



**JEFFREY R. SMITH, CPA,  
CGFO,CGMA  
INDIAN RIVER COUNTY  
CLERK OF THE CIRCUIT COURT  
AND COMPTROLLER**

**REQUEST TO RELEASE PROTECTED DECEDENT'S REMOVED INFORMATION**

[§119.071(4)(d)9]

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me, the undersigned authority, personally appeared \_\_\_\_\_  
("Affiant"), who swore or affirmed that:

1. Affiant verifies by a certified copy of a death certificate, that the protected decedent has died. The certified copy of the death certificate is attached to this affidavit.
2. Affiant verifies that there is no other related request on file with your office for continued removal of the decedent's information.
3. Affiant verifies that there is no statute or court order prohibiting the release requested.
4. Affiant confirms that the request for release is due to the death of the protected party.
5. Affiant requests the release of a protected decedent's removed information.
6. Affiant provides the location of the former dwelling location to be located in the Official Records at:

Book Number: \_\_\_\_\_

Page Number: \_\_\_\_\_

OR

Instrument Number: \_\_\_\_\_

OR

Clerk's File Number: \_\_\_\_\_

\_\_\_\_\_  
(Affiant)

Sworn to (or affirmed) and subscribed before me on \_\_\_\_\_, 20\_\_, by  
means of  physical presence or  online presence by

\_\_\_\_\_.

\_\_\_\_\_  
(Signature of Notary Public-State of Florida)

\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR  Produced Identification

\_\_\_\_\_  
(Type of Identification Produced)