

Performance Property Management Services, Inc.
13501 SW 128 St Suite 114C Miami, FL 33186
Telephone: 866-523-5003 Fax: 866-523-5004

Order Date:	07/06/2015	Folio Number:	514122-01-1510
Internal Tax Deed Number:	35588	Parent Tract No:	NONE
Records Through	07/03/2015		
Updated Through	5/3/2016		

PROPERTY LOCATED IN BROWARD COUNTY DESCRIBED AS FOLLOWS:

**LOT 23, BLOCK 49, MIRAMAR SEC 5, ACCORDING TO THE
PLAT THEREOF AS RECORDED IN PLAT BOOK 46, PAGE 40,
OF THE PUBLIC RECORDS OF BROWARD COUNTY, FLORIDA**

TO: Records, Taxes & Treasury Division, Delinquent Tax Department, Broward County

Applicant: FLORIDA COMMUNITY BANK NA CLTRLASSGNEE MAGNOLIA TC 5 LLC

Application has been made for Tax Deed on the above referenced property. Pursuant to chapter 197.502 and 197.522 of the Florida Statutes, below are the names and addresses of the persons you are required to notify prior to the sale of the property:

APPARENT TITLE HOLDER & ADDRESS AS INDEXED IN THE PUBLIC RECORDS OF BROWARD COUNTY, FLORIDA

O.R. Book 19696, Page 862 SCHEARER,NORMAN R
Quit Claim Deed 2271 ALCAZAR DR
MIRAMAR FL 33023-3611

MORTGAGEE AND ADDRESS OF RECORD AS INDEXED IN THE PUBLIC RECORDS OF BROWARD COUNTY, FLORIDA
NONE

LIEN HOLDER AND ADDRESS OF RECORD AS INDEXED IN THE PUBLIC RECORDS OF BROWARD COUNTY, FLORIDA

O.R. Book 44476, Page 316 Broward County Tax Collector
Notice of Tax Lien NONE

LIEN HOLDER AND ADDRESS OF RECORD AS INDEXED IN THE PUBLIC RECORDS OF BROWARD COUNTY, FLORIDA

O.R. Book 50491, Page 1719 City of Miramar
Lien Code Compliance
2200 Civic Center Place
Miramar, FL 33025

NAME AND ADDRESS OF RECORD ON CURRENT TAX ROLL

SCHEARER,NORMAN R EST
2271 ALCAZAR DR
MIRAMAR FL 33023-3611

NAME AND ADDRESS OF ESCROW AGENT: NONE

NAME AND ADDRESS OF TAX PAYING AGENT: NONE

APPLICATION FOR HOMESTEAD: NONE

GROSS ASSESSMENT: \$155,680.00

NOTE: Tax Deed Year 2014 Tax Deed Application # 35588 Face Amount \$3,156.58 Applicant FLORIDA
COMMUNITY BANK NA CLTRLASSGNEE MAGNOLIA TC 5 LLC

UNPAID OR OMITTED YEARS TAXES (Only Include the Years with Certificates)

<u>TYPE</u>	<u>TAX</u>	<u>CERTIFICATE</u>	<u>FACE AMOUNT</u>	<u>CERTIFICATE HOLDER</u>
I	2013	20327	\$3029.22	HMF FL E LLC RAI AS CUSTODIAN
I	2012	20434	\$2757.73	FLORIDA COMMUNITY BANK NA CLTRLASSGNEE MAGNOLIA TC 5 LLC

This Report is not a Legal Opinion of Title and should not be construed as dealing with the Quality of Title used as a Certified Abstract of Title, Title Insurance Commitment or Title Insurance Policy. Under Florida Statutes Chapter 197. Furthermore no Liability is assumed by PPMS, Inc for any liens and or judgments not filed in the Official Records of Broward County, Florida. PPMS, Inc. should only be liable for the amount of loss suffered by the Broward County Revenue Collection Division, as a result of legal matters filed against them, where such loss is determined to be from PPMS, Inc's errors and omissions in performing its contractual responsibilities to the Broward County Revenue Collection Division, or for any refilling of fees that are required to bring subject property to sale.

BY: *Mitch Wilson*
Antoinette Black
Authorized Signature

Board of County Commissioners, Broward County, Florida
Finance and Administrative Services Department
RECORDS, TAXES & TREASURY

NOTICE OF APPLICATION FOR TAX DEED NUMBER 35588

NOTICE is hereby given that the holder of the following certificate has filed said certificate for a tax deed to be issued thereon. The certificate number and year of issuance, the description of the property, and the name in which it was assessed are as follows:

Property ID: 514122-01-1510
Certificate Number: 20434
Date of Issuance: 06/01/2013
Certificate Holder: FLORIDA COMMUNITY BANK NA CLTRLASSGNEE
Description of Property: MIRAMAR SEC 5 46-40 B
LOT 23 BLK 49

Name in which assessed: SCHEARER, NORMAN R EST
Legal Titleholders: SCHEARER, NORMAN R EST
2271 ALCAZAR DR
MIRAMAR, FL 33023-3611

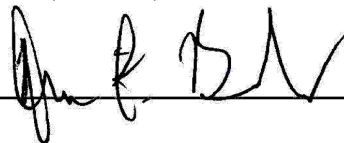
All of said property being in the County of Broward, State of Florida.

Unless such certificate shall be redeemed according to law the property described in such certificate will be sold to the highest bidder on the 21st day of September, 2016. Pre-bidding shall open at 9:00 AM EDT, sale shall commence at 10:00 AM EDT and shall begin closing at 11:01 AM EDT at:

broward.deedauktion.net
**Pre-registration is required to bid.*

Dated this 18th day of August, 2016.

Bertha Henry
County Administrator
RECORDS, TAXES, AND TREASURY DIVISION

By: 

Dana F. Buker
Deputy

This Tax Deed is Subject to All Existing Public Purpose Utility and Government Easements. The successful bidder is responsible to pay any outstanding taxes.

Publish: DAILY BUSINESS REVIEW
Issues: 08/18/2016, 08/25/2016, 09/01/2016 & 09/08/2016
Minimum Bid: 16521.73

Board of County Commissioners, Broward County, Florida
Records, Taxes, & Treasury

CERTIFICATE OF MAILING NOTICES

Tax Deed # 35588

STATE OF FLORIDA
COUNTY OF BROWARD

THIS IS TO CERTIFY that I, County Administrator in and for Broward County, Florida, did on the 1st day of August 2016, mail a copy of the Notice of Application for Tax Deed to the following persons prior to the sale of property, and that payment has been made for all outstanding Tax Certificates or, if the Certificate is held by the County, that all appropriate fees have been paid and deposited:

CITY OF MIRAMAR UTILITY BILLING SECTION 2300 CIVIC CENTER PLACE MIRAMAR FL 33025	CITY OF MIRAMAR CODE COMPLIANCE 2200 CIVIC CENTER PLACE MIRAMAR, FL 33025	SCHEARER,NORMAN R EST 2271 ALCAZAR DR MIRAMAR FL 33023
CITY OF MIRAMAR DOUGLAS R GONZALES 200 E BROWARD BLVD #1900 FT LAUDERDALE FL 33301	TLGFY, LLC CAPITAL ONE, N.A., AS COLLATERAL ASSIGNEE OF TLGFY, LLC PO BOX 54347 NEW ORLEANS, LA 70154-4347	BERNARD,CLIFTON 2270 ACAPULCO DR MIRAMAR FL 33023
CREASY,MICHAEL L H/E 2301 ALCAZAR DR MIRAMAR FL 33023	ARBOINE,ROY P 2300 ACAPULCO DR HOLLYWOOD FL 33023	DAVENPORT,CHARLES J 2260 ACAPULCO DR MIRAMAR FL 33023
CREASY,RICHARD D 2301 ALCAZAR DR MIRAMAR FL 33023	ARBOINE,ROY P 2300 ACAPULCO DR MIRAMAR FL 33023	DAVENPORT,KIMBERLY M 2260 ACAPULCO DR MIRAMAR FL 33023
YORKE,LINDO 2261 ALCAZAR DR MIRAMAR FL 33023		YORKE,DARLENE 2261 ALCAZAR DR MIRAMAR FL 33023

THE FOLLOWING AGENCIES WERE NOTIFIED BY INTEROFFICE

BROWARD COUNTY CODE ENFORCEMENT PERMITTING LICENSING & PROTECTION DIVISION ATTN: DIANE JOHNSON GCW-1 NORTH UNIVERSITY DR PLANTATION, FL 33324	BROWARD COUNTY CODE & ZONING ENFORCEMENT SECTION PLANNING & REDEVELOPEMENT DIV. ENVIRONMENTAL PROTECTION & GROWTH MGMT DEPT ATTN: GORDON MILLER GCW – 1 NORTH UNIVERSITY DR, MAILBOX 302 PLANTATION, FL 33324	BROWARD COUNTY HIGHWAY CONSTRUCTION & ENGINEERING DIVISION, RIGHT OF WAY SECTION ATTN: FRANK J GUILIANO ONE N. UNIVERSITY DR., STE 300-B PLANTATION, FL 33324
BROWARD COUNTY WATER & WASTEWATER ATTN: RACHEL FLEURY-CHARLES 2555 W. COPANS RD POMPANO BEACH, FL 33069	BROWARD COUNTY PUBLIC WORKS DEPT REAL PROPERTY SECTION ATTN: MARIE HAMMOND 115 S ANDREWS AVE, ROOM 326 FORT LAUDERDALE FL 33301	BROWARD COUNTY SHERIFF’S DEPT. ATTN: CIVIL DIVISION FT. LAUDERDALE, FL 33315

I certify that notice was provided pursuant to Florida Statutes, Section 197.502(4)
I further certify that I enclosed with every copy mailed, a statement as follows: 'Warning - property in which you are interested' is listed in the copy of the enclosed notice.
GIVEN UNDER MY HAND AND OFFICIAL SEAL, this 1st day of August 2016 in compliance with section 197.522 Florida Statutes, 1995, as amended by Chapter 95-147 Senate Bill No. 596, Laws of Florida 1995.

SEAL

Bertha Henry
COUNTY ADMINISTRATOR
Finance and Administrative Services Department
Records, Taxes, & Treasury Division

By _____
Deputy **Rebecca Leder**

BROWARD DAILY BUSINESS REVIEW

Published Daily except Saturday, Sunday and
Legal Holidays
Ft. Lauderdale, Broward County, Florida

STATE OF FLORIDA COUNTY OF BROWARD:

Before the undersigned authority personally appeared G. WILLIAMS, who on oath says that he or she is the LEGAL CLERK, of the Broward Daily Business Review f/k/a Broward Review, a daily (except Saturday, Sunday and Legal Holidays) newspaper, published at Fort Lauderdale, in Broward County, Florida; that the attached copy of advertisement, being a Legal Advertisement of Notice in the matter of

35588

NOTICE OF APPLICATION FOR TAX DEED
CERTIFICATE NUMBER: 20434

in the XXXX Court,
was published in said newspaper in the issues of

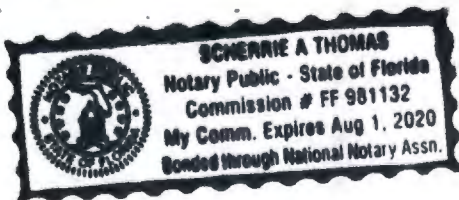
08/18/2016 08/25/2016 09/01/2016 09/08/2016

Affiant further says that the said Broward Daily Business Review is a newspaper published at Fort Lauderdale, in said Broward County, Florida and that the said newspaper has heretofore been continuously published in said Broward County, Florida each day (except Saturday, Sunday and Legal Holidays) and has been entered as second class mail matter at the post office in Fort Lauderdale in said Broward 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 or she 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.

Sworn to and subscribed before me this
8 day of SEPTEMBER, A.D. 2016

(SEAL)

G. WILLIAMS personally known to me



Board of County Commissioners, Broward County, Florida Finance and Administrative Services Department RECORDS, TAXES & TREASURY NOTICE OF APPLICATION FOR TAX DEED NUMBER 35588

NOTICE is hereby given that the holder of the following certificate has filed said certificate for a tax deed to be issued thereon. The certificate number and year of issuance, the description of the property, and the name in which it was assessed are as follows:

Property ID: 514122-01-1510

Certificate Number: 20434

Date of Issuance: 06/01/2013

Certificate Holder:

FLORIDA COMMUNITY BANK
NA CLTRLASSGNEE

Description of Property:

MIRAMAR SEC 5 46-40 B
LOT 23 BLK 49

Name in which assessed:

SCHEARER, NORMAN R EST

Legal Titleholders:

SCHEARER, NORMAN R EST

2271 ALCAZAR DR

MIRAMAR, FL 33023-3611

All of said property being in the County of Broward, State of Florida.

Unless such certificate shall be redeemed according to law the property described in such certificate will be sold to the highest bidder on the 21st day of September, 2016. Pre-bidding shall open at 9:00 AM EDT, sale shall commence at 10:00 AM EDT and shall begin closing at 11:01 AM EDT at:

broward.deedauktion.net

*Pre-registration is required to bid.

Dated this 18th day of August, 2016.

Bertha Henry

County Administrator

RECORDS, TAXES, AND
TREASURY DIVISION

(Seal)

By: Dana F. Buker

Deputy

This Tax Deed is Subject to All Existing Public Purpose Utility and Government Easements. The successful bidder is responsible to pay any outstanding taxes.

Minimum Bid: 16521.73

401-314

8/18-25 9/1-8 16-18/0000132407B

FROM THE COUNTY ADMINISTRATOR, BROWARD COUNTY, FORT LAUDERDALE, FLORIDA

DATE: August 1, 2016

PROPERTY ID # 514122-01-1510 (TD #35588)

WARNING

PROPERTY IN WHICH YOU ARE INTERESTED IS LISTED IN THE ENCLOSED NOTICE

**AS PER FLORIDA STATUTES 197.542, THE PROPERTY AT 2271 ALCAZAR DR
MIRAMAR FL 33023 IS BEING SCHEDULED FOR TAX DEED AUCTION. ONCE THE
PROPERTY IS SOLD IT CAN NOT BE REDEEMED. OTHER TAX YEARS MAY BE OWED
BUT NOT INCLUDED IN THE AMOUNT BELOW PLEASE CALL FOR MORE INFORMATION.**

**FLA. STATUTES REQUIRE US TO NOTIFY ALL PROPERTY OWNERS WHO LIVE AROUND
THE PROPERTY THAT'S GOING UP FOR SALE. IF YOU DO NOT OWN OR HAVE LEGAL
INTEREST IN THIS PROPERTY, PLEASE DISREGARD THIS LETTER.**

**PAYMENT MUST BE MADE IN CASH, MONEY ORDER OR CASHIER'S CHECK; PERSONAL
OR BUSINESS CHECKS ARE NOT ACCEPTED.**

AMOUNT NECESSARY TO REDEEM: (See amount below)

MAKE CHECKS PAYABLE TO: BROWARD COUNTY TAX COLLECTOR

*** Amount due if paid by August 31, 2016\$ 12,394.77
Or**

*** Amount due if paid by September 20, 2016\$ 12,544.95**

***AMOUNTS DUE MAY BE SUBJECT TO ADDITIONAL FEES. PLEASE CALL (954) 357-5374
FOR THE CORRECT AMOUNT DUE PRIOR TO SUBMITTING PAYMENT FOR REDEMPTION.**

**THERE ARE UNPAID TAXES ON THIS PROPERTY AND WILL BE SOLD AT PUBLIC
AUCTION ON SEPTEMBER 21, 2016 UNLESS THE BACK TAXES ARE PAID.**

**TO MAKE PAYMENT, OR TO RECEIVE FURTHER INFORMATION, CONTACT THE RECORD,
TAXES & TREASURY DIVISION, TAX DEED SECTION, 115 S. ANDREWS AVENUE ROOM
#A-100, FORT LAUDERDALE, FLORIDA 33301-1895. PHONE: (954) 357-5374**

**FOR TAX DEEDS PROCESS AND AUCTION RULES, PLEASE VISIT
www.broward.org/recordstaxestreasury**

BROWARD COUNTY SHERIFF'S OFFICE
P.O. BOX 9507 FORT LAUDERDALE, FLORIDA 33310

RETURN OF SERVICE

Assignment: **15766** Service Sheet # **18-038818**
**** SERVE A.S.A.P. - RETURN TO TAX NOTICE TRAY ****

BROWARD COUNTY, FL vs. SCHEARER, NORMAN R EST **TD 35588**

TAX SALE NOTICE **COUNTY/BROWARD** **9/21/2016**
PLAINTIFF VS. DEFENDANT
TYPE OF WRIT COURT HEARING DATE

SCHEARER, NORMAN R EST **2271 ALCAZAR DRIVE**
SERVE **MIRAMAR, FL 33023**

Received this process on
8/10/16
Date

14279
BROWARD COUNTY REVENUE-DELINQ TAX SECTION
115 S. ANDREWS AVENUE, ROOM A-100
FT LAUDERDALE, FL 33301

REBECCA LEDER, SUPV.
9884
Attorney

☒ Served
☐ Not Served - see comments
8/10/16 at **0910hrs**
Date Time

SCHEARER, NORMAN R EST, in Broward County, Florida, by serving the within named person a true copy of the writ, with the date and time of service endorsed thereon by me, and a copy of the complaint, petition, or initial pleading, by the following method:

☐ **INDIVIDUAL SERVICE**

SUBSTITUTE SERVICE:

☐ At the defendant's usual place of abode on "any person residing therein who is 15 years of age or older", to wit:

_____, in accordance with F.S. 48.031(1)(a)

☐ To _____, the defendant's spouse, at _____ in accordance with F.S. 48.031(2)(a)

☐ To _____, the person in charge of the defendant's business in accordance with F.S. 48.031(2)(b), after two or more attempts to serve the defendant have been made at the place of business

CORPORATE SERVICE:

☐ To _____, holding the following position of said corporation _____ in the absence of any superior officer in accordance with F.S. 48.081

☐ To _____, an employee of defendant corporation in accordance with F.S. 48.081(3)

☐ To _____, as resident agent of said corporation in accordance with F.S. 48.091

☐ **PARTNERSHIP SERVICE:** To _____, partner, or to _____, designated employee or person in charge of partnership, in accordance with F.S. 48.061(1)

☐ **POSTED RESIDENTIAL:** By attaching a true copy to a conspicuous place on the property described in the complaint or summons. Neither the tenant nor a person residing therein 15 years of age or older could be found at the defendant's usual place of abode in accordance with F.S. 48.183

1st attempt date/time: _____

2nd attempt date/time: _____

☐ **POSTED COMMERCIAL:** By attaching a true copy to a conspicuous place on the property in accordance with F.S. 48.183

1st attempt date/time: _____

2nd attempt date/time: _____

☒ **OTHER RETURNS:** See comments

COMMENTS:

You can now check the status of your writ by visiting the Broward Sheriff's Office Website at www.sheriff.org and clicking on the icon "Service Inquiry"

SCOTT J. ISRAEL, SHERIFF
BROWARD COUNTY, FLORIDA

BY: **[Signature]** #15766 D.S.

ORIGINAL

FROM THE COUNTY ADMINISTRATOR, BROWARD COUNTY, FORT LAUDERDALE, FLORIDA
PROPERTY ID # 514122-01-1510 (TD #35588)

WARNING

PROPERTY IN WHICH YOU ARE INTERESTED IS LISTED IN THE ENCLOSED NOTICE

RECEIVED SHERIFF
2016 AUG -9 AM 8:41
BROWARD COUNTY, FLORIDA

BROWARD COUNTY SHERIFF'S DEPT
ATTN: CIVIL DIVISION
FT LAUDERDALE, FL 33312

NOTE

AS PER FLORIDA STATUTES 197.542, THIS PROPERTY IS BEING SCHEDULED FOR TAX DEED AUCTION, AND WILL NO LONGER BE ABLE TO BE REDEEMED. OTHER TAX YEARS MAY BE OWED BUT NOT INCLUDED IN THE AMOUNT BELOW PLEASE CALL FOR MORE INFORMATION.

FLA. STATUTES REQUIRE US TO NOTIFY ALL PROPERTY OWNERS WHO LIVE AROUND THE PROPERTY THAT'S GOING UP FOR SALE. IF YOU DO NOT OWN OR HAVE LEGAL INTEREST IN THIS PROPERTY, PLEASE DISREGARD THIS LETTER.

PAYMENT MUST BE MADE IN CASH, MONEY ORDER OR CASHIER'S CHECK; PERSONAL OR BUSINESS CHECKS ARE NOT ACCEPTED.

AMOUNT NECESSARY TO REDEEM: (See amount below)

MAKE CHECKS PAYABLE TO: BROWARD COUNTY TAX COLLECTOR

* Amount due if paid by August 31, 2016\$ 12,394.77

Or

* Amount due if paid by September 20, 2016\$ 12,544.95

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THERE ARE UNPAID TAXES ON THIS PROPERTY AND WILL BE SOLD AT PUBLIC AUCTION ON SEPTEMBER 21, 2016 UNLESS THE BACK TAXES ARE PAID.

TO MAKE PAYMENT, OR TO RECEIVE FURTHER INFORMATION, CONTACT THE RECORD, TAXES & TREASURY DIVISION, TAX DEED SECTION, 115 S. ANDREWS AVENUE ROOM #A-100, FORT LAUDERDALE, FLORIDA 33301-1895. PHONE: (954) 357-5374 OR 5395
FOR TAX DEEDS PROCESS AND AUCTION RULES, PLEASE VISIT

www.broward.org/recordstaxestreasury

PLEASE SERVE THIS ADDRESS OR LOCATION

**SCHEARER,NORMAN R EST
2271 ALCAZAR DR
MIRAMAR FL 33023**

NOTE: THIS IS THE ADDRESS OF THE PROPERTY SCHEDULED FOR AUCTION

92311455

Return to: (enclose self-addressed
stamped envelope)

Name S.F. GENET
GENET, MILNER & CRISCUOLO

Address 99 N.E. 167TH STREET
NORTH MIAMI BEACH, FLORIDA 33162

This Instrument Prepared by:
SANDOR F. GENET
GENET, MILNER & CRISCUOLO

Address: 99 N.E. 167TH STREET
NORTH MIAMI BEACH, FLORIDA 33162

FOLIO NO: 11122-01-15100

Stamps \$ 60 Tax \$ _____
Documentary Intangible
RECEIVED in Broward County as required by
law by Eugenia R. [Signature] Deputy Clerk

THIS IS NOT AN OFFICIAL COPY

This Quit-Claim Deed Executed this 23 day of JUNE,
A.D. 1992, by NORMAN R. SCHEARER, AN UNREMARIED WIDOWER,
(SS# [REDACTED]) whose post office address is 2271 ALCAZAR
DRIVE, MIRAMAR, FLORIDA 33023, AND KATHY A. HALL, A SINGLE WOMAN,
(SS# [REDACTED]) whose post office address is 7917 Granada
Boulevard, Miramar, Florida 33023 FIRST PARTY

to NORMAN R. SCHEARER (SS# [REDACTED])

whose post office address is 2271 ALCAZAR DRIVE, MIRAMAR, FLORIDA 33023.

SECOND PARTY,

(Wherever used herein the terms "first party" and "second party" shall include singular and plural, heirs, Personal or legal representative, and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

Witnesseth, That the said first party, for and in consideration of the sum of \$ 10.00, in hand paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quit-claim unto the said second party forever, all the right, title, interest, claim and demand which the said first party has in and to the following described lot, piece or parcel of land, situate, lying and being in the County of BROWARD State of FLORIDA, to wit:

LOT 23, BLOCK 49, MIRAMAR SEC 5, ACCORDING TO THE
PLAT THEREOF AS RECORDED IN PLAT BOOK 46, PAGE 40,
OF THE PUBLIC RECORDS OF BROWARD COUNTY, FLORIDA

JUL 21 9 50 AM '92

BK 19696PG 0862

263

To Have and to Hold the same together with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title, interest, lien, equity and claim whatsoever of the said first party, either in law or equity, to the only proper use, benefit and behalf of the said second party forever.

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

Signed, sealed and delivered in presence of:

WITNESS AS TO NORMAN R. SCHEARER
AND KATHY A. HALL

Print Name SANTOR F. DEWET

Norman R. Schearer L.S.
NORMAN R. SCHEARER

ADDRESS: 2271 ALCAZAR DRIVE

MIRAMAR, FLORIDA 33023

WITNESS AS TO NORMAN R. SCHEARER
AND KATHY A. HALL

Print Name DORIS B. BURKE

Kathy A. Hall L.S.
KATHY A. HALL

ADDRESS: 7917 GRANADA BLVD

MIRAMAR, FLORIDA 33023

STATE OF FLORIDA,
COUNTY OF DADE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared

NORMAN R. SCHEARER AND KATHY A. HALL
WHO HAVE PRODUCED Florida Drivers Licenses AS
IDENTIFICATION AND known to me to be the persons described in and
who executed the foregoing instrument, and they acknowledged before
me that they executed the same.

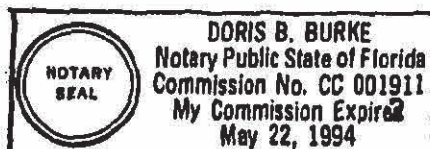
WITNESS my hand and official seal in the County and State last
aforesaid this 23 day of JUNE, A.D. 1992.

Doris B. Burke (SEAL)
NOTARY PUBLIC

MY COMMISSION EXPIRES:

Print Name DORIS B. BURKE

2:\CLT\DOB\NRB



RECORDED IN THE OFFICIAL RECORDS BOOK
OF BROWARD COUNTY, FLORIDA
COUNTY ADMINISTRATOR

BK79696PG0863

Broward County Property Appraiser's Network

Case Number: H-07-06-4567

PA-453
R.06/96

Notice of Tax Lien For Homestead Exemption and/or Limitation Exclusion

Broward County

Pursuant to the provisions of Sections 196.031, Florida Statutes, homestead exemption has been allowed on the property described below and the taxpayer named below received exemption(s) for a homestead in the aggregate amount of \$30,170.23 for 9 years. In accordance with §196.011(9)(a), §196.161(1)(a) and §193.155 Florida Statutes, notice is hereby given that the recipient(s) named below was not legally entitled to receive said exemption(s) or limitation(s) because said person (s) Owner is Deceased. The statutes provide for recovery of unpaid taxes by means of a lien, including a 50% penalty and 15% interest for any year or years within the prior 10 years from the person(s) who was not entitled, but granted a homestead tax exemption. This document shall constitute a lien on the real property specifically addressed and legally owned by said taxpayer in the State of Florida.

Date: 06/08/2007

726813
FOR OFFICIAL USE ONLY

PARCEL ID# 1122-01-1510

NAME SCHEARER, NORMAN R
ADDRESS 2271 W ALCAZAR DR
MIRAMAR FL 33023-3611
PROPERTY DESCRIPTION MIRAMAR SEC 5 46-40 B LOT 23 BLK 49

Apply Penalty & Interest

Tax Year/ Date tax due	Millage Code	Value Exempted	Assessment limitation value	Total value (3 + 4)	Tax due from wrongful assessment limitation & value exempted 6	Penalty	Interest	TOTAL (6 + 7 + 8)
1	2	3	4	5	6	7	8	
1998	2753	25,000	11,990	36,990	\$1,001.56	\$500.78	\$1,302.02	\$2,804.36
1999	2753	25,000	8,150	33,150	\$876.68	\$438.34	\$1,008.19	\$2,323.21
2000	2753	25,000	8,000	33,000	\$862.45	\$431.22	\$862.45	\$2,156.12
2002	2753	25,000	25,690	50,690	\$1,313.79	\$656.90	\$919.66	\$2,890.35
2001	2753	25,000	14,570	39,570	\$1,028.33	\$514.16	\$874.08	\$2,416.57
2003	2753	25,000	41,250	66,250	\$1,678.56	\$839.28	\$923.21	\$3,441.04
2004	2753	25,000	51,600	76,600	\$1,899.47	\$949.73	\$759.79	\$3,608.98
2005	2753	25,000	85,130	110,130	\$2,654.56	\$1,327.28	\$663.64	\$4,645.48
2006	2753	25,000	135,190	160,190	\$3,677.58	\$1,838.79	\$367.76	\$5,884.12

Total Back Assessment \$30,170.23

*NOTICE TO COLLECTOR: The 50% penalty applies to the year(s) the taxes were exempted and is calculated individually for each homestead exemption violation post January 1, 1990. The interest shall be based on the taxes exempted from the date the taxes become due for each assessment until satisfaction of this lien. The Tax Collector shall also collect any fees and costs which the Property Appraiser or the Tax Collector has incurred in filing this lien, or collecting same.

Fees and cost paid by the Property Appraiser: _____ Fees and costs paid by the Tax Collector: _____

"Under penalties of perjury, I declare that I have read the forgoing notice of tax lien and that the facts stated in it are true. If prepared by someone other than the Property Appraiser, his declaration is based on all information of which he has any knowledge."

Donald J. Accattone *Dir*
Signature and Title

AUG 14 2007
Date

http://192.168.180.50/Opac/PrintPa453.cfm?URL_Folio=514122011510&URL_StartYear=... 6/8/2007

After recording return to:
Attn: Code Compliance Recording Secretary
City of Miramar, Florida
2200 Civic Center Place, Miramar, FL 33025

**CITY OF MIRAMAR, FLORIDA
CODE COMPLIANCE DIVISION
SPECIAL MAGISTRATE ORDER IMPOSING FINE**

STATE OF FLORIDA)
) SS
BROWARD COUNTY)

CITY OF MIRAMAR vs.

NORMAN R SCHEARER EST
2271 ALCAZAR DR
MIRAMAR, FL 33023
Mailing Address:

CASE#: 12-07-05974

NOV#: 15452

VIOLATION#: first

This cause was brought before the Code Compliance Special Magistrate ("the Special Magistrate") or issued date of **October 23, 2013** upon notification by the Code Compliance Officer, **Duvar Franco** that the Special Magistrate's Findings of Fact, Conclusion of Law and Order or Code Compliance Ticket dated **7/31/2012** (The "Order") has been complied with. A re-inspection on **October 23, 2013** of the property and/or review of the records with the City Code Compliance Division revealed that the Violator did comply with the Order in that the Violator did correct: Code Section (s) **10-124** Offense: **MUST PAINT HOUSE**.

It is, therefore, ORDERED that the Violator must pay \$ 100 to the City of Miramar, within 30 calendar days of hearing date (October 23, 2013). Fines are complete with this Order. Special Conditions: _____

Status: _____ Date: _____

This Order shall be recorded and shall constitute a lien until judgment is rendered in a suit to foreclose, or to enforce, this Order.

DONE AND ORDERED at the City of Miramar, Broward County, Florida on **October 23, 2013**.

CODE COMPLIANCE SPECIAL MAGISTRATE FOR THE
CITY OF MIRAMAR, FLORIDA

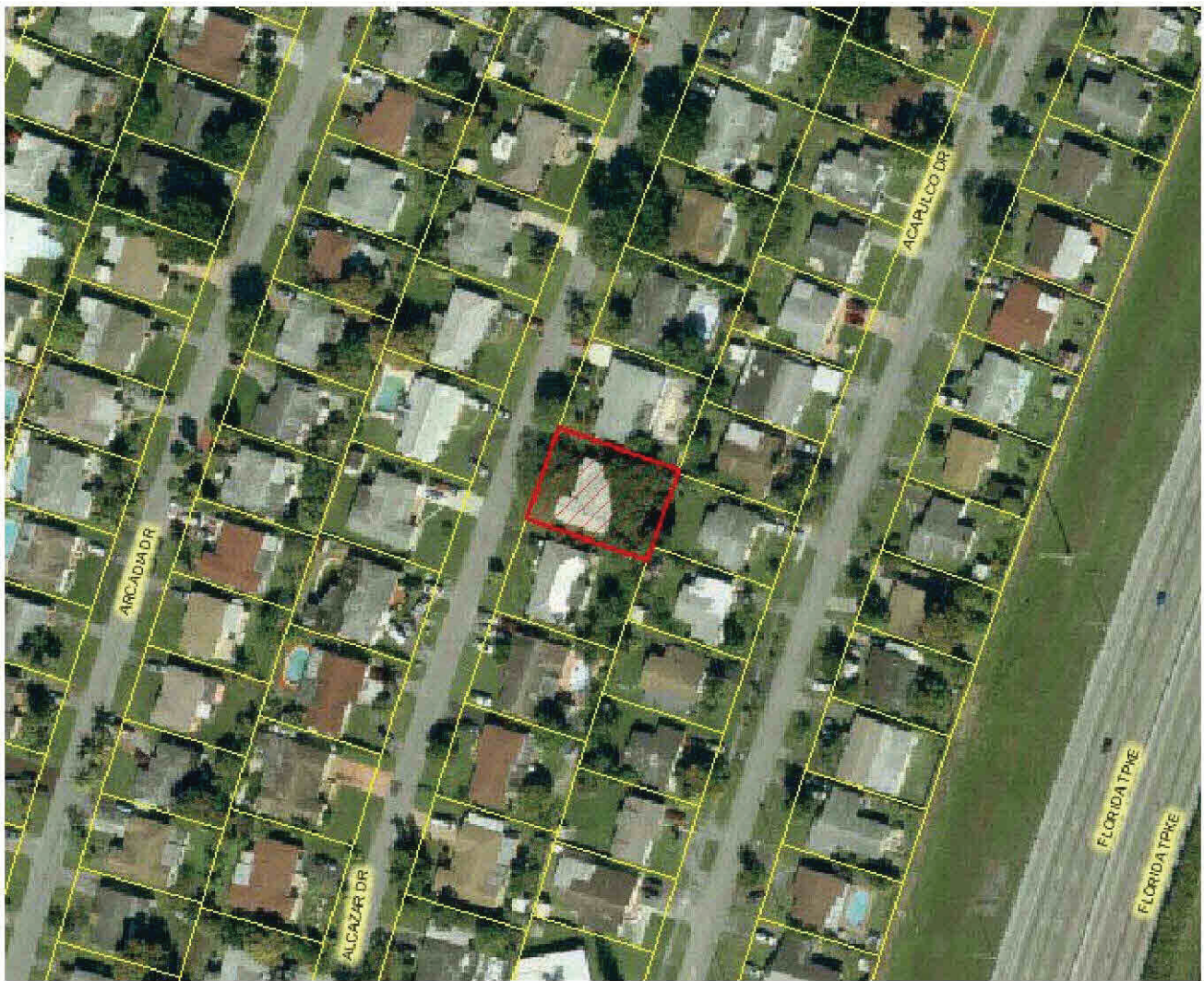

Special Magistrate

CERTIFICATION:

I certify this to be a true and correct copy of the Original Document on File. Witness my hand and official Seal of the City of Miramar, In the County of Broward, Florida.


This 23rd day of October, 2013


Special Magistrate Recording Secretary



7015 3010 0001 4652 1857 2594 T000 0T0E 5T02

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|---|----|--|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ | |
| <input type="checkbox"/> Return Receipt (electronic) | \$ | |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ | |
| <input type="checkbox"/> Adult Signature Required | \$ | |
| <input type="checkbox"/> Adult Signature | \$ | |

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TD 35588 SEPTEMBER 2016 WARNING
TLGFY, LLC
CAPITAL ONE, N.A., AS COLLATERAL
ASSIGNEE OF TLGFY, LLC
PO BOX 54347
NEW ORLEANS, LA 70154-4347

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| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ | |
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| <input type="checkbox"/> Adult Signature | \$ | |

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TD 35588 SEPTEMBER 2016 WARNING
DAVENPORT, KIMBERLY M
2260 ACAPULCO DR
MIRAMAR FL 33023

7015 3010 0001 4652 1833
EE8T 2594 1000 0707

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<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	

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TD 35588 SEPTEMBER 2016 WARNING
DAVENPORT, CHARLES J
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MIRAMAR FL 33023

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| <input type="checkbox"/> Return Receipt (hardcopy) | \$ | |
| <input type="checkbox"/> Return Receipt (electronic) | \$ | |
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| <input type="checkbox"/> Adult Signat | \$ | |

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BERNARD, CLIFTON
2270 ACAPULCO DR
MIRAMAR FL 33023

7015 3010 0001 4652 1819

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<input type="checkbox"/> Return Receipt (hardcopy)	\$
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<input type="checkbox"/> Adult Signature Required	\$
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TD 35588 SEPTEMBER 2016 WARNING
SCHEARER,NORMAN R EST
2271 ALCAZAR DR
MIRAMAR FL 33023

Street and Apt. No., or P.O. Box No.

City, State, ZIP+4[®]

7015 3010 0001 4652 1802
2015 3010 0001 4652 1802

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- ☐ Return Receipt (hardcopy) \$
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Total Postage and

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Sent To

Street and Apt. No., or PO Box No.

City, State, ZIP+4[®]

TD 35588 SEPTEMBER 2016 WARNING
YORKE, DARLENE
2261 ALCAZAR DR
MIRAMAR FL 33023

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Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

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Postage
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Total Postage
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Sent To
Street and A
City, State, ZIP

TD 35588 SEPTEMBER 2016 WARNING
ARBOINE, ROY P
2300 ACAPULCO DR
MIRAMAR FL 33023

7015 3010 0001 4652 1789

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☐ Certified Restricted Delivery \$ _____

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Postmark
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Total

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See

TD 35588 SEPTEMBER 2016 WARNING
ARBOINE, ROY P
2300 ACAPULCO DR
HOLLYWOOD FL 33023

Street and Apt. No., or PO Box No.

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☐ Return Receipt (electron)
☐ Certified Mail Restrictor
☐ Adult Signature Required
☐ Adult Signature Restrictor

Postmark
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TD 35588 SEPTEMBER 2016 WARNING
CITY OF MIRAMAR
CODE COMPLIANCE
2200 CIVIC CENTER PLACE
MIRAMAR, FL 33025

Postage

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5921 2594 1000 070E 5702

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- ☐ Return Receipt (electronic) \$
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- ☐ Adult Signatures \$
- ☐ Adult Signature Confirmation \$

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Postage

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Total Postage

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TD 35588 SEPTEMBER 2016 WARNING
YORKE,LINDO
2261 ALCAZAR DR
MIRAMAR FL 33023

Street and Apt. No., or PO Box No.

City, State, ZIP+4[®]

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| <input type="checkbox"/> Return Receipt (hardcopy) | \$ | |
| <input type="checkbox"/> Return Receipt (electronic) | \$ | |
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| <input type="checkbox"/> Adult Signature Required | \$ | |
| <input type="checkbox"/> Adult Signature | \$ | |

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TD 35588 SEPTEMBER 2016 WARNING
CREASY, RICHARD D
2301 ALCAZAR DR
MIRAMAR FL 33023

7015 3010 0001 4652 1741
1421 2594 1000 0106 5102

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TD 35588 SEPTEMBER 2016 WARNING
CREASY, MICHAEL L H/E
2301 ALCAZAR DR
MIRAMAR FL 33023

7015 3010 0001 4652 1734
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CITY OF MIRAMAR
DOUGLAS R GONZALES
200 E BROWARD BLVD #1900
FT LAUDERDALE FL 33301

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2594 1000 0106 5102

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Extra Services & Fees (check box, add fee as appropriate)

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| <input type="checkbox"/> Return Receipt (electronic) | \$ | |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ | |
| <input type="checkbox"/> Adult Signature Required | \$ | |
| <input type="checkbox"/> Adult Sign | \$ | |

Postmark
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TD 35588 SEPTEMBER 2016 WARNING
CITY OF MIRAMAR
UTILITY BILLING SECTION
2300 CIVIC CENTER PLACE
MIRAMAR FL 33025

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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,

1. TD 35588 SEPTEMBER 2016 WARNING
CREASY, MICHAEL L H/E
2301 ALCAZAR DR
MIRAMAR FL 33023



9590 9402 1349 5285 8199 97

2. Article Number (Transfer from service label)

7015 3010 0001 4652 1741

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☒ Agent
☒ Addressee

B. Received by (Printed Name)

Michael Creasy

C. Date of Delivery

*8/11/16*D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |

Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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, even the front if space permits.

1. TD 35588 SEPTEMBER 2016 WARNING
ARBOINE, ROY P
2300 ACAPULCO DR
HOLLYWOOD FL 33023



9590 9402 1349 5285 8199 59

2. Article Number (Transfer from service label)

7015 3010 0001 4652 1789

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Marcia W. Williams

☒ Agent
☐ Addressee

B. Received by (Printed Name)

Marcia Williams

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

SENDER: COMPLETE THIS SECTION

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

1. Article

TD 35588 SEPTEMBER 2016 WARNING
ARBOINE, ROY P
2300 ACAPULCO DR
MIRAMAR FL 33023



9590 9402 1349 5285 8199 42

2. Article Number (Transfer from service label)

7015 3010 0001 4652 1796

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Mervin Kier

☒ Agent
☐ Addressee

B. Received by (Printed Name)

MARCUS W

C. Date of Delivery

8/1/16

☐ Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

SENDER: COMPLETE THIS SECTION

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

1.

TD 35588 SEPTEMBER 2016 WARNING
CREASY, RICHARD D
2301 ALCAZAR DR
MIRAMAR FL 33023



9590 9402 1349 5285 8199 80

2. Article Number (Transfer from service label)

7015 3010 0001 4652 1758

ad Delivery

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent☐ Addressee

B. Received by (Printed Name)

Richard Creasy

C. Date of Delivery

8/11/16

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes☐ No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

SENDER: COMPLETE THIS SECTION

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

1. A

TD 35588 SEPTEMBER 2016 WARNING
YORKE, DARLENE
2261 ALCAZAR DR
MIRAMAR FL 33023



9590 9402 1349 5285 8199 35

2. Article Number (Transfer from service label)

7015 3010 0001 4652 1802

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

DARLENE YORKE

☐ Agent☐ Addressee

B. Received by (Printed Name)

DARLENE YORKE

C. Date of Delivery

8/12/16

3. Is delivery address different from item 1?
If YES, enter delivery address below:☐ Yes☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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

1. Address

TD 35588 SEPTEMBER 2016 WARNING
DAVENPORT, KIMBERLY M
2260 ACAPULCO DR
MIRAMAR FL 33023



9590 9402 1349 5285 8198 98

7015 3010 0001 4652 1840

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

Kimberly Davenport

☐ Agent
☒ Addressee

C. Date of Delivery

Is delivery address different from item 1?
If YES, enter delivery address below:

☐ Yes
☒ No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Mail Restricted Delivery | |

SENDER: COMPLETE THIS SECTION

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

1. Article

TD 35588 SEPTEMBER 2016 WARNING
DAVENPORT, CHARLES J
2260 ACAPULCO DR
MIRAMAR FL 33023



9590 9402 1349 5285 8199 04

2. Article

7015 3010 0001 4652 1833

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

(over \$500)

1 Delivery

SENDER: COMPLETE THIS SECTION

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

1. Article

TD 35588 SEPTEMBER 2016 WARNING
TLGFY, LLC
CAPITAL ONE, N.A., AS COLLATERAL
ASSIGNEE OF TLGFY, LLC
PO BOX 54347
NEW ORLEANS, LA 70154-4347



9590 9402 1349 5285 8198 81

2. Article Number (Transfer from service label)

7015 3010 0001 4652 1851

COMPLETE THIS SECTION ON DELIVERY

A. Signature

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

- ☐ Is delivery address different from item 1? ☐ Yes
YES, enter delivery address below: ☐ No

AUG 12 2016

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

(over \$500)

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Address

TD 35588 SEPTEMBER 2016 WARNING
CITY OF MIRAMAR
CODE COMPLIANCE
2200 CIVIC CENTER PLACE
MIRAMAR, FL 33025



9590 9402 1349 5285 8199 66

2. Article Number (Transfer from service label)

7015 3010 0001 4652 1772

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

to Cello

C. Date of Delivery

8/15/16

- Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |

Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Address

TD 35588 SEPTEMBER 2016 WARNING
CITY OF MIRAMAR
UTILITY BILLING SECTION
2300 CIVIC CENTER PLACE
MIRAMAR FL 33025



9590 9402 1349 5285 8194 61

2. Article Number (Transfer from service label)

7015 3010 0001 4652 1727

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Leo C. Cuello

C. Date of Delivery

6/15/16

Is delivery address different from item 1?
If YES, enter delivery address below:

- ☐ Yes
☐ No

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery

- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

restricted Delivery
restricted Delivery
(over \$500)

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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

1. Article Address

TD 35588 SEPTEMBER 2016 WARNING
YORKE, LINDO
2261 ALCAZAR DR
MIRAMAR FL 33023



9590 9402 1349 5285 8199 73

2. Article Number (Transfer from service label)

7015 3010 0001 4652 1765

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Darlene York

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

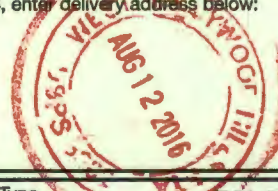
Darlene York

C. Date of Delivery

8/12/16

Is delivery address different from item 1?
If YES, enter delivery address below:

- ☐ Yes
☐ No



3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> All Restricted Delivery | |

SENDER: COMPLETE THIS SECTION

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

1. Article Ad

TD 35588 SEPTEMBER 2016 WARNING
BERNARD, CLIFTON
2270 ACAPULCO DR
MIRAMAR FL 33023



9590 9402 1349 5285 8199 11

2. Article Number (Transfer from service label)

7015 3010 0001 4652 1826

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

E. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Restricted Delivery

(over \$500)

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt