

FAMILY HOMESTEAD AFFIDAVIT

**STATE OF FLORIDA
COUNTY OF WAKULLA**

Comes now _____, hereinafter referred to as "the Owner", and _____, hereinafter referred to as "the Immediate Family Member", both being duly sworn depose and say:

The Owner is the owner of a parcel of property, the legal description of which is as follows:

hereinafter referred to as "the Property." The Property is:

[check one]

20 acres or larger; or

At least two acres, but smaller than 20 acres, and has been in fee simple ownership in its current size and configuration by the Owner since at least November 30, 1995, or has been inherited upon intestate death or passed through testate succession from an Immediate Family Member, as that term is defined in section 7-7 of the Wakulla Land Development Code, who owned the property in its current size and configuration since at least November 30, 1995

The Immediate Family Member is the _____ [choose one: grandparent, parent, stepparent, adopted parent, sibling, child, step child, adopted child, or grandchild] of the Owner, and is legally eligible to own fee simple title to homestead property under Florida law. The Owner seeks to convey, devise, or transfer a portion of the Property to the Immediate Family Member to be used solely as the homestead of the Immediate Family Member. The Immediate Family Member understands that the portion of the Property conveyed, devised, or transferred, must be used by the Immediate Family Member solely as a homestead for ten years from the date a certificate of occupancy is issued for the residence, and shall not be transferable before the expiration of that ten-year period.

Owner's Signature

STATE OF FLORIDA
COUNTY OF WAKULLA

Sworn to and subscribed before me this ____ day of _____, 20__.

NOTARY PUBLIC
Typed Name:
Commission Expires:
Commission No.
Affiant Personally known ___
Or produced identification ___
Type of Identification
Produced _____

Immediate Family Member's Signature

STATE OF FLORIDA
COUNTY OF WAKULLA

Sworn to and subscribed before me this ____ day of _____, 20__.

NOTARY PUBLIC
Typed Name:
Commission Expires:
Commission No.
Affiant Personally known ___
Or produced identification ___
Type of Identification
Produced _____