



# IMPERIAL POLK COUNTY

Property Appraiser  
Marsha M. Faux, CFA, ASA  
www.polkpa.org

## Certificate of Trust

IT IS HEREBY CERTIFIED THAT \_\_\_\_\_

NAME

is/are entitled to the use and occupancy as to an equitable life estate in Real Property under the terms of the

\_\_\_\_\_  
NAME OF TRUST

trust dated \_\_\_\_\_; therefore, having sufficient title to claim Homestead, Agricultural Classification, or other Exemption in compliance with Rules of the State of Florida, Department of Revenue, Division of Ad Valorem Tax, Chapter 12D-7.011 (AGO 90-70).

PARCEL IDENTIFICATION NUMBER	SITE ADDRESS

Social Security Number: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Social Security Number: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

State of \_\_\_\_\_

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is/are personally known by me or who has/have produced \_\_\_\_\_ as identification, and who did take an oath.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Print Name