENT'S CITY TOWN OR LOCATION OF DEATH

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139. DECEASENT'S PLACE OF DEATH

Hospital

140. DECEASENT'S COUNTY OF DEATH

Bernardo

141. DECEASENT'S CITY TOWN OR LOCATION OF DEATH

Brooksville

142. DECEASENT'S PLACE OF DEATH

Hospital

143. DECEASENT'S COUNTY OF DEATH

Bernardo

144. DECEASENT'S CITY TOWN OR LOCATION OF DEATH

Brooksville

145. DECEASENT'S PLACE OF DEATH

Hospital

146. DECEASENT'S COUNTY OF DEATH

Bernardo

147. DECEASENT'S CITY TOWN OR LOCATION OF DEATH

Brooksville

148. DECEASENT'S PLACE OF DEATH

Hospital

149. DECEASENT'S COUNTY OF DEATH

Bernardo

150. DECEASENT'S CITY TOWN OR LOCATION OF DEATH

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Hospital

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Bernardo

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Brooksville

157. DECEASENT'S PLACE OF DEATH

Hospital

158. DECEASENT'S COUNTY OF DEATH

Bernardo

159. DECEASENT'S CITY TOWN OR LOCATION OF DEATH

Brooksville

VOID IF ALTERED OR ERASED

Kyanna Canales NOV 23 2005
 Doc# 2006002944
 Hernando County, Florida
 01/11/2006 10:00AM
 KAREN NICOLAI, Clerk

2/6
Return Instrument to:

Dravin Dixon

5615 CR 352

Keystone Heights, FL 32656

R

Instrument prepared by:

Dravin Dixon

5615 CR 352

Keystone Heights, FL 32656

WARRANTY DEED

This Warranty Deed made this 22nd day of February, 2011 between First Party, Barmell Dixon, of 1200 Old Hammock Rd., Brooksville, Florida 34601, hereafter known as the Grantor;

and the Second Party, Barmell B. Dixon of 1200 Old Hammock Rd., Brooksville, Florida, 34601, and Dene' Dixon of 448 E. Pharr Rd., Decatur, Georgia 30030, and Darrick Dixon of 892 Argonne Ave NE, Atlanta, Georgia 30309, and Dravin Dixon of 5615 County Road 352, Keystone Heights, Florida 32656, who will hold the property as joint tenants with the rights of survivorship, hereafter known as the Grantees.

Witnesseth: That the Grantor, for and in consideration of the sum of Ten Dollars (\$10.00) and other consideration, receipt whereof is hereby acknowledged, does hereby convey unto the Grantees, as joint tenants with the rights of survivorship, all that certain real property located in Hernando County, Florida, herein described as:

PHYSICAL ADDRESS: 615 West Ft. Dade Avenue, Brooksville, Florida 34601

LEGAL DESCRIPTION: Halemont Addition, Section 1, Block 1, West ½ of Lot 2, and all of Lot 3

JURISDICTION: City of Brooksville

PARCEL IDENTIFICATION NUMBER: R 22 222 19 2250 0010 0020

ONLY MINIMUM DOCUMENTARY STAMPS ARE REQUIRED TO BE HEREBY AFFIXED, AS THIS IS A DEED OF CONVENIENCE GIVEN FOR NOMINAL CONSIDERATION INVOLVING ASSUMPTION OF NO MORTGAGE AND TENDERING OF NO PAYMENT

Together with all tenements, hereditaments, and appurtenances thereto belonging or in anywise appertaining to. To have and hold in fee simple. And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants title to said land and will defend the same against lawful claims of all persons whomsoever; and that said land is free of all encumbrances to the extent of the knowledge of the Grantor. Subject to all valid restrictions, reservations, and easements of record.

In Witness Whereof, the said grantor has signed and sealed in these presents the day and year first above written. Signed, sealed, and delivered in our presence:

Barnell B. Dixon
Barnell B. Dixon, Grantor of 1200 Old Hammock Rd., Brooksville, Florida 34601

Cindy Lyman
Witness Cindy Lyman

Address: 3227 CRUM Rd
Brooksville, Fl 34604

Edward Gossard
Witness Edward Gossard

Address: 8305 Laird Rd
Brooksville Flg, 34601

State of Florida

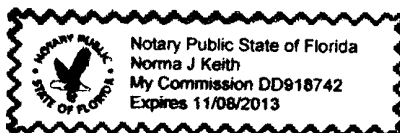
County of Hillsborough

I hereby certify that on this day, before me, an officer duly authorized in the State and County said to acknowledgments, personally appeared Barnell B. Dixon, to me known to be the person described in and who executed the foregoing instrument along with the witnesses

Cindy Lyman and Edward Gossard and they acknowledged before me that they executed the same.

Witness my hand and official seal in the County and State last aforesaid this 22nd day of February, 2011.

Norma J. Keith
Notary Public, State of Florida
My Commission Expires:
My Commission Number is:



STATE OF FLORIDA

DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

OFFICE of VITAL STATISTICS

LOCAL FILE NO. 39-11-001830 FLORIDA CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last, Suffix) Barnell B. Dixon		2. SEX Female
3. DATE OF BIRTH (Month, Day, Year) August 20, 1935	4a. AGE - Last Birthday (Years) 75	4b. UNDER 1 YEAR Months _____ Days _____ Hours _____ Minutes _____
5. DATE OF DEATH (Month, Day, Year) March 4, 2011		
6. SOCIAL SECURITY NUMBER [REDACTED]		7. BIRTHPLACE (City and State or Foreign Country) Big Stone Gap, Virginia
8. COUNTY OF DEATH Hillsborough		
9. PLACE OF DEATH (Check only one) ☒ Inpatient ☐ Emergency Room/Outpatient ☐ Dead on Arrival ☐ Hospice facility ☐ Nursing Home/Long Term Care Facility ☐ Decedent's Home ☐ Other (Specify) _____		
10. FACILITY NAME (If not institution, give street address) James A. Haley Veterans Hospital		11a. CITY, TOWN, OR LOCATION OF DEATH Tampa
12. MARITAL STATUS (Specify) ☐ Married ☐ Married, but Separated ☒ Widowed ☐ Divorced ☐ Never Married		13. SURVIVING SPOUSE'S NAME (If wife, give maiden name) _____
14a. RESIDENCE - STATE Florida		14b. COUNTY Hernando
14c. CITY, TOWN, OR LOCATION Brooksville		
14d. STREET ADDRESS 1200 Old Hammock Road		14e. APT. NO. _____
14f. ZIP CODE 34601		14g. INSIDE CITY LIMITS ☐ Yes ☒ No
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) Home Economics Agent		15b. KIND OF BUSINESS/INDUSTRY Agriculture
16. DECEDENT'S RACE (Specify the race(s) to indicate what decedent considered himself/herself to be. More than one race may be specified.) ☒ White ☐ Black or African American ☐ American Indian or Alaskan Native (Specify tribe) _____ ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian (Specify) _____ ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Is. (Specify) _____ ☐ Other (Specify) _____		
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.) ☐ Yes (If Yes, specify) ☒ No ☐ Mexican ☐ Puerto Rican ☐ Cuban ☐ Central/South American ☐ Other Hispanic (Specify) _____		
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) ☐ 8th or less ☐ High school but no diploma ☐ High school diploma or GED ☐ College but no degree ☐ College degree (Specify): ☐ Associate ☒ Bachelor's ☒ Master's ☐ Doctorate		
19. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		
20. FATHER'S NAME (First, Middle, Last, Suffix) Howard Dewey Bledsoe		21. MOTHER'S NAME (First, Middle, Maiden Surname) Butis Robinett
22a. INFORMANT'S NAME Dravin Dixon		22b. RELATIONSHIP TO DECEDENT Son
22c. CITY OR TOWN Keystone Heights		22d. STREET ADDRESS 5615 County Road 352
22e. ZIP CODE 32656		
23a. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Brooksville Cemetery		23b. LOCATION - STATE Florida
23c. LOCATION - CITY OR TOWN Brooksville		
24. METHOD OF DISPOSITION ☒ Burial ☐ Entombment ☐ Cremation ☐ Donation ☐ Removal from State ☐ Other (Specify) _____		
25. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? ☐ Yes ☐ No		
26. LICENSE NUMBER (of Licensee) F046560		27. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>
28. NAME OF FUNERAL FACILITY Turner Funeral Homes		29a. FACILITY'S MAILING - STATE Florida
29b. CITY OR TOWN Brooksville		29c. STREET ADDRESS 504 E. Jefferson St.
29d. ZIP CODE 34601		
30. CERTIFIER: ☒ Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check one) ☐ Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.		
31a. (Signature and Title of Certifier) PHYSICIAN'S SIGNATURE M.D.		31b. DATE SIGNED (mm/dd/yyyy) 03/04/2011
31c. TIME OF DEATH (24 hr.) 0810		32. MEDICAL EXAMINER'S CASE NUMBER _____
33. NAME OF ATTENDING PHYSICIAN (If other than Certifier) YVONNE DUNN, M.D.		
34. CERTIFIER'S STATE Florida		35. CITY OR TOWN Tampa
36. STREET ADDRESS JAH VA Hospital, 13000 Bruce B. Downs Blvd		37. ZIP CODE 33612
38. LOCAL REGISTRAR - Signature <i>[Signature]</i>		39. DATE FILED BY REGISTRAR (Mo., Day, Yr.) MAR 10 2011

DRAVIN DIXON
1200 HAMMOCK RD

BROOKSVILLE, FL 34601

[Signature]
CHIEF DEPUTY REGISTRAR

AUG 29 2011

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.
WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT.



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DH FORM 1946 (04-10)

CERTIFICATION OF VITAL RECORD



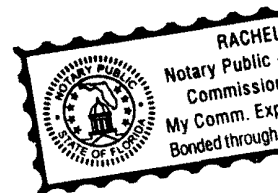
R

Instrument Prepared
and Return Instrument to:
Dravin Dixon
P.O. Box 696,
Brooksville, FL 34605-0696

WARRANTY DEED

This WARRANTY DEED made this 25th day of JANUARY, 2017, Witnesseth that the undersigned Grantors, Dene' Dixon, of 448 E. Pharr Rd., Decatur, Georgia 30030, Darrick Dixon of 892 Argonne Ave NE, Atlanta, Georgia 30309, and Dravin Dixon of PO Box 696, Brooksville, Florida 34605, for and in consideration of the sum of Thirty Eight Thousand Dollars (\$38,000.00) and other good and valuable consideration in hand paid and receipt acknowledged, do forever remise and release unto Grantees, Douglas S. Folsom and Beverly Hilliard of 8350 NW 155th St., Trenton, Florida 32693, as joint tenants with right of survivorship all right, title, interest, claim, and demand in and to a parcel of real property situate at 615 W. Ft. Dade Ave., Brooksville, Florida 34601 and more particularly described as follows:

Site Address: 615 W. FT. DADE AVENUE, BROOKSVILLE, FL
HALEMONT ADDITION SECTION NO. 1
Description: BLK 1 W 1/2 OF LOT 2 & ALL OF LOT 3
According to the plat recorded in Plat Book 5, Page
10 of the Public Records of Hernando County, FL
Section/Township/Range: 22-22-19
Subdivision: HALEMONT ADDITION SECTION NO.
Neighborhood: CITY OF BROOKSVILLE SUB (C)
Parcel Key: 00143473
Parcel Number: R22 222 19 2250 0010 0020



Grantors, Dene' Dixon, Darrick Dixon, and Dravin Dixon warrant 615 W. Ft. Dade Avenue, Brooksville, Florida which was just more particularly described above is not their homestead property.

To have and to hold the same in fee simple forever said real property together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, with full power and authority to protect, conserve, sell, lease, encumber, or to otherwise manage or dispose of said real property or any part.

And the grantor hereby covenants with said grantees that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all person whosoever; and that said land is free of all encumbrances.

IN WITNESS WHEREOF, the GRANTOR has hereto set the Grantor's hand and seal this 18th day of January, 2017.

Dene' B. Dixon
Dene' Dixon

Robin Andrews
Witness Robin Andrews
Resident of Decatur, GA

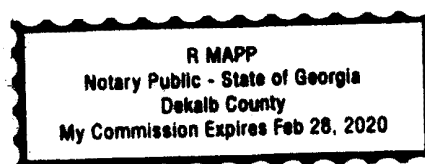
Mike P. Smith
Witness Mike P. Smith
Resident of Decatur

STATE OF Georgia
COUNTY OF DeKalb

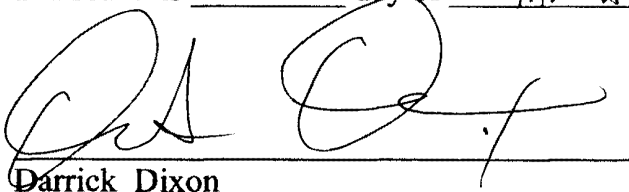
BEFORE ME this 18th day of January, 2017
personally appeared Dene' Dixon, the person described in the foregoing,
and said Grantor being identified to me by personal knowledge did execute
same in my presence and in the presence of the witnesses
Robin Andrews and Mike Smith for
the purposes set forth therein, and Grantor was sworn.

WHEREFORE WITNESS my hand, official seal the day above last written.

R. Mapp
Notary Public, State of Georgia
My Commission Expires:
My Commission Number is:



IN WITNESS WHEREOF, the GRANTOR has hereto set the Grantor's hand and seal this 19th day of January, 2017.


Darrick Dixon

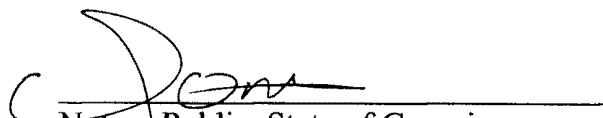
Laran Dixon
Witness Laran Dixon
Resident of 1200 Hammock Rd
Brooksville FL, 34601

Bonnie L. Makepeace
Witness Bonnie L. Makepeace
Resident of 624 West Fort Dale
Brooksville FL, 34601

STATE OF Georgia
COUNTY OF GA

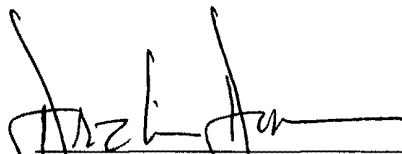
BEFORE ME this 19 day of Jan, 2017
personally appeared Darrick Dixon, the person described in the foregoing,
and said Grantor being identified to me by personal knowledge did execute
same in my presence and in the presence of the witnesses
Laran Dixon and Bonnie Makepeace for
the purposes set forth therein, and Grantor was sworn.

WHEREFORE WITNESS my hand and official seal the day above last
written.


Notary Public, State of Georgia
My Commission Expires:
My Commission Number is:

Dexter D Jones
NOTARY PUBLIC
DeKalb County, GEORGIA
My Commission Expires
February 25, 2017

IN WITNESS WHEREOF, the GRANTOR has hereto set the Grantor's hand and seal
this 25th day of JANUARY, 2017.



Dravin Dixon

Laran Dixon
Witness Laran Dixon
Resident of 1200 Hammock RD
Brooksville, FL 34601

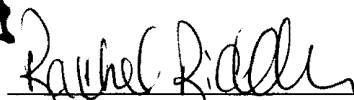
Bonnie L. Makepeace
Witness Bonnie L. Makepeace
Resident of 624 West Fort Dade
Brooksville, FL 34601

STATE OF Florida
COUNTY OF Hernando

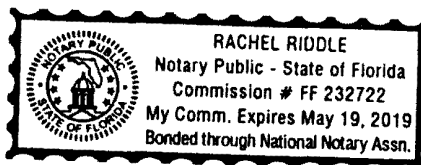
BEFORE ME this 25th day of January, 2017 personally
appeared Dravin Dixon, the person described in the foregoing, and said Grantor
being identified to me by personal knowledge did execute same in my presence and
in the presence of the witnesses Laran Dixon and
Bonnie L. Makepeace for the purposes set forth therein, and Grantor
was sworn.

RIDDLE
State of Florida
FF 232722
Expires May 19, 2019
National Notary Assn.

WHEREFORE WITNESS my hand and official seal the day above last written.



Notary Public, State of Florida
My Commission Expires:
My Commission Number is:



Parcel Record Summary

2025 Final Tax Roll

Printed: 6/19/2026 1:46 PM

Parcel Key: 00143473

Parcel #: R22 222 19 2250 0010 0020

Owner

FOLSOM DOUGLAS TTEE
615 W FORT DADE AVE
BROOKSVILLE FL 34601-2511

Situs / Legal

Situs: 615 W FORT DADE AVE
Sec/T/R: 22-22-19
DOR: 01 - SINGLE FAMILY
Levy: CWBE
Subdivision: HALEMONT ADDITION SEC 1

Owner Information

Parcel Key: 00143473

Owner Name: FOLSOM DOUGLAS TTEE

Mailing Address: 615 W FORT DADE AVE

Parcel Number: R22 222 19 2250 0010 0020

BROOKSVILLE FL 34601-2511

Property & Assessment Values

Building: \$39,173	Features: \$468	Land: \$11,559
Market: \$51,200	Assessed: \$36,873	Exempt: \$25,000
Capped: \$36,873	Excl Cap: N/A	Taxable: \$11,873

Certified Tax Information

Ad Valorem: \$247	Total For 2025: \$701	Total For 2024: \$504
Total For 2023: \$481	Total For 2022: \$450	

Property Information

Situs Address: 615 W FORT DADE AVE	Legal Description: HALEMONT ADDITION
Sec/Tnshp/Rng: 22-22-19	SEC 1 BLK 1 W1/2 OF LOT 2 & ALL OF LOT 3
DOR Code: 01 - SINGLE FAMILY	Levy Code: CWBE
	Subdivision: <u>HALEMONT ADDITION SEC 1</u>



Land

Land Use	Units	Value
RESIDENTIAL/SQFT RATE	3,815 (SQUARE FEET)	\$3,853
RESIDENTIAL/SQFT RATE	7,630 (SQUARE FEET)	\$7,706



Sales

Sale Date	Book/Page	Deed Type	Vacant/Improved	Qualification	Sale Price	Grantee
10/30/2023	<u>4359/1649</u>	WD - WARRANTY DEED	I	X	\$100	FOLSOM DOUGLAS TTEE
01/25/2017	<u>3434/1180</u>	WD - WARRANTY DEED	I	D	\$38,000	FOLSOM DOUGLAS S
02/22/2011	<u>2807/1590</u>	WD - WARRANTY DEED	I	X	\$100	DIXON BARNELL B ESTATE OF
06/04/1996	<u>1071/1492</u>	WD - WARRANTY DEED	I	X	\$100	DIXON BARMELL EST OF
01/01/1980	<u>0/0</u>	N/A - UNDEFINED	N/A	N/A	\$0	BLEDSON H D ET UX



Bldg Characteristics

Description	Year Built	Area (Base/Aux)	Bed/Bath	Value
SINGLE FAMILY RESIDENCE	1949	796/432	1/1	\$39,173



Extra Features

Bldg #	Description	Actual Year	Dimensions	Current Value
1	DETACHED UTIL, W/WOOD FLOOR(DUW)	1988	100 SQUARE FEET	\$180
1	DETACHED UTIL, W/WOOD FLOOR(DUW)	1980	80 SQUARE FEET	\$144
1	PATIO, CONCRETE(PT2)	1993	40 SQUARE FEET	\$144



Addresses

Address

615 W FORT DADE AVE



Businesses

Name	TPP PIN	TPP Key	Date Audit	Levy Code	NAICS	Curr Val
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No business data found for this parcel.

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