

TAX COLLECTOR'S CERTIFICATION

Application
Date / Number
Jul 28, 2013 / 130510

This is to certify that the holder listed below of Tax Sale Certificate Number **2011 / 6618.0000**, issued the **1st** day of **June, 2011**, and which encumbers the following described property located in the County of Escambia, State of Florida to wit: **Parcel ID Number: 09-4659-609**

Certificate Holder:

US BANK, AS C/F FL DUNDEE LIEN
LOCKBOX # 005191
PO BOX 645191
CINCINNATI, OHIO 45264

Property Owner:

ZAAYER JAMES & MINA
4777 STATE ROUTE 377
STOCKPORT, OHIO 43787

Legal Description: 27-2S3-140

BEG AT SW COR OF SEC S 88 DEG 33 MIN 48 SEC E ALG S LI OF SEC 4456 70/100 FT N 01 DEG 41 MIN 51 SEC E 299 93/100 FT TO POB CONT N 01 DEG 41 MIN 51 SE ...

See attachment for full legal description.

has surrendered same in my office and made written application for tax deed in accordance with Florida Statutes. I certify that the following tax certificates, interest, ownership and encumbrance report fee, and Tax Collector's fees have been paid:

CERTIFICATES OWNED BY APPLICANT AND FILED IN CONNECTION WITH THIS TAX DEED APPLICATION:

Cert. Year	Certificate Number	Date of Sale	Face Amt	T/C Fee	Interest	Total
2011	6618.0000	06/01/11	\$202.24	\$0.00	\$77.78	\$280.02

CERTIFICATES REDEEMED BY APPLICANT OR INCLUDED (COUNTY) IN CONNECTION WITH THIS APPLICATION:

Cert. Year	Certificate Number	Date of Sale	Face Amt	T/C Fee	Interest	Total
2013	5690.0000	06/01/13	\$199.27	\$6.25	\$9.96	\$215.48

1. Total of all Certificates in Applicant's Possession and Cost of the Certificates Redeemed by Applicant or Included (County)
2. Total of Delinquent Taxes Paid by Tax Deed Application
3. Total of Current Taxes Paid by Tax Deed Applicant
4. Ownership and Encumbrance Report Fee
5. Tax Deed Application Fee
6. Total Certified by Tax Collector to Clerk of Court
7. Clerk of Court Statutory Fee
8. Clerk of Court Certified Mail Charge
9. Clerk of Court Advertising Charge
10. Sheriff's Fee
11. _____
12. Total of Lines 6 thru 11
13. Interest Computed by Clerk of Court Per Florida Statutes.....(%)
14. One-Half of the assessed value of homestead property. If applicable pursuant to section 197.502, F.S.
15. Statutory (Opening) Bid; Total of Lines 12 thru 14
16. Redemption Fee
17. Total Amount to Redeem

\$495.50
\$0.00
\$150.00
\$75.00
\$720.50
\$720.50
\$6.25

*Done this 28th day of July, 2013

TAX COLLECTOR, ESCAMBIA COUNTY, FLORIDA

By 

Date of Sale: 3/3/14

* This certification must be surrendered to the Clerk of the Circuit Court no later than ten days after this date.

TAX COLLECTOR'S CERTIFICATION

APPLICATION DATE

7/28/2013

FULL LEGAL DESCRIPTION
Parcel ID Number: 09-4659-609

August 09, 2013
Tax Year: 2010
Certificate Number: 6618.0000

BEG AT SW COR OF SEC S 88 DEG 33 MIN 48 SEC E ALG S LI OF SEC 4456 70/100 FT N 01 DEG 41 MIN 51 SEC E
299 93/100 FT TO POB CONT N 01 DEG 41 MIN 51 SEC E 290 FT N 59 DEG 32 MIN 26 SEC W 187 53/100 FT S 30
DEG 45 MIN 34 SEC W 105 FT S 35 DEG 03 MIN 09 SEC E 360 FT TO POB OR 4067 P 140

Notice to Tax Collector of Application for Tax Deed

TO: Tax Collector of Escambia County

In accordance with Florida Statutes, I,

**US BANK, AS C/F FL DUNDEE LIEN
LOCKBOX # 005191
PO BOX 645191
CINCINNATI, Ohio, 45264**

holder of the following tax sale certificate hereby surrender same to the Tax Collector and make tax deed application thereon:

Certificate No.	Parcel ID Number	Date	Legal Description
6618.0000	09-4659-609	06/01/2011	27-2S3-140 BEG AT SW COR OF SEC S 88 DEG 33 MIN 48 SEC E ALG S LI OF SEC 4456 70/100 FT N 01 DEG 41 MIN 51 SEC E 299 93/100 FT TO POB CONT N 01 DEG 41 MIN 51 SEC E 290 FT N 59 DEG 32 MIN 26 SEC W 187 53/100 FT S 30 DEG 45 MIN 34 SEC W 105 FT S 35 DEG 03 MIN 09 SEC E 360 FT TO POB OR 4067 P 140

2012 TAX ROLL

ZAAYER JAMES & MINA
4777 STATE ROUTE 377
STOCKPORT , Ohio 43787

I agree to pay all delinquent taxes, redeem all outstanding certificates not in my possession, pay any omitted taxes, and pay current taxes, if due, covering the land, and pay any interest earned (a) on tax certificates not in my possession, (b) on omitted taxes or (c) on delinquent taxes. I also agree to pay all Tax Collector's fees, ownership and encumbrance reports costs, Clerk of the Court costs, charges and fees and Sheriff's costs, if applicable. Attached is the above-mentioned tax sale certificate on which this application is based and all other certificates of the same legal description which are in my possession.

glfunl (Jacob Prince)
Applicant's Signature

07/28/2013
Date

Southern Guaranty Title Company

4400 Bayou Boulevard, Suite 13B

Pensacola, Florida 32503

Telephone: 850-478-8121

Facsimile: 850-476-1437

OWNERSHIP AND ENCUMBRANCE REPORT

File No.: 10724

September 10, 2013

Escambia County Tax Collector

P.O. Box 1312

Pensacola, Florida 32569

Pursuant to your request, the Company has caused a search to be made of the Public Records of Escambia County, Florida, solely as revealed by records maintained from 09-06-1993, through 09-06-2013, and said search reveals the following:

1. THE GRANTEE(S) OF THE LAST DEED(S) OF RECORD IS:

James Zaayer, widower of Nina Zaayer

2. The land covered by this Report is:

LEGAL DESCRIPTION IS ATTACHED HERETO AND MADE A PART HEREOF

3. The following unsatisfied mortgages, liens and judgments affecting the land covered by this Report appear of record:

SEE CONTINUATION PAGE ATTACHED HERETO AND MADE A PART HEREOF

4. Taxes:

SEE CONTINUATION PAGE ATTACHED HERETO AND MADE A PART HEREOF

The foregoing report is prepared and furnished for information only, is not intended to constitute or imply any opinion, warranty, guaranty, insurance, or similar assurance as to the status of title, and no determination has been made of the authenticity of any instrument described or referred to herein. The name search for the purposes of determining applicable judgments and liens is limited to the apparent record owner(s) shown herein. No attempt has been made to determine whether the land is subject to liens or assessments which are not shown as existing liens by the public records. The Company's liability hereunder shall not exceed the cost of this Report, or \$1,000.00 whichever is less.

THIS REPORT SHALL NOT BE USED FOR THE ISSUANCE OF TITLE INSURANCE.

Southern Guaranty Title Company

By: 

September 10, 2013

**OWNERSHIP AND ENCUMBRANCE REPORT
LEGAL DESCRIPTION**

File No.: 10724

September 10, 2013

272S314000000029 - Full Legal Description

BEG AT SW COR OF SEC S 88 DEG 33 MIN 48 SEC E ALG S LI OF SEC 4456 70/100 FT N 01 DEG 41 MIN 51 SEC
E 299 93/100 FT TO POB CONT N 01 DEG 41 MIN 51 SEC E 290 FT N 59 DEG 32 MIN 26 SEC W 187 53/100 FT S 30
DEG 45 MIN 34 SEC W 105 FT S 35 DEG 03 MIN 09 SEC E 360 FT TO POB OR 4067 P 140

**OWNERSHIP AND ENCUMBRANCE REPORT
CONTINUATION PAGE**

File No.: 10724

September 10, 2013

UNSATISFIED MORTGAGES, LIENS AND JUDGMENTS AFFECTING THE LAND COVERED BY THIS REPORT THAT APPEAR OF RECORD:

1. Taxes for the year 2010 and 2012 delinquent. The assessed value is \$10,270.00. Tax ID 09-4659-609.

PLEASE NOTE THE FOLLOWING:

- A. Subject to current year taxes.
- B. Taxes and assessments due now or in subsequent years.
- C. Subject to Easements, Restrictions and Covenants of record.
- D. Encroachments, overlaps, boundary line disputes, and any other matters which would be disclosed by an accurate survey and inspection of the premises.
- E. Oil, gas and mineral or any other subsurface rights of any kind or nature.

SOUTHERN GUARANTY TITLE COMPANY

4400 BAYOU BLVD., SUITE 13-B, CORDOVA SQUARE

PENSACOLA, FLORIDA 32503

TEL. (850) 478-8121 FAX (850) 476-1437

Email: rcsgr@aol.com

Janet Holley
Escambia County Tax Collector
P.O. Box 1312
Pensacola, FL 32596

CERTIFICATION: TITLE SEARCH FOR TDA

TAX DEED SALE DATE: March 3, 2014

TAX ACCOUNT NO.: 09-4659-609

CERTIFICATE NO.: 2011-6618

In compliance with Section 197.256, Florida Statutes, the following is a list of names and addresses of those persons, firms and/or agencies having legal interest in or claim against the above described property. The above referenced tax sale certificate is being submitted as proper notification of tax deed sale.

YES NO

- ☒ X Notify City of Pensacola, P.O. Box 12910, 32521
- ☒ X Notify Escambia County, 190 Governmental Center, 32502
- ☒ X Homestead for tax year.

James Zaayer
Estate of Nina Zaayer
4777 State Route 377
Stockport, OH 43787

Certified and delivered to Escambia County Tax Collector,
this 10th day of September, 2013.

SOUTHERN GUARANTY TITLE COMPANY


by: Richard S. Combs, President

NOTE: The above listed addresses are based upon current information available, but said addresses are not guaranteed to be true or correct.

15.00 + 1.00
03/10

10/20/96 17:24 24347229

0003

This Warranty Deed

OR BK 4067 P60140
Escambia County, Florida
INSTRUMENT 96-337010

Made this 21st day of October A.D. 19 96
by Bruce A. Smith A/K/A Bruce Alan Smith, A
Married Man and Ruth E. Howard A

DEED DOC STAMPS PD & ESC CO \$ 23.10
10/30/96 EDNA LEE MORGAN, CLERK
By: *[Signature]*

hereinafter called the grantor, to
James Zaayer and Nina Zaayer, Husband and
Wife

whose post office address is:
11245 TWP Road 81 NW, Pleasantville OH
Pensacola, Florida 43148

hereinafter called the grantees:
(Whenever used herein the term "grantor" and "grantee" include all the parties to this instrument, and the
heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations)
Witnesseth, that the grantor, for and in consideration of the sum of \$ 10.00
and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises,
releases, conveys and confirms unto the grantees, all that certain land situate in Escambia
County, Florida, viz:

See Schedule A attached hereto and by this reference made a part
hereof.

SUBJECT TO Covenants, restrictions, easements of record and taxes for
the current year. Said property is not the homestead of the
Grantor(s) under the laws and constitution of the State of Florida in
that neither Grantor(s) or any members of the household of Grantor(s)
reside thereon.

Parcel Identification Number: 27-26-31-4000-000-029
Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.
To Have and to Hold, the same in fee simple forever.

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
the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is
free of all encumbrances except taxes accruing subsequent to December 31, 19 97

In Witness Whereof, the said grantor has signed and sealed these presents the day and year first above
written.

Signed, sealed and delivered in our presence:

+ *[Signature]*
Ruth Lewis
[Signature]
Richard J. Berplank
[Signature]
P.M. Fadye

[Signature] 18
Bruce A. Smith A/K/A Bruce
Alan Smith
[Signature] 18
Ruth E. Howard
RICHARD J. VERPLANK
8731 E DEXTER DR. TULSON, AZ. 19
PAMELA A. MADDYEN
4450 E. WANDERLY TULSON AZ 15

12150 E. 5th St Tuscon, AZ 87548

The foregoing instrument was acknowledged before me this 22nd day of October , 19 96
by
Bruce A. Smith A/K/A Bruce Alan Smith

who is personally known to me or who has produced
driver's license as identification.

BARBARA CURETTO
[Signature]
Print Name:
Notary Public
My Commission Expires: 3/25/99

PREPARED BY: JUDY DYKES
RECORD & RETURN TO:
Lawyers Title Agency of North Florida, Inc.
7555 Hwy. 98 West, Suite A
Pensacola, Florida 32507
File No: 3A-51236

State of Arizona
County of Pima
Subscribed and sworn to before me
this 21st day of October, 1996
My commission expires: 3/25/99

WD-1
5/93

OR BK 4067 PGO 141
Escambia County, Florida
INSTRUMENT 96-337010

Schedule A

Commencing at the Southwest corner of Section 27, T2S, R31W, Escambia County, Florida; thence S 88 degrees 33 minutes 48 seconds E along the South line of said Section for a distance of 4456.70 feet; thence N 01 degrees 41 minutes 51 seconds E for a distance of 299.93 feet to the Point of Beginning; thence continue N 01 degrees 41 minutes 51 seconds E for a distance of 290 feet; thence N 59 degrees 32 minutes 26 seconds W for a distance of 187.53; thence S 30 degrees 45 minutes 34 seconds W for a distance of 105.00 feet; thence S 35 degrees 03 minutes 09 seconds E for a distance of 360 feet to the Point of Beginning. The Easterly 30 feet thereof subject to an ingress-egress and utility easement, all lying and being in Section 27, T2S, R31W, Escambia County, Florida.

DR BK 4067 P60142
Escambia County, Florida
INSTRUMENT 96-337010
RCD Oct 30, 1996 02:34 pm
Escambia County, Florida
Ernie Lee Magaha
Clerk of the Circuit Court
INSTRUMENT 96-337010

RESIDENTIAL SALES ABUTTING ROADWAY MAINTENANCE DISCLOSURE

ATTENTION: Pursuant to Escambia County Code of Ordinances Chapter 1-29.2, Article V, sellers of residential lots are required to disclose to buyers whether abutting roadways will be maintained by Escambia County. The disclosure must additionally provide that Escambia County does not accept roads for maintenance that have not been built or improved to meet county standards. Escambia County Code of Ordinances Chapter 1-29.2, Article V requires this disclosure be attached along with other attachments to the deed or other method of conveyance required to be made part of the public records of Escambia County, Florida. Note: Acceptance for filing by County employees of this disclosure shall in no way be construed as an acknowledgment by the County of the veracity of any disclosure statement.

Name of Roadway: ✓ HAV SURF

Legal Address of Property: ✓ NONE

The County () has accepted ✓ has not accepted the abutting roadway for maintenance.

This form completed by: Bruce A. Smith A/K/A Bruce Alan Smith & Ruth E. Howard
12150 E. Fifth St.
Tucson, Arizona 85748

AS TO SELLER(S):

Witness: [Signature]
Witness: RICHARD J. VERPLANK

✓ Bruce A Smith
Bruce A. Smith A/K/A Bruce Alan Smith
✓ Ruth E. Howard
Ruth E. Howard

AS TO BUYER(S):

Witness: [Signature]
Witness: [Signature]

James Zaayer
James Zaayer
✓ Nina Zaayer
Nina Zaayer

This form approved by the
Escambia County Board of
County Commissioners
Effective: 4/13/95

VERIFY PRESENCE OF ODH WATERMARK

HOLD TO LIGHT TO VIEW

DO NOT WRITE IN
MARGIN
RESERVED FOR ODH
DATA CODING

Reg. Dist. No. 60
Primary Reg. Dist. No. 6001
Registrar's No. 2005-00623

Ohio Department of Health
VITAL STATISTICS
CERTIFICATE OF DEATH
TYPE OR PRINT IN PERMANENT BLACK INK

State File No.

a. _____
b. _____
c. _____
d. _____
e. _____

DECEDENT

IF DEATH OCCURRED
IN INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION →

PARENTS

INFORMANT

DISPOSITION

REGISTRAR

CERTIFIER

**CAUSE OF
DEATH**

SEE INSTRUCTIONS
ON REVERSE SIDE

HEA 2717
5/12/04 Rev. 2/97

1. Decedent's Name (First, Middle, LAST) Nina Marie ZAAAYER		2. Sex Female	3. Date of Death (Month, Day, Year) August 6, 2005
4. Social Security Number [REDACTED]	5a. Age-Last Birthday (Years) 66	5b. Under One Year Months _____ Days _____	5c. Under 1 Day Hours _____ Minutes _____
6. Date of Birth (Month, Day, Year) August 21, 1938		7. Birthplace (City, County and State or Foreign Country) Columbus, Ohio	
8. Was Decedent Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. Place of Death (Check Only One) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input checked="" type="checkbox"/> Other (Specify) HOSPICE	
9b. Facility Name (If Not Institution, Give Street and Number) Genesis Hospice & Palliative Care		9c. City, Village, Twp., or Location of Death Zanesville	
9d. County of Death Muskingum			
10. Marital Status - Married, Never Married, Widowed, Divorced (Specify) Married		11. Surviving Spouse (If Wife, Give Maiden Name) James Zaaayer	
12a. Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use Retired) Machine Operator		12b. Kind of Business/Industry Manufacturing	
13a. Residence - State Ohio		13b. County Morgan	
13c. City, Town, Twp., or Location Stockport		13d. Street and Number 4777 St. Rt. 377	
13e. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP Code 43787	
14. Was Decedent of Hispanic Origin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, Specify Cuban, Mexican, Puerto Rican, etc.)		15. Race - American Indian, Black, White, etc. (Specify) White	
16. Decedent's Education Elementary/Secondary (0-12) 11		Specify Only Highest Grade Completed College (1-4 or 5+)	
17. Father's Name (First, Middle, Last) Steven Russell		18. Mother's Name (First, Middle, Maiden Surname) Clara Foreman	
19a. Informant's Name (Type/Print) James Zaaayer		19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 4777 St. Rt. 377, Stockport, Ohio 43787	
20a. Method of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. Place of Disposition (Name of Cemetery, Crematory, or Other Place) New Salem Cemetery	
20c. Location City or Town, State New Salem, Ohio			
20d. Date of Disposition August 9, 2005		21a. Name of Embalmer (First, Middle, Last) Craig M. Sheridan	
21b. License Number 8825-A			
22a. Signature of Funeral Director or Other Person <i>[Signature]</i>		22b. License Number (of Licensee) 8663	
22c. Name and Address of Facility (Include City, State and ZIP code) Boring-Sheridan Funeral Home 56 South Main Street, P.O. Box 267 Thornville, Ohio 43076			
24. Registrar's Signature <i>[Signature]</i>		25. Date Filed (Month, Day, Year) AUG 09 2005	
26a. Signature of Person Issuing Permit <i>[Signature]</i>		26b. Dist. No. 6400	
26c. Date Permit Issued 8-8-05			
28a. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician To the best of my knowledge, death occurred at the time, date, and place; and due to the cause(s) and manner as stated. <input type="checkbox"/> Coroner On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place; and due to the cause(s) and manner as stated.			
28b. Time of Death 10:55 PM		28c. Date Pronounced Dead (Month, Day, Year) August 6, 2005	
28d. Was Case Referred to Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
28e. Signature and Title of Certifier <i>[Signature]</i>		28f. License Number 35-05-26955	
28g. Date Signed (Month, Day, Year) 8-9-05			
29. (Type/Print) Name (First, Middle, Last) and Address of Person who Completed Cause of Death (Include City, State and ZIP code) Michael B. Shannon, MD 1246 Ashland Avenue, Zanesville, Ohio 43701			
30. Part I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Type or print in permanent black ink.			
Immediate Cause (Final disease or condition resulting in death) → [REDACTED]			
Sequentially list conditions, if any, leading to the immediate cause. Enter Underlying Cause Last (Disease or injury that initiated events resulting in death)			
a. Due to (or as a Consequence of) [REDACTED]			
b. Due to (or as a Consequence of) [REDACTED]			
c. Due to (or as a Consequence of) [REDACTED]			
d. Due to (or as a Consequence of) [REDACTED]			
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.			
31a. Was an Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31b. Were Autopsy Findings Available Prior to Completion of Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
32. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide I: Pending Investigation L: Could Not Be Determined		33a. Date of Injury (Month, Day, Year) M	
33b. Time of Injury M		33c. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
33d. Describe How Injury Occurred		33e. Place of Injury - At Home, Farm, Street, Factory, Office Building, etc. (Specify)	
33f. Location (Street and Number or Rural Route Number, City or Town, State)			

I HEREBY CERTIFY THAT I AM THE REGISTRAR OF THE
ZANESVILLE-MUSKINGUM COUNTY GENERAL HEALTH
DISTRICT AND THIS IS A TRUE AND CERTIFIED COPY OF
THE CERTIFICATE THAT IS ON FILE IN OUR OFFICE.

Mary Hedger **AUG 09 2005**
REGISTRAR DATE



VERIFY PRESENCE OF ODH WATERMARK

HOLD TO LIGHT TO VIEW

STATE OF FLORIDA
COUNTY OF ESCAMBIA

**CERTIFICATE OF NOTICE OF MAILING
NOTICE OF APPLICATION FOR TAX DEED**

CERTIFICATE # 06618 of 2011

I, PAM CHILDERS, CLERK OF THE CIRCUIT COURT OF ESCAMBIA COUNTY, FLORIDA, do hereby certify that I did on January 30, 2014, mail a copy of the foregoing Notice of Application for Tax Deed, addressed to:

JAMES ZAAYER	EST OF MINA ZAAYER
4777 STATE ROUTE 377	4777 STATE ROUTE 377
STOCKPORT, OH 43787	STOCKPORT, OH 43787

WITNESS my official seal this 30th day of January 2014.



PAM CHILDERS
CLERK OF THE CIRCUIT COURT
ESCAMBIA COUNTY, FLORIDA

By:
Emily Hogg
Deputy Clerk

WARNING

THERE ARE UNPAID TAXES ON PROPERTY WHICH YOU OWN OR IN WHICH YOU HAVE A LEGAL INTEREST. THE PROPERTY WILL BE SOLD AT PUBLIC AUCTION ON March 3, 2014, UNLESS THE TAXES ARE PAID. SHOULD YOU NEED FURTHER INFORMATION CONTACT THE CLERK OF THE CIRCUIT COURT IMMEDIATELY AT THE COUNTY COURTHOUSE IN PENSACOLA, FLORIDA, OR CALL 850-595-3793.

NOTICE OF APPLICATION FOR TAX DEED

NOTICE IS HEREBY GIVEN, That US BANK AS C/F FL DUNDEE LIEN holder of Tax Certificate No. 06618, issued the 1st day of June, A.D., 2011 has filed same in my office and has made application for a tax deed to be issued thereon. Said certificate embraces the following described property in the County of Escambia, State of Florida, to wit:

BEG AT SW COR OF SEC S 88 DEG 33 MIN 48 SEC E ALG S LI OF SEC 4456 70/100 FT N 01 DEG 41 MIN 51 SEC E 299 93/100 FT TO POB CONT N 01 DEG 41 MIN 51 SEC E 290 FT N 59 DEG 32 MIN 26 SEC W 187 53/100 FT S 30 DEG 45 MIN 34 SEC W 105 FT S 35 DEG 03 MIN 09 SEC E 360 FT TO POB OR 4067 P 140

SECTION 27, TOWNSHIP 2 S, RANGE 31 W

TAX ACCOUNT NUMBER 094659609 (14-212)

The assessment of the said property under the said certificate issued was in the name of

JAMES ZAAYER and EST OF MINA ZAAYER

Unless said certificate shall be redeemed according to law, the property described therein will be sold to the highest bidder at public auction at 9:00 A.M. on the first Monday in the month of March, which is the 3rd day of March 2014.

Dated this 30th day of January 2014.

In accordance with the AMERICANS WITH DISABILITIES ACT, if you are a person with a disability who needs special accommodation in order to participate in this proceeding you are entitled to the provision of certain assistance. Please contact Emily Hogg not later than seven days prior to the proceeding at Escambia County Government Complex, 221 Palafox Place Ste 110, Pensacola FL 32502. Telephone: 850-595-3793.



PAM CHILDERS
CLERK OF THE CIRCUIT COURT
ESCAMBIA COUNTY, FLORIDA

By:
Emily Hogg
Deputy Clerk

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Post Property:

OFF HAVBURG DR 32506



PAM CHILDERS
CLERK OF THE CIRCUIT COURT
ESCAMBIA COUNTY, FLORIDA

By:
Emily Hogg
Deputy Clerk

7008 1830 0000 0243 6983

U.S. Postal Service
CERTIFIED MAIL - RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$.49	Postmark Here
Certified Fee	3.30	
Return Receipt Fee (Endorsement Required)	2.70	
Restricted Delivery Fee (Endorsement Required)		
Total Postage	\$ 6.49	

Sent To
Street, Apt.
or PO Box
City, State

JAMES ZAAYER [14-212]
4777 STATE ROUTE 377
STOCKPORT, OH 43787

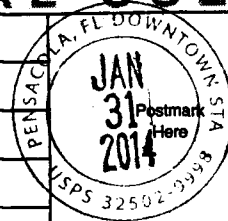
PS Form

U.S. Postal Service
CERTIFIED MAIL - RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$.49
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage	\$ 6.49



Sent To
Street
or PO
City, State

EST OF MINA ZAAYER [14-212]
4777 STATE ROUTE 377
STOCKPORT, OH 43787

PS Form

Instructions

0669 5420 0000 0887 8002

11/6618

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

EST OF MINA ZAAYER [14-212]
4777 STATE ROUTE 377
STOCKPORT, OH 43787

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent

☐ Addressee

B. Received by (Printed Name)

JAMES ZAAYER

C. Date of Delivery

2/3/14

D. Is delivery address different from item 1? ☒ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7008 1830 0000 0243 6990

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JAMES ZAAYER [14-212]
4777 STATE ROUTE 377
STOCKPORT, OH 43787

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent

☐ Addressee

B. Received by (Printed Name)

JAMES ZAAYER

C. Date of Delivery

2/3/14

D. Is delivery address different from item 1? ☒ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7008 1830 0000 0243 6983

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

11/6618

FL

ESCAMBIA COUNTY SHERIFF'S OFFICE
ESCAMBIA COUNTY, FLORIDA

NON-ENFORCEABLE RETURN OF SERVICE

Document Number: ECSO14CIV004509NON

Agency Number: 14-004383

Court: TAX DEED

County: ESCAMBIA

Case Number: CERT # 06618 2011

Attorney/Agent:

PAM CHILDERS
CLERK OF COURT
TAX DEED

Plaintiff: RE: JAMES ZAAYER AND EST OF MINA ZAAYER
Defendant:

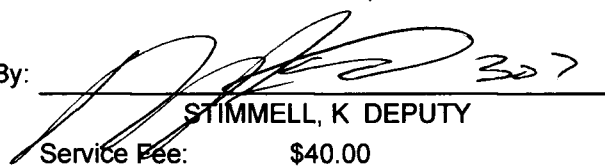
Type of Process: NOTICE OF APPLICATION FOR TAX DEED

Received this Writ on 1/31/2014 at 10:30 PM and served same at 8:15 AM on 2/3/2014 in ESCAMBIA COUNTY, FLORIDA, by serving POST PROPERTY , the within named, to wit: , .

POSTED TO PROPERTY PER INSTRUCTIONS FROM CLERK'S OFFICE.

DAVID MORGAN, SHERIFF
ESCAMBIA COUNTY, FLORIDA

By:

 307
STIMMELL, K DEPUTY

Service Fee: \$40.00
Receipt No: BILL

Printed By: JLBRYANT

WARNING

THERE ARE UNPAID TAXES ON PROPERTY WHICH YOU OWN OR IN WHICH YOU HAVE A LEGAL INTEREST. THE PROPERTY WILL BE SOLD AT PUBLIC AUCTION ON March 3, 2014, UNLESS THE TAXES ARE PAID. SHOULD YOU NEED FURTHER INFORMATION CONTACT THE CLERK OF THE CIRCUIT COURT IMMEDIATELY AT THE COUNTY COURTHOUSE IN PENSACOLA, FLORIDA, OR CALL 850-595-3793.

NOTICE OF APPLICATION FOR TAX DEED

NOTICE IS HEREBY GIVEN, That **US BANK AS C/F FL DUNDEE LIEN** holder of **Tax Certificate No. 06618**, issued the **1st day of June, A.D., 2011** has filed same in my office and has made application for a tax deed to be issued thereon. Said certificate embraces the following described property in the County of Escambia, State of Florida, to wit:

BEG AT SW COR OF SEC S 88 DEG 33 MIN 48 SEC E ALG S LI OF SEC 4456 70/100 FT N 01 DEG 41 MIN 51 SEC E 299 93/100 FT TO POB CONT N 01 DEG 41 MIN 51 SEC E 290 FT N 59 DEG 32 MIN 26 SEC W 187 53/100 FT S 30 DEG 45 MIN 34 SEC W 105 FT S 35 DEG 03 MIN 09 SEC E 360 FT TO POB OR 4067 P 140

SECTION 27, TOWNSHIP 2 S, RANGE 31 W

TAX ACCOUNT NUMBER 094659609 (14-212)

The assessment of the said property under the said certificate issued was in the name of

JAMES ZAAYER and EST OF MINA ZAAYER

Unless said certificate shall be redeemed according to law, the property described therein will be sold to the highest bidder at public auction at 9:00 A.M. on the **first Monday** in the month of March, which is the **3rd day of March 2014**.

Dated this 30th day of January 2014.

In accordance with the AMERICANS WITH DISABILITIES ACT, if you are a person with a disability who needs special accommodation in order to participate in this proceeding you are entitled to the provision of certain assistance. Please contact Emily Hogg not later than seven days prior to the proceeding at Escambia County Government Complex, 221 Palafox Place Ste 110, Pensacola FL 32502. Telephone: 850-595-3793.

Post Property:

OFF HAVBURG DR 32506



**PAM CHILDERS
CLERK OF THE CIRCUIT COURT
ESCAMBIA COUNTY, FLORIDA**

By:
Emily Hogg
Deputy Clerk

RECEIVED
JAN 31 10:30
CLERK'S OFFICE
UNIT