



**339 SIXTH AVENUE, SUITE 1400
PITTSBURGH, PA 15222
Phone: (412) 391-5555 Fax: (412) 391-7608
E-mail: TitleExpress@grantstreet.com**

www.GrantStreet.com

PROPERTY INFORMATION REPORT

ORDER DATE: 03/19/2018

REPORT EFFECTIVE DATE: 20 YEARS UP TO 03/18/2018

CERTIFICATE # 2014-16412

ACCOUNT # 504215210160

ALTERNATE KEY # 516324

TAX DEED APPLICATION # 40335

COUNTY, STATE: BROWARD, FL

At the request of the County Tax Collector for the above-named county, a search has been made of the Public Records for the following described property:

LEGAL DESCRIPTION:

Lot Twenty-Four (24) in Block Thirty-one (31) of SOUTH RIVER SECTION OF CROISSANT PARK, according to the Plat thereof recorded in Plat Book 8, Page 20 of the Public Records of Broward County, Florida; said lands situate, lying and being in Broward County, Florida.

PROPERTY ADDRESS: 305 SW 12 COURT, FORT LAUDERDALE FL 33315-1524

OWNER OF RECORD ON CURRENT TAX ROLL:

JAMES ALAN & CHERYL ANN YOUNG

305 SW 12 CT

FORT LAUDERDALE, FL 33315-1524 (Matches Property Appraiser records.)

APPARENT TITLE HOLDER & ADDRESS OF RECORD:

JAMES ALAN YOUNG AND CHERYL ANN YOUNG OR: 13013, Page: 749

(Per Deed. No address found on document.)

MORTGAGE HOLDER OF RECORD:

None found.

LIENHOLDERS AND OTHER INTERESTED PARTIES OF RECORD:

LB-AMNIA 14 LLC

PO BOX 37531

BALTIMORE, MD 21297-7531 (Tax Deed Applicant)

BROWARD HEALTH MEDICAL CENTER

1600 S. ANDREWS AVENUE

FT. LAUDERDALE, FL 33316 (Per Lien)

Instrument: 114773855

PROPERTY INFORMATION REPORT – CONTINUED

PARCEL IDENTIFICATION NUMBER: 5042 15 21 0160

CURRENT ASSESSED VALUE: \$114,950

HOMESTEAD EXEMPTION: Yes

MOBILE HOME ON PROPERTY: No

OUTSTANDING CERTIFICATES: N/A

OPEN BANKRUPTCY FILINGS FOUND? No

OTHER INSTRUMENTS ASSOCIATED WITH PROPERTY BUT NO NOTICE REQUIRED:

None found.

This is a Property Information Report that has been prepared in accordance with the requirements of Sections 197.502(4) and (5), Florida Statutes, and which satisfies the minimum standards set forth in the Florida Administrative Code, Chapter 12D-13.016. This report is not title insurance. It is not an opinion of title, title insurance policy, warranty of title or any other assurance as to the status of title, and shall not be used for the purpose of issuing title insurance.

Pursuant to s. 627.7843, Florida Statutes, the maximum liability of the issuer of this property information report for errors or omissions in this property information report is limited to the amount paid for this property information report, and is further limited to the person(s) expressly identified by name in the property information report as the recipient(s) of the property information report.

Christina Young

Title Examiner



Site Address	305 SW 12 COURT, FORT LAUDERDALE FL 33315-1524	ID #	5042 15 21 0160
Property Owner	YOUNG,JAMES ALAN & CHERYL ANN	Millage	0312
Mailing Address	305 SW 12 CT FORT LAUDERDALE FL 33315-1524	Use	01

Abbreviated Legal Description	CROISSANT PARK SOUTH RIVER SEC 8-20 B LOT 24 BLK 31
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The just values displayed below were set in compliance with **Sec. 193.011**, Fla. Stat., and include a reduction for costs of sale and other adjustments required by **Sec. 193.011(8)**.

Property Assessment Values					
Click here to see 2017 Exemptions and Taxable Values as reflected on the Nov. 1, 2017 tax bill.					
Year	Land	Building / Improvement	Just / Market Value	Assessed / SOH Value	Tax
2018	\$45,050	\$213,810	\$258,860	\$117,360	
2017	\$45,050	\$213,810	\$258,860	\$114,950	\$1,875.47
2016	\$45,050	\$194,450	\$239,500	\$112,590	\$1,877.17

2018 Exemptions and Taxable Values by Taxing Authority				
	County	School Board	Municipal	Independent
Just Value	\$258,860	\$258,860	\$258,860	\$258,860
Portability	0	0	0	0
Assessed/SOH 94	\$117,360	\$117,360	\$117,360	\$117,360
Homestead 100%	\$25,000	\$25,000	\$25,000	\$25,000
Add. Homestead	\$25,000	0	\$25,000	\$25,000
Wid/Vet/Dis	0	0	0	0
Senior	0	0	0	0
Exempt Type	0	0	0	0
Taxable	\$67,360	\$92,360	\$67,360	\$67,360

Sales History			
Date	Type	Price	Book/Page or CIN
12/1/1985	PRD	\$65,000	13013 / 749
1/1/1985	QCD	\$100	

Land Calculations		
Price	Factor	Type
\$7.00	6,435	SF
Adj. Bldg. S.F. (Card, Sketch)		1932
Units/Beds/Baths		2/2/2
Eff./Act. Year Built: 1953/1952		

Special Assessments								
Fire	Garb	Light	Drain	Impr	Safe	Storm	Clean	Misc
03								
R								
2								

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

CERTIFICATE OF MAILING NOTICES

Tax Deed #40335

STATE OF FLORIDA
COUNTY OF BROWARD

THIS IS TO CERTIFY that I, County Administrator in and for Broward County, Florida, did on the 2nd day of July 2018, 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 FORT LAUDERDALE
ATTN: CITY ATTORNEY OFFICE
100 N ANDREWS AVE 7TH
FLOOR
FORT LAUDERDALE, FL 33301

BROWARD HEALTH MEDICAL
CENTER
1600 S. ANDREWS AVENUE
FT. LAUDERDALE, FL 33316

LB-AMNIA 14 LLC
PO BOX 37531
BALTIMORE, MD 21297-7531

JAMES ALAN YOUNG AND
CHERYL ANN YOUNG
305 SW 12 CT
FORT LAUDERDALE, FL
33315-1524

YOUNG, JAMES ALAN
305 SW 12TH CT
FORT LAUDERDALE, FL
33315-1524

CHERYL ANN
305 SW 12TH CT
FORT LAUDERDALE, FL
33315-1524

*GOVIN, RAFAEL & CANDICE &
SABA, PATRICK & CAROL
120 BRYAN BLVD
PLANTATION, FL 33317

*WOOD, GAYLORD A JR &
BLACKWELL-WOOD, GARIE
626 SW 11 CT
FORT LAUDERDALE, FL
33315-1251

*FARTRO, AUGUST
FARTRO, MARGARET
1313 SW 17 ST
FORT LAUDERDALE, FL 33315

THE FOLLOWING AGENCIES WERE NOTIFIED BY INTEROFFICE

BROWARD COUNTY CODE ENFORCEMENT,
PERMITTING LICENSING & PROTECTION
DIVISION
GCW-1 NORTH UNIVERSITY DR
PLANTATION, FL 33324

BROWARD COUNTY CODE & ZONING
ENFORCEMENT SECTION PLANNING &
REDEVELOPEMENT DIV. ENVIRONMENTAL
PROTECTION & GROWTH MGMT DEPT
GCW - 1 NORTH UNIVERSITY DR
MAILBOX 302
PLANTATION, FL 33324

BROWARD COUNTY HIGHWAY CONSTRUCTION &
ENGINEERING DIVISION;
RIGHT OF WAY SECTION
ONE N. UNIVERSITY DR., STE 300 B
PLANTATION, FL 33324

BROWARD COUNTY WATER & WASTEWATER
2555 W. COPANS RD
POMPANO BEACH, FL 33069

PUBLIC WORKS DEPT REAL PROPERTY
GOVERNMENTAL CENTER, RM 326,
115 S. ANDREWS AVE
FT. 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 2nd day of July 2018 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 **Juliette M. Aikman**

Broward County, Florida

RECORDS, TAXES & TREASURY DIVISION/TAX DEED SECTION

NOTICE OF APPLICATION FOR TAX DEED NUMBER 40335

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: 504215-21-0160
Certificate Number: 16412
Date of Issuance: 06/01/2015
Certificate Holder: LB-AMNIA 14 LLC
Description of Property: CROISSANT PARK SOUTH RIVER SEC
8-20 B
LOT 24 BLK 31

Name in which assessed: YOUNG,JAMES ALAN & CHERYL ANN
Legal Titleholders: YOUNG,JAMES ALAN & CHERYL ANN
305 SW 12 CT
FORT LAUDERDALE, FL 33315-1524

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 15th day of August, 2018. 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 12th day of July, 2018.

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: 07/12/2018, 07/19/2018, 07/26/2018 & 08/02/2018
Minimum Bid: 67392.90

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 GUERLINE 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

40335

NOTICE OF APPLICATION FOR TAX DEED
CERTIFICATE NUMBER: 16412

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

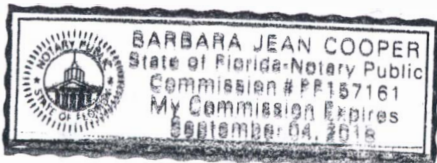
07/12/2018 07/19/2018 07/26/2018 08/02/2018

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
2 day of AUGUST, A.D. 2018

(SEAL)

GUERLINE WILLIAMS personally known to me



Broward County, Florida RECORDS, TAXES & TREASURY DIVISION/TAX DEED SECTION NOTICE OF APPLICATION FOR TAX DEED NUMBER 40335

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: 504215-21-0160
Certificate Number: 16412
Date of Issuance: 06/01/2015

Certificate Holder:
LB-AMNIA 14 LLC

Description of Property:
CROISSANT PARK SOUTH
RIVER SEC
8-20 B
LOT 24 BLK 31

Name in which assessed:
YOUNG, JAMES ALAN &
CHERYL ANN

Legal Titleholders:
YOUNG, JAMES ALAN &
CHERYL ANN
305 SW 12 CT

FORT LAUDERDALE, FL 33315-1524

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 15th day of August, 2018. 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.deeduction.net

*Pre-registration is required to bid.

Dated this 12th day of July, 2018.

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: 67163.86

401-314

7/12-19-26 8/2 18-12/0000324694B

RETURN OF SERVICE

Assignment: 17549 *SERVE A.S.A.P. - RETURN TO TAX NOTICE TRAY Service Sheet # 18-030804
BROWARD COUNTY, FL vs. YOUNG, JAMES ALAN, ET AL TD 40335
PLAINTIFF TAX SALE NOTICE VS. COUNTY/BROWARD DEFENDANT 8/15/2018 CASE
TYPE OF WRIT COURT HEARING DATE
YOUNG, JAMES ALAN AND/OR 305 SW 12 COURT
SERVE FORT LAUDERDALE, FL 33315 7/12/18 14932
YOUNG, CHERYL ANN Received this process on
Date 7/10/2018

14279
BROWARD COUNTY REVENUE-DELINQ TAX SECTION
115 S. ANDREWS AVENUE, ROOM A-100
FT LAUDERDALE, FL 33301
JULIE AIKMAN, SUPV.
9884 Attorney

Served
 Not Served - see comments
7/12/2018 at 0745
Date Time

On YOUNG, JAMES ALAN AND/OR YOUNG, CHERYL ANN, 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: 7/12/2018 0745 Posted AT front door

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: Joe Perendot 14932 D.S.
Perendot

ORIGINAL

BROWARD COUNTY, FORT LAUDERDALE, FLORIDA
RECORDS, TAXES AND TREASURY DIVISION/TAX DEED SECTION
PROPERTY ID # 504215-21-0160 (TD #40335)

RECEIVED SHERIFF
2018 JUL 10 AM 9:43
BROWARD COUNTY, FLORIDA

WARNING

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

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 MAY REQUIRE US TO NOTIFY ALL PROPERTY OWNERS WHO LIVE AROUND THE PROPERTY SCHEDULED 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 amounts below)

MAKE CHECKS PAYABLE TO: BROWARD COUNTY TAX COLLECTOR

* Amount due if paid by July 31, 2018\$7,669.57

Or

* Amount due if paid by August 14, 2018\$7,764.06

*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 August 15, 2018 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

YOUNG, JAMES ALAN AND/OR
YOUNG, CHERYL ANN
305 SW 12 CT
FORT LAUDERDALE FL 33315-1524

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

85-410454

PERSONAL REPRESENTATIVE'S DEED

THIS INDENTURE, executed the 2nd day of December, 1985, between LARRY NAPP, as Personal Representative of the Estate of MILDRED NAPP, deceased, Party of the first part, and JAMES ALAN YOUNG and CHERYL ANN YOUNG, his wife, Parties of the second part, whose address is:

2200
Notary Public
in Broward County for Documentary
Stamp Tax as required by law
John Phillips Deputy

WITNESSETH:

The Party of the first part on the 2nd day of December, 1985, pursuant to Court Order entered the 25th day of November, 1985, Broward County, Fla., and in consideration of the premises and the sum of TEN DOLLARS (\$10.00)----- and other good and valuable consideration in hand, grants, bargains, sells, aliens, remises, releases and conveys and confirms to the Parties of the second part and to their heirs and assigns forever, that certain real property situate in Broward County, Florida, more particularly described as follows:

Lot Twenty-Four (24) in Block Thirty-one (31) of SOUTH RIVER SECTION OF CROISSANT PARK, according to the Plat thereof recorded in Plat Book 8, Page 20 of the Public Records of Broward County, Florida; said lands situate, lying and being in Broward County, Florida.

SUBJECT TO; Easements, restrictions, covenants of record and taxes for the year 1985 and subsequent years.

Together with all and singular the tenements, hereditaments and appurtenances belonging or in any wise appertaining to that real property.

TO HAVE AND TO HOLD the same to the Parties of the second part, and to their heirs and assigns, in fee simple, forever.

AND the Party of the first part does covenant to and with the Parties of the second part, their heirs, and assigns, that in all things preliminary to and in and about the sale and this conveyance the orders of the above named Court and the laws of the State of Florida have been followed and complied with in all respects.

WILL CALLS
University Title Inc.
269 N. University Drive
Pembroke Pines, Fla. 33024

85 DEC 4 PM 4:21

REC 13013 PAGE 749

900

85-365-5

IN WITNESS WHEREOF, the Party of the first part has set his hand and seal on the day and year first above written.

Larry Napp
LARRY NAPP
Personal Representative of the
Estate of MILDRED NAPP, Deceased.

Signed, seal and delivered in
the presence of:

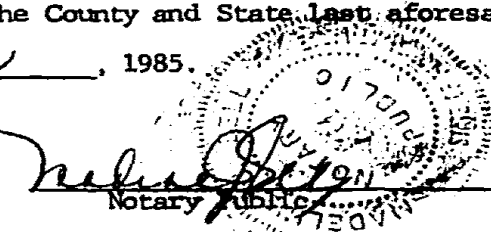
Belinda J. Hill
Witness

[Signature]
Witness

STATE OF FLORIDA)
) ss. :
COUNTY OF BROWARD)

I HEREBY CERTIFY that on this day before me, an officer duly qualified to take acknowledgments, personally appeared LARRY NAPP, Personal Representative of the Estate of MILDRED NAPP, Deceased, to me known to be the person described in and who executed the foregoing instrument and acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid on this 2nd day of December, 1985.

Belinda J. Hill
Notary Public


My Commission Expires:

Notary Public, State of Florida
My Commission Expires Feb. 2, 1988
Expires July 2, 1988

THIS INSTRUMENT PREPARED BY:

STEPHEN M. BELL, P.A.
ATTORNEY AT LAW
410 N. W. 74th Avenue
Plantation, Florida 33317
305-581-1600
Florida Bar No. 160495

RECORDED IN THE OFFICIAL RECORDS
OF BROWARD COUNTY, FLORIDA
F. T. JOHNSON
COUNTY ADMINISTRATOR

REC 13013 PAGE 750

14

HOSPITAL CLAIM OF LIEN

STATE OF FLORIDA
COUNTY OF BROWARD

RE: YOUNG , CHERYL
ACCOUNT#: [REDACTED]

BEFORE ME, the undersigned notary public,
personally appeared TONITA HALL , residing at Broward County, Fl.
who was duly sworn and says that she is the duly authorized agent of
the North Broward Hospital District, operating and doing business as
BROWARD HEALTH MEDICAL CENTER at 1600 S. ANDREWS AVENUE
FT. LAUDERDALE, FL 33316 and further says that:

1. YOUNG , CHERYL whose address as shown
on the Hospital Records is 2316 NW 9TH COURT APT 1
FORT LAUDERDALE FL 33311 was admitted as a patient in such
Hospital on [REDACTED] and discharged as an out-patient.

2. The Hospital claims \$ 9238.62 is due for care, treatment and
maintenance of said patient during the aforesaid period of time, as
attached statement.

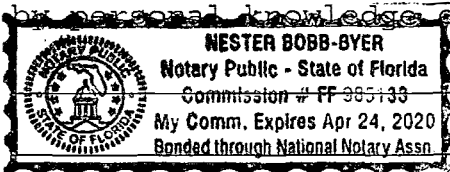
3. To the best knowledge of the undersigned, the patient or his legal
representative claims the following persons, firms, or corporations, at
the address shown, are liable on account of the illness or injuries which
made the aforesaid hospitalization necessary:

CHERYL YOUNG (PATIENT) 2316 NW 9TH COURT APT 1
FT LAUDERDALE FL 33311

4. This Claim is filed pursuant to Chapter 16 of the Broward County Code.
5. The undersigned certifies that a copy of this Claim will be sent by
certified mail, postage prepaid, to each person, firm or corporation
identified in Paragraph 3 above within one day after filing this Claim.

Subscribed and sworn to before me
this day of 12/04/2017
whose signature was verified
by personal knowledge or driver's license

NORTH BROWARD HOSPITAL DISTRICT
d/b/a
BROWARD HEALTH MEDICAL CENTER
Tonita Hall
TONITA HALL
COLLECTIONS SUPERVISOR



Nester Bobb-Byer
Notary

Prepared by: RAY070
NORTH BROWARD HOSPITAL DISTRICT. CENTRAL BUSINESS OFFICE,
1608 S.E. 3RD AVENUE, FORT LAUDERDALE, FL 33316

9

BROWARD COUNTY, FORT LAUDERDALE, FLORIDA
RECORDS, TAXES AND TREASURY DIVISION/TAX DEED SECTION

DATE: July 2nd, 2018
PROPERTY ID # 504215-21-0160 (TD # 40335)

WARNING

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

CITY OF FORT LAUDERDALE
ATTN: CITY ATTORNEY OFFICE
100 N ANDREWS AVE 7TH FLOOR
FORT LAUDERDALE, FL 33301

AS PER FLORIDA STATUTES 197.542, THE PROPERTY AT 305 SW 12 CT FORT LAUDERDALE FL 33315-1524 IS BEING SCHEDULED FOR TAX DEED AUCTION. ONCE THE PROPERTY IS SOLD, UNPAID TAXES CAN NO LONGER BE REDEEMED. OTHER TAX YEARS MAY BE OWED BUT NOT INCLUDED IN THE AMOUNT BELOW, PLEASE CALL FOR MORE INFORMATION.

FLA. STATUTES MAY REQUIRE US TO NOTIFY OTHER PROPERTY OWNERS WHO LIVE AROUND THE PROPERTY SCHEDULED FOR SALE. IF YOU DO NOT OWN OR HAVE LEGAL INTEREST IN THIS PROPERTY, PLEASE DISREGARD THIS NOTICE.

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

AMOUNTS SHOWN BELOW ARE ESTIMATED AMOUNTS DUE WHICH MAY BE SUBJECT TO ADDITIONAL FEES. PLEASE CALL (954) 357-5374 FOR THE CORRECT AMOUNT DUE PRIOR TO SUBMITTING ANY PAYMENT TO REDEEM UNPAID TAXES AND REMOVE THE PROPERTY FROM AUCTION.

MAKE CASHIER'S CHECK OR MONEY ORDER PAYABLE TO: BROWARD COUNTY TAX COLLECTOR

- * Estimated Amount due if paid by July 31, 2018\$7,669.57
- Or
- * Estimated Amount due if paid by August 14, 2018\$7,764.06

THERE ARE UNPAID TAXES ON THIS PROPERTY AND THE PROPERTY WILL BE SOLD AT PUBLIC AUCTION ON August 15, 2018 UNLESS ALL BACK TAXES ARE PAID PRIOR TO AUCTION.

TO MAKE PAYMENT, OR TO RECEIVE FURTHER INFORMATION, CONTACT THE RECORDS, 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, FORT LAUDERDALE, FLORIDA
RECORDS, TAXES AND TREASURY DIVISION/TAX DEED SECTION

DATE: July 2nd, 2018
PROPERTY ID # 504215-21-0160 (TD # 40335)

WARNING

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

BROWARD HEALTH MEDICAL CENTER
1600 S. ANDREWS AVENUE
FT. LAUDERDALE, FL 33316

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AMOUNTS SHOWN BELOW ARE ESTIMATED AMOUNTS DUE WHICH MAY BE SUBJECT TO ADDITIONAL FEES. PLEASE CALL (954) 357-5374 FOR THE CORRECT AMOUNT DUE PRIOR TO SUBMITTING ANY PAYMENT TO REDEEM UNPAID TAXES AND REMOVE THE PROPERTY FROM AUCTION.

MAKE CASHIER'S CHECK OR MONEY ORDER PAYABLE TO: BROWARD COUNTY TAX COLLECTOR

- * Estimated Amount due if paid by July 31, 2018\$7,669.57
- Or
- * Estimated Amount due if paid by August 14, 2018\$7,764.06

THERE ARE UNPAID TAXES ON THIS PROPERTY AND THE PROPERTY WILL BE SOLD AT PUBLIC AUCTION ON August 15, 2018 UNLESS ALL BACK TAXES ARE PAID PRIOR TO AUCTION.

TO MAKE PAYMENT, OR TO RECEIVE FURTHER INFORMATION, CONTACT THE RECORDS, 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

DATE: July 2nd, 2018
PROPERTY ID # 504215-21-0160 (TD # 40335)

WARNING

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

LB-AMNIA 14 LLC
PO BOX 37531
BALTIMORE, MD 21297-7531

AS PER FLORIDA STATUTES 197.542, THE PROPERTY AT 305 SW 12 CT FORT LAUDERDALE FL 33315-1524 IS BEING SCHEDULED FOR TAX DEED AUCTION. ONCE THE PROPERTY IS SOLD, UNPAID TAXES CAN NO LONGER BE REDEEMED. OTHER TAX YEARS MAY BE OWED BUT NOT INCLUDED IN THE AMOUNT BELOW, PLEASE CALL FOR MORE INFORMATION.

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DATE: July 2nd, 2018
PROPERTY ID # 504215-21-0160 (TD # 40335)

WARNING

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

JAMES ALAN YOUNG AND CHERYL ANN YOUNG
305 SW 12 CT
FORT LAUDERDALE, FL 33315-1524

AS PER FLORIDA STATUTES 197.542, THE PROPERTY AT 305 SW 12 CT FORT LAUDERDALE FL 33315-1524 IS BEING SCHEDULED FOR TAX DEED AUCTION. ONCE THE PROPERTY IS SOLD, UNPAID TAXES CAN NO LONGER BE REDEEMED. OTHER TAX YEARS MAY BE OWED BUT NOT INCLUDED IN THE AMOUNT BELOW, PLEASE CALL FOR MORE INFORMATION.

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DATE: July 2nd, 2018
PROPERTY ID # 504215-21-0160 (TD # 40335)

WARNING

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YOUNG, JAMES ALAN
305 SW 12TH CT
FORT LAUDERDALE, FL 33315-1524

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DATE: July 2nd, 2018
PROPERTY ID # 504215-21-0160 (TD # 40335)

WARNING

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

CHERYL ANN
305 SW 12TH CT
FORT LAUDERDALE, FL 33315-1524

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DATE: July 2nd, 2018
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WARNING

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*GOVIN, RAFAEL & CANDICE &
SABA, PATRICK & CAROL
120 BRYAN BLVD
PLANTATION, FL 33317

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DATE: July 2nd, 2018
PROPERTY ID # 504215-21-0160 (TD # 40335)

WARNING

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*WOOD, GAYLORD A JR &
BLACKWELL-WOOD, GARIE
626 SW 11 CT
FORT LAUDERDALE, FL 33315-1251

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DATE: July 2nd, 2018
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WARNING

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*FARTRO,AUGUST
FARTRO,MARGARET
1313 SW 17 ST
FORT LAUDERDALE, FL 33315

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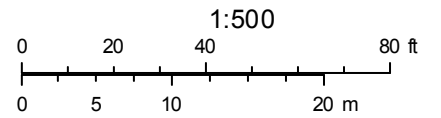
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FOR TAX DEEDS PROCESS AND AUCTION RULES, PLEASE VISIT
www.broward.org/recordstaxestresury



May 3, 2018



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee

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

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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 | \$ | _____ |

Postmark
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Total Postage

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Street and

City, State, ZIP+4™

TD 40335 AUGUST 2018 WARNING

*FARTRO,AUGUST

FARTRO,MARGARET

1313 SW 17 ST

FORT LAUDERDALE, FL 33315

7017 2620 0000 2940 0554

7017 2620 0000 2940 0561

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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 Post

TD 40335 AUGUST 2018 WARNING

\$
Sent To
Street and
City, State

*WOOD,GAYLORD A JR &
BLACKWELL-WOOD,GARIE
626 SW 11 CT
FORT LAUDERDALE, FL 33315-1251

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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 Signature Restricted Delivery	\$ _____

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Total Pos
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Sent To
Street and
City, State

TD 40335 AUGUST 2018 WARNING
*GOVIN, RAFAEL & CANDICE &
SABA, PATRICK & CAROL
120 BRYAN BLVD
PLANTATION, FL 33317

7017 2620 0000 2940 0578

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|--|----|-------|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ | _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ | _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ | _____ |
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Sent To

Street &

City, St:

TD 40335 AUGUST 2018 WARNING

CHERYL ANN

305 SW 12TH CT

FORT LAUDERDALE, FL 33315-1524

7017 2620 0000 2940 0608

7017 2620 0000 2940 0615

U.S. Postal Service™
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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
\$ _____

Total Posts
\$ _____

Sent To _____

Street and # _____

City, State, _____

TD 40335 AUGUST 2018 WARNING
 YOUNG, JAMES ALAN
 305 SW 12TH CT
 FORT LAUDERDALE, FL 33315-1524

7017 2620 0000 2940 0622

U.S. Postal Service™
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OFFICIAL USE

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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	\$ _____

Postmark
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Postage
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Total Post:

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Sent To **TD 40335 AUGUST 2018 WARNING**
JAMES ALAN YOUNG AND CHERYL ANN YOUNG
Street and 305 SW 12 CT
City, State, FORT LAUDERDALE, FL 33315-1524

7017 2620 0000 2940 0639

U.S. Postal Service™
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Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee	
\$	
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	\$ _____

Postmark
Here

Postage

\$ _____

Total Postage at

\$ _____

Sent To _____

Street and Apt. # _____

City, State, ZIP+ _____

TD 40335 AUGUST 2018 WARNING
LB-AMNIA 14 LLC
PO BOX 37531
BALTIMORE, MD 21297-7531

7017 2620 0000 2940 0646

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OFFICIAL USE

Certified Mail Fee	
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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	\$ _____

Postmark
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Postage

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Total P&c

\$ _____

Sent To

Street a

City, Sta

TD 40335 AUGUST 2018 WARNING
BROWARD HEALTH MEDICAL CENTER
 1600 S. ANDREWS AVENUE
 FT. LAUDERDALE, FL 33316

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

7017 2620 0000 2940 0653

Certified Mail Fee	
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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	\$ _____

Postmark
Here

Postage
\$ _____
Total Postage
\$ _____
Sent To
Street and
City, State

TD 40335 AUGUST 2018 WARNING
CITY OF FORT LAUDERDALE
ATTN: CITY ATTORNEY OFFICE
100 N ANDREWS AVE 7TH FLOOR
FORT LAUDERDALE, FL 33301

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
	B. Received by (Printed Name)	C. Date of Delivery
		7-12-18
<p>1. Article Addressed to:</p> <p>TD 40335 AUGUST 2018 WARNING *GOVIN, RAFAEL & CANDICE & SABA, PATRICK & CAROL 120 BRYAN BLVD PLANTATION, FL 33317</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number</p> <p>7017 2620 0000 2940 0578</p>	<p>3. Service Type</p> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
<p>PS Form 3811, Jul 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>

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.

TD 40335 AUGUST 2018 WARNING
 LB-AMNIA 14 LLC
 PO BOX 37531
 BALTIMORE, MD 21297-7531



9590 9402 3447 7275 4447 02

7017 2620 0000 2940 0639

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
 B. Received by (Printed Name) C. Date of Delivery
 G. PROVOSE JUL 13 2018

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"/> 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.

C.J.

1. Article Addressed to:

TD 40335 AUGUST 2018 WARNING
***FARTRO,AUGUST**
FARTRO,MARGARET
1313 SW 17 ST
FORT LAUDERDALE, FL 33315



9590 9402 2806 7069 5834 73

7017 2620 0000 2940 0554

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Handwritten Signature]*

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

7-11-18

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



3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Delivery Restricted Delivery
- Insured Mail Restricted Delivery (over \$500)

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- 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 40335 AUGUST 2018 WARNING
BROWARD HEALTH MEDICAL CENTER
 1600 S. ANDREWS AVENUE
 FT. LAUDERDALE, FL 33316



9590 9402 3447 7275 4446 96

2 Article Number (Transfer from service label)

7017 2620 0000 2940 0646

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *M. Escobar*

- Agent
- Addressee

B. Received by (Printed Name)

M. Escobar

C. Date of Delivery

7-11-18

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