**Application Number: 150180** 

#### Notice to Tax Collector of Application for Tax Deed

**TO: Tax Collector of Escambia County** 

In accordance with Florida Statutes, I,

GHETT TL LLC AND GTURN LLC PAR CITIBANK,

N.A., AS

4747 EXECUTIVE DR., STE 510 SAN DIEGO, California, 92121

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

Certificate No. 396.0000

**Parcel ID Number** 

01-4635-000

**Date** 06/01/2013

**Legal Description** 

BEG 110 FT E AND 15 FT N OF SW COR OF E1/2 OF LT 8 FOR POB E 130 FT N 315 FT W 130 FT S 315 FT TO POB OR 676 P 589 OR 626 P 91 S/D OF E 1/2 OR 2485 P 627 OR 5250 P 872 OR 5950 P 1216

**2014 TAX ROLL** 

COXWELL STEPHANIE B 324 ARNETT ST LOT # 1 PENSACOLA , Florida 32534

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.

jsherpa (John Lemkey)

06/29/2015

Applicant's Signature

Date

Certificate

2015/

2013/ 396.000

446.000

#### TAX COLLECTOR'S CERTIFICATION

**Application Date/Number** JUN 29, 2015 150180

Total

1 379 81

782.52

This is to certify that the holder listed below of Tax Sale Certificate Number 2013/ 396.000, Issued the 01st day of June, 2013, and which encumbers the following described property in the county of Escambia County Tax Collector State of Florida, to-wit: 01-4635-000

Cert GHETT TL LLC AND GTURN LLC PAR Holder CITIBANK, N.A., AS COLLATERAL 4747 EXECUTIVE DR., STE 510 **SAN DIEGO CA 92121** 

**Property COXWELL STEPHANIE B** Owner 324 ARNETT ST LOT # 1

PENSACOLA FL 32534

BEG 110 FT E AND 15 FT N OF SW COR OF E1/2 OF LT 8 FOR POB E 130 FT N 315 FT W 130 FT S 315 FT TO POB OR 676 P 589 OR 626 P 91

S/D OF E 1/2 OR 2485 P 627 OR 5250 P 872 OR 5950 P 1216

T/C Fee

0.00

6.25

Interest

65 71

36.97

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 Application: Date of Sale

06/01/2013

06/01/2015

\* This certification must be surrendered to the Clerk of the Circuit Court no later than ten (10) days after this date.

|                                                                                                                                                    |              | -,          | 0.00    | 001,7    | 1,515101 |
|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------|---------|----------|----------|
| Certificates Redeemed by Applicant in Connection With This Tax Deed Application or included (County) in connection with this Tax Deed Application: |              |             |         |          |          |
| Certificate                                                                                                                                        | Date of Sale | Face Amount | T/C Fee | Interest | Total    |
| 2014/ 376 000                                                                                                                                      | 06/01/2014   | 741 79      | 6.25    | 37.00    | 785 13   |

**Face Amount** 

1.314.10

739.30

| <ol> <li>Total of all Certificates in Applicant's Possession and Cost of the Certificates Redeemed by Applicant<br/>or included (County)</li> </ol> | 2,947.46  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| 2. Total of Delinquent Taxes Paid by Tax Deed Applicant                                                                                             |           |
| 3. Total of Current Taxes Paid by Tax Deed Applicant . { }                                                                                          |           |
| 4. Ownership and Encumbrance Report Fee                                                                                                             | 200.00    |
| 5. Total Tax Deed Application Fee                                                                                                                   | 125.00    |
| 6. Total Certified By Tax Collector To Clerk of Court                                                                                               | 3,272.46  |
| 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.                                           | 32,947.00 |
| 15. Total of Lines 12 thru 14 (Statutory Opening Bid)                                                                                               |           |
| 16. Redemption Fee                                                                                                                                  | 6.25      |
| 17. Total Amount to Redeem                                                                                                                          |           |
| * Done this the 09th day of July, 2015                                                                                                              |           |
| TAY COLLECTOR OF Ecommbia County Tay Collector County                                                                                               |           |

By



INTERIOR WALL-DRYWALL-PLASTER

Real Estate

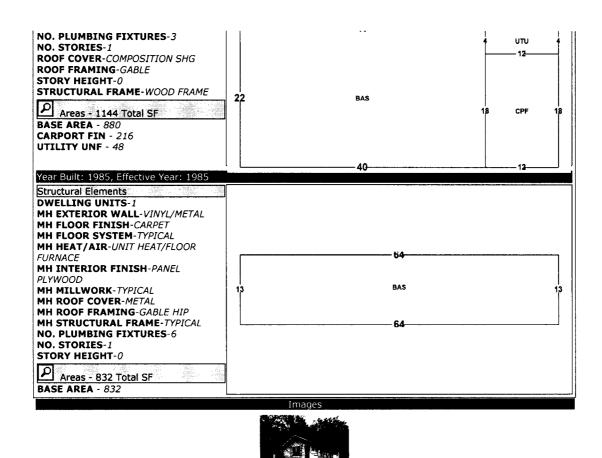
Tangible Property

# Chris Jones Escambia CountyProperty Appraiser

Amendment 1/Portability

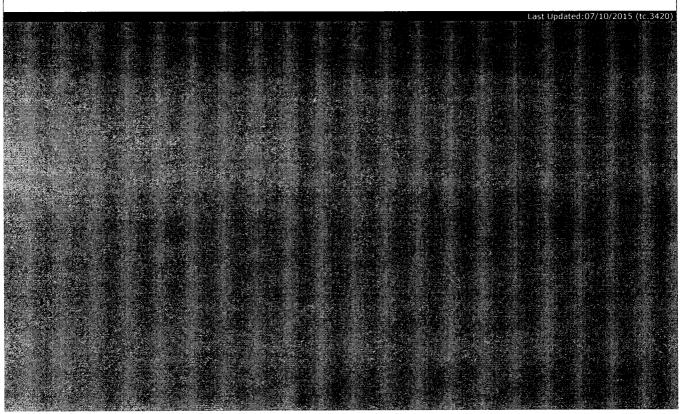
Sale

Search Search List Calculations **Back** Printer Friendly Version Navigate Mode Account © Reference Assessments 0815301003004008 Total Cap Val Land Reference: Year **Imprv** 014635000 2014 \$35,720 \$67,374 \$65,894 Account: \$31,654 Owners: COXWELL STEPHANIE B 2013 \$35,720 \$29,201 \$64,921 \$64,921 Mail: 324 ARNETT ST LOT # 1 2012 \$35,720 \$29,990 \$65,710 \$65,710 PENSACOLA, FL 32534 Situs: 324 ARNETT ST 32534 Disclaimer SINGLE FAMILY RESID 🔑 Use Code: Amendment 1/Portability Calculations **Taxing** COUNTY MSTU **Authority:** Tax Inquiry: Open Tax Inquiry Window Tax Inquiry link courtesy of Janet Holley Escambia County Tax Collector 2014 Certified Roll Exemptions Sales Data HOMESTEAD EXEMPTION Official Records Sale Date Book Page Value Type (New Window) Legal Description 01/2006 5950 1216 \$100 OT View Instr BEG 110 FT E AND 15 FT N OF SW COR OF E1/2 OF 12/2002 5250 872 \$100 OC View Instr LT 8 FOR POB E 130 FT N 315 FT W 130 FT S 31 5 01/1973 676 589 \$7,300 WD View Instr FT TO POB OR 676 P 589 OR 62... 01/1968 602 \$1,000 WD View Instr Official Records Inquiry courtesy of Pam Childers Extra Features Escambia County Clerk of the Circuit Court and METAL BUILDING Parcel Launch Interactive Map Information 156.45 Section 460.7 Map Id: 110 130 80 299 08-1S-30-2 Approx. Acreage: 0.9400 315 315 Zoned: HDMU 273 Evacuation 8 & Flood Information 26 Open Report 148-150 ARNETTST View Florida Department of Environmental Protection(DEP) Data Address: 324 ARNETT ST, Year Built: 1962, Effective Year: 1962 Structural Elements **DECOR/MILLWORK-AVERAGE DWELLING UNITS-1 EXTERIOR WALL-ALUMINUM SIDING** FLOOR COVER-PINE/SOFTWOOD FOUNDATION-WOOD/NO SUB FLR HEAT/AIR-WALL/FLOOR FURN



The primary use of the assessment data is for the preparation of the current year tax roll. No responsibility or liability is assumed for inaccuracies or errors.

3/24/10



## **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.: 12191 July 7, 2015

Escambia County Tax Collector P.O. Box 1312 Pensacola, Florida 32591

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 07-07-1995, through 07-07-2015, and said search reveals the following:

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

Stephanie B. Coxwell

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

July 7, 2015

# OWNERSHIP AND ENCUMBRANCE REPORT LEGAL DESCRIPTION

File No.: 12191

July 7, 2015

081S301003004008 - Full Legal Description

BEG 110 FT E AND 15 FT N OF SW COR OF E1/2 OF LT 8 FOR POB E 130 FT N 315 FT W 130 FT S 315 FT TO POB OR 676 P 589 OR 626 P 91 S/D OF E 1/2 OR 2485 P 627 OR 5250 P 872 OR 5950 P 1216

# OWNERSHIP AND ENCUMBRANCE REPORT CONTINUATION PAGE

File No.: 12191 July 7, 2015

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

- 1. MSBU Lien filed by Escambia County recorded in O.R. Book 4312, page1208.
- 2. Taxes for the year 2012-2014 delinquent. The assessed value is \$67,374.00. Tax ID 01-4635-000.

#### 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: rcsgt@aol.com

Janet Holley Escambia County Tax Collector

| Escambia County Tax Corrections P.O. Box 1312 Pensacola, FL 32596                                                                                                                                                       |                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| CERTIFICATION: TITLE SE                                                                                                                                                                                                 | ARCH FOR TDA                                                      |
| TAX DEED SALE DATE: 9-8-2015                                                                                                                                                                                            |                                                                   |
| TAX ACCOUNT NO.: 01-4635-000                                                                                                                                                                                            |                                                                   |
| CERTIFICATE NO.: 2013-396                                                                                                                                                                                               | . L. following                                                    |
| In compliance with Section 197.256, Florida is a list of names and addresses of those agencies having legal interest in or claim described property. The above referenced the being submitted as proper notification of | against the above ax sale certificate is                          |
| YES NO                                                                                                                                                                                                                  | 22521                                                             |
| X Notify City of Pensacola, P.O. B 221 Palafo X Notify Escambia County, 190 Gove                                                                                                                                        | ox 12910, 32321<br>ox Place, 4th Floor/<br>rnmental Center, 32502 |
| X Homestead for tax year.                                                                                                                                                                                               |                                                                   |
| Stephanie B. Coxwell<br>324 Arnett St. Lot 1<br>Pensacola, FL 32534                                                                                                                                                     |                                                                   |
|                                                                                                                                                                                                                         |                                                                   |

Certified and delivered to Escambia County Tax Collector, this 7th day of July , 2015 .

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.

io liver

OR BK 5250 PG0872 Escambia County, Florida INSTRUMENT 2003-152457

> DEED DOC STAMPS PD & SC CD \$ 0.70 09/26/03 ERNIE LEZ MAGNIR, CLERK By:

# **QUITCLAIM DEED**

THIS QUITCLAIM DEED, executed this eighth day of December, 2002,

by first party, Grantor, Stephen F. Carroll

whose post office address is 324 Arnett Street, Lot 1 Pensacola, FL 32534

to second party, Grantee, Stephanie B. Coxwell

whose post office address is 68 Lily Lane Thomasville, GA.

WITNESSETH, That the said first party, for good consideration and for the sum of One Dollar (\$1.00) paid by the said second party, the receipt whereof is hereby acknowledged, does hereby

remise, release and quitclaim unto the said second party forever, all the right, title, interest and claim which the said first party has in and to the following described parcel of land, and improvements and appurtenances thereto in the County of Escambia, State of Florida to wit:

First party, Grantor will maintain his residence on said property for the remainder of his natural life or until such time as he decides to relinquish this right.

Begin at the Southwest corner of Lot 8, Section 8, Township 1 South, Range 30 West, Escambia County Florida. East 110 feet, North 15 feet to the point of beginning. East 130 feet, thence North 315 feet, thence West 130 feet, thence South 315 feet to the point of beginning.

OR BK 5250 PGO 873 Escambia County, Florida INSTRUMENT 2003-152457 RCD Sep 26, 2003 03:36 pm Escambia County, Florida

| IN WITNESS WHEREOF, The said first party has sig                                                                                                   | aned and sealed these presents the day and year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| first above written. Signed, sealed and delivered in pres                                                                                          | sence of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| - Willing Donadles                                                                                                                                 | Attendent Comaco                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Signature of Witness (                                                                                                                             | Signature of First Party                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Print name of Witness                                                                                                                              | Stroben F. CARROLL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Print name of Witness                                                                                                                              | Print name of First Party                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Norgho Wage Marie                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Signature of Witness                                                                                                                               | Stephen J. Canall                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                    | Signature of First Party                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Douglas Wayne Monnis Print name of Witness                                                                                                         | Stephen F. CARROll                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Print name of Witness                                                                                                                              | Print name of First Party                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| su sta do                                                                                                                                          | ERNIE LEE MAGAHA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| State of Florida                                                                                                                                   | Clerk of the Circuit Court                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| On Dec. 8 2002 before me,                                                                                                                          | INSTRUMENT 2003-152457                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| On Dec. 8 2002 before me,                                                                                                                          | las morns                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| appeared William Spradley + Dorg                                                                                                                   | factorial and the state of the  |
| personally known to me (or proved to me on the basis on name(s) is/are subscribed to the within instrument and a same in his/her/thoir outlessing. | I sansfactory evidence) to be the person(s) whose                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| same in his/her/their authorized capacity(ies), and that h                                                                                         | by his/her/their signature(s) on the instrument the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| person(s), or the entity upon benail of which the nerson                                                                                           | (s) acted, executed the instrument                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| WITNESS my hand and official seal.                                                                                                                 | (o) acted, executed the instrument.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| and the second                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Signature of Notary                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                    | Affiant Known Protinced ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                    | Type of ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| · .                                                                                                                                                | The state of the s |
| State of Florida                                                                                                                                   | Get. 21 2002                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| County of Escambia                                                                                                                                 | No. CC BR4684                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| On Dec. 8 2002 before me,                                                                                                                          | (A) A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| appeared Stephen Carroll                                                                                                                           | A COBLICATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| personally known to me (or proved to me on the basis of                                                                                            | satisfactory evidence) to be the person strates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| hame(s) is/are subscribed to the within instrument and ac                                                                                          | cknowledged to me that he/she/they executed the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| same in institution authorized capacity(ies), and that h                                                                                           | W his/her/their signature(s) on the instrument the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| person(s), or the entity upon behalf of which the person(WITNESS my hand and official seal.                                                        | s) acted, executed the instrument.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| A Ocali                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Mostak                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Signature of Notary                                                                                                                                | ON L. Car                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                    | AffiantKnown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                    | Type of ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                    | Out 31, 200 call                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| 1                                                                                                                                                  | A/02/4 = 1 ( 020/1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| ·                                                                                                                                                  | Signature of Preparer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| ·                                                                                                                                                  | STEPHEN F. CARROL OF FLORE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| ·                                                                                                                                                  | TENEN F. CARACH OF FLORING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                    | STEPHEN F. CARROL OF FLORE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

21.90

SPECIAL WARRANTY DEED

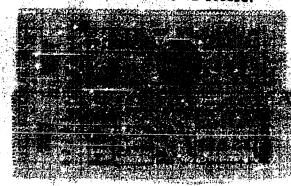
A CONTRACTOR OF THE PROPERTY O

STATE OF GEORGIA COUNTY OF PULTON

> BRGIN 110 feet Rast and 15 feet North of the Southwest corner of the East one-half of Lot 8, Subdivision of East one-half of Section 8, Township 1 South, East 30 feet; run East 65 feet; run North 150 feet; run West 65 feet; run South 150 feet to Point of Beginning, lying and being in Escapela County, State of Florida.

Being that same property conveyed to Housing Services Corporation by First Redisorum: Corporation by Special Warranty Bead, dated May 8, 1968, and recorded in Official Record Book 395, at Pages 602-04, in the Office of Clerk of Circuit Court for Escambia County, Florida.

Subject to any and all easements, covenants and restrictions of record.



# 076 PAGE 590

TOGETHER with all and singular the rights, privileges, heriditements and appurtenances to the said premises belonging or in anywise incident or appartments.

TO HAVE AND TO MOED all and singuist the constant before mentioned unto the said Grances. See the example of and assigns forever, in fee simple. And the example and its successors and assigns be adequate and feeded defend all and singular the said property assigns and assigns the later and its assigns, and any persons distinct the through the said Grantor to the said property, or any page thereof.

IN WITHESS WHEREOF, the said Grantus has caused instrument to be signed in its corporate name by its ordinal duly authorized and its corporate seal to be because sides on this the 27th day of December 1972

By LAA. J. T. L.

ATTEST:

WITHESED:

Burchy On

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 September 8, 2015, 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.

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**SECTION 08, TOWNSHIP 1 S, RANGE 30 W** 

TAX ACCOUNT NUMBER 014635000 (15-577)

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

#### STEPHANIE B COXWELL

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 **second** Tuesday in the month of September, which is the **8th day of September 2015.** 

Dated this 6th day of August 2015.

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:** 

**324 ARNETT ST 32534** 

COUNTY

PAM CHILDERS CLERK OF THE CIRCUIT COURT ESCAMBIA COUNTY, FLORIDA

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**Personal Services:** 

**STEPHANIE B COXWELL** 324 ARNETT ST LOT # 1 PENSACOLA, FL 32534

COMPT A O

PAM CHILDERS CLERK OF THE CIRCUIT COURT ESCAMBIA COUNTY, FLORIDA

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COMP ROLL

PAM CHILDERS CLERK OF THE CIRCUIT COURT ESCAMBIA COUNTY, FLORIDA

#### STATE OF FLORIDA COUNTY OF ESCAMBIA

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

#### **CERTIFICATE # 00396 of 2013**

I, PAM CHILDERS, CLERK OF THE CIRCUIT COURT OF ESCAMBIA COUNTY, FLORIDA, do hereby certify that I did on August 6, 2015, mail a copy of the foregoing Notice of Application for Tax Deed, addressed to:

STEPHANIE B COXWELL STEPHANIE B COXWELL 324 ARNETT ST LOT # 1 68 LILY LANE PENSACOLA, FL 32534 THOMASVILLE GA 31757

ESCAMBIA COUNTY
OFFICE OF COUNTY ATTORNEY
221 PALAFOX PLACE STE 430
PENSACOLA FL 32502

WITNESS my official seal this 6th day of August 2015.

COMPTROLLS

PAM CHILDERS CLERK OF THE CIRCUIT COURT ESCAMBIA COUNTY, FLORIDA







13 396

#### COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A Signature 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. D. Is delivery address different from item 1? 1, Article Addressed to: If YES, enter delivery address below: STEPHANIE B COXWELL [15-577] 324 ARNETT ST LOT # 1 PENSACOLA, FL 32534 3. Service Type ☑ Certified Mail® □ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Collect on Delivery Insured Mali 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 2014 34au v001 3707 5594 (Transfer from service label) PS Form 3811, July 2013 **Domestic Return Receipt**

| SENDER: COMPLETE THIS SE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | CTION                                 | COMPLETE THIS SECTION ON                                                     | DELIVERY                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------|
| <ul> <li>Complete items 1, 2, and 3. A item 4 if Restricted Delivery is</li> <li>Print your name and address so that we can return the card</li> <li>Attach this card to the back of or on the front if space permits</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | desired,<br>on the reverse<br>to you. | A. Signature  X  B. Received by (Printed Name)                               | Agent Addresse                                          |
| Article Addressed to:  ESCAMBIA COUNTY  OFFICIAL COU | Y [15-577]                            | D. Is delivery address different from If YES, enter delivery address         | n item 1? 🗖 Yes<br>below: 🔄 No                          |
| OFFICE OF COUNTY A 221 PALAFOX PLACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | E STE 430                             |                                                                              |                                                         |
| PENSACOLA FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 32302                                 | 3. Service Type  Certified Mail* Priority  Registered Return F  Insured Mail | Mail Express™<br>Receipt for Merchandise<br>on Delivery |
| 2. Article Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       | 4. Restricted Delivery? (Extra Fee)                                          | ☐ Yes                                                   |
| (Transfer from service label)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 7014 3490                             | 0007 TTOT 5303                                                               |                                                         |
| PS Form 3811, July 2013                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Domestic Ret                          | Irn Receipt                                                                  |                                                         |

hederned 13/396

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#### **Personal Services:**

**STEPHANIE B COXWELL** 324 ARNETT ST LOT # 1 PENSACOLA, FL 32534

COUNT

PAM CHILDERS CLERK OF THE CIRCUIT COURT ESCAMBIA COUNTY, FLORIDA

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S COMPTROLLER

PAM CHILDERS CLERK OF THE CIRCUIT COURT ESCAMBIA COUNTY, FLORIDA

# ESCAMBIA COUNTY SHERIFF'S OFFICE ESCAMBIA COUNTY, FLORIDA

## NON-ENFORCEABLE RETURN OF SERVICE

15-577

**Document Number: ECSO15CIV035388NON** 

Agency Number: 15-010845

Court: TAX DEED
County: ESCAMBIA

Case Number: CERT NO 00396, 2013

Attorney/Agent: PAM CHILDERS CLERK OF COURT TAX DEED

Plaintiff:

RE STEPHANIE B COXWELL

Defendant:

Type of Process: NOTICE OF APPLICATION FOR TAX DEED

Non-Executed

Received this Writ on 8/6/2015 at 9:32 AM and after a diligent search in ESCAMBIA COUNTY, FLORIDA for STEPHANIE B COXWELL, Writ was returned to court UNEXECUTED on 8/17/2015 for the following reason:

SUBJECT DOES NOT LIVE AT 324 ARNETT STREET LOT #1. UNABLE TO MAKE CONTACT AT HOUSE LOCATED AT 324 ARNETT STREET AFTER NUMEROUS ATTEMPTS, PRIOR TO SERVE BY DATE. NO OTHER INFORMATION GAINED THROUGH DUE DILIGENCE.

DAVID MORGAN, SHERIFF ESCAMBIA COUNTY, FLORIDA

Service Fee:

J. BARTON, CPS \$40.00

Receipt No:

BILL

Printed By: DLRUPERT

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#### **Post Property:**

**324 ARNETT ST 32534** 



PAM CHILDERS
CLERK OF THE CIRCUIT COURT
ESCAMBIA COUNTY, FLORIDA

# ESCAMBIA COUNTY SHERIFF'S OFFICE ESCAMBIA COUNTY, FLORIDA

Redeemed

## NON-ENFORCEABLE RETURN OF SERVICE

**Document Number: ECSO15CIV035415NON** 

Agency Number: 15-010878

Court: TAX DEED
County: ESCAMBIA

Case Number: CERT NO 00396 2013

Attorney/Agent:
PAM CHILDERS
CLERK OF COURT
TAX DEED

Plaintiff:

IN RE: STEPHANIE B COXWELL

Defendant:

Type of Process: NOTICE OF APPLICATION FOR TAX DEED

Received this Writ on 8/6/2015 at 9:34 AM and served same at 8:35 AM on 8/10/2015 in ESCAMBIA COUNTY, FLORIDA, by serving POST PROPERTY, the within named, to wit: , .

POSTED TO PROPERTY PER INSTRUCTIONS FROM CLERKS OFFICE.

DAVID MORGAN, SHERIFF ESCAMBIA COUNTY, FLORIDA

Bv:

J. BARTON, CPS

Service Fee:

\$40.00

Receipt No:

BILL



# Pam Childers

# Clerk of the Circuit Court and Comptroller, Escambia County

Clerk of Courts • County Comptroller • Clerk of the Board of County Commissioners • Recorder •

August 24, 2015

GHETT TL LLC AND GTURN LLC PAR CITIBANK NA AS 4747 EXECUTIVE DR STE 510 SAN DIEGO CA 92121

Dear Certificate Holder:

The records of this office show that an application for a tax deed had been made on the property represented by the numbered certificate listed below. The property redeemed prior to sale; therefore your application fees are now refundable.

| TAX CERT       | APP FEES | INTEREST | TOTAL    |
|----------------|----------|----------|----------|
| 2013 TD 000829 | \$518.00 | \$15.54  | \$533.54 |
| 2013 TD 000396 | \$471.00 | \$14.13  | \$485.13 |

**TOTAL \$1,018.67** 

Very truly yours,

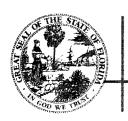
PAM CHILDERS

Clerk of Circuit Court

By:

Emily Hogg

Tax Deed Division



# **Pam Childers**

# Clerk of the Circuit Court and Comptroller, Escambia County

Clerk of Courts • County Comptroller • Clerk of the Board of County Commissioners • Recorder •

August 24, 2015

STEPHANIE COXWELL 324 ARNETT ST LOT #1 PENSACOLA FL 32534

Dear Redeemer,

The records of this office show that an application for a tax deed had been made on the property represented by the numbered certificate listed below. The property was redeemed by you. A refund of unused fees/interest is enclosed.

If you have any questions, please feel free to give me a call.

CERTIFICATE NUMBER

**REFUND** 

2013 TD 000396

\$40.00

**TOTAL \$40.00** 

Very truly yours,

PAM CHILDERS

Clerk of Circuit Cou

By:

Emily Hogg

Tax Deed Division

Clerk of the Circuit Court & Compti 221 Palafox Place, Suite 110 PAM CHILDERS Pensacola, FL 32502 Official Records

רפבב עטנג נוסט ספאג אנסל

08/06/2015 neopost'

\$06.735

ZIP 32502 041L11221084

BBBB/26/15

tei Lei

RETURN TO SENDER UNCLAIMED UNABLE TO FORWARD

The second secon BC: 32502583335

Redeemed 13/396

STEPHANIE B COXWELL [15-577]

SC LILY LANE
THOMASVILLE GA 31757

# THE ESCAMBIA SUN-PRESS, LLC

**PUBLISHED WEEKLY SINCE 1948** 



(Warrington) Pensacola, Escambia County, Florida

## STATE OF FLORIDA

County of Escambia

Before the undersigned authority personally appeared

MICHAEL P. DRIVER

who is personally known to me and who on oath says that he is Publisher of The Escambia Sun Press, a weekly newspaper published at (Warrington) Pensacola in Escambia County, Florida; that the attached copy of advertisement, being a

| NOTICE                                           | in the mat     | ter of     | SALE |         |
|--------------------------------------------------|----------------|------------|------|---------|
| 09/08/2015 - TA                                  | XX CERTIFICA   | ATE # 003  | 96   |         |
|                                                  | in the         | CIR        | CUIT | — Court |
| was published in said newspaper in the issues of |                |            |      |         |
| AU                                               | GUST 6, 13, 20 | , 27, 2015 | ;    |         |

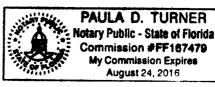
Affiant further says that the said Escambia Sun-Press is a newspaper published at (Warrington) Pensacola, in said Escambia County, Florida, and that the said newspaper has heretofore been continuously published in said Escambia County, Florida each week and has been entered as second class mail matter at the post office in Pensacola, in said Escambia County, Florida, for a period of one year next preceding the first publication of the attached copy of advertisement; and affiant further says that he has neither paid nor promised any person, firm or corporation any discount, rebate, commission or refund for the purpose of securing this advertisement for publication in the said newspaper.

**PUBLISHER** 

| Sworn to and subscribed before me this | 27TH DAY OF        |
|----------------------------------------|--------------------|
| AUGUST                                 | <b>A.D., 20</b> 15 |
| Paver D. Ju                            |                    |
|                                        | NOTA DI DIDI IO    |

PAULA D. TURNER

NOTARY PUBLIC



# NOTICE OF APPLICATION FOR TAX DEED

NOTICE IS HEREBY GIVEN, That CHETT TL LLC AND GTURN LLC holder of Tax Certificate No. 00396, issued the 1st day of June, A.D., 2013 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 110 FT E AND 15 FT N OF SW COR OF E1/2 OF LT 8 FOR POB E 130 FT N 315 FT W 130 FT 8 315 FT TO POB OR 676 P 589 OR 626 P 91 S/D OF E 1/2 OR 2485 P 627 OR 5250 P 872 OR 5950 P 1216

SECTION 08, TOWNSHIP 1 S, RANGE 30 W

TAX ACCOUNT NUMBER 014635000 (15-577)

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

Unless said certificate shall be redeemed according to law, the property described therein will be sold to the highest bidder at public stiction at 9:00 A.M. on the second Tuesday in the month of September, which is the 8th day of September 2015.

Dated this 6th day of August 2015.

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
(SEAL)
By: Emily Hogg
Deputy Clerk
oaw-4w-08-06-13-20-27-2015