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◆ **BROOKSVILLE OFFICE** ◆
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Fax Numbers:
Administration (352) 754-4198
Real Property/Tangible (352) 754-4198
Exemptions/Central GIS (352) 754-4194



"To Serve & Assess With Fairness"

◆ **WESTSIDE OFFICE** ◆
7525 Forest Oaks Blvd.
Spring Hill, FL 34606-2400

Fax Numbers:
Addressing (352) 688-5060
Exemptions (352) 688-5088

Certificate of Trust

It is hereby certified that I am/we are the Beneficiary(ies)/Homestead Applicant(s):

(Print name) (Applicant 1)

(Print name) (Applicant 2)

and I am/we are entitled to the use and occupancy of the following real property for my/our lifetime(s) under the terms of the:

(NAME OF TRUST) – This must match the Trust name on current deed.

Date of Trust ___/___/___; has/have the possessory right and is/are entitled to the use and occupancy of the real property listed below for the benefit of my/our lifetime(s) under the terms of the trust named below. Therefore, having sufficient interest of equitable title to the real property and entitled to claim homestead exemption in compliance with Sections 196.041(2) and 196.031 Florida Statutes and Florida Administrative code 12D-7.011.

Applicant 1 – Social Security #: _____
(Last 4-digits only)

Applicant 2 – Social Security #: _____
(Last 4-digits only)

Location Address: _____

Parcel Key Number: _____

I understand that under section 196.131 (2), F.S., any person who knowingly and willfully gives false information to claim homestead exemption is guilty of a misdemeanor of the first degree, punishable by imprisonment up to one year, a fine up to \$5,000, or both.

I certify all information on this from and any attached statements, schedules, etc., are true and correct to the best of my knowledge as of January 1 of this year.

Applicant 1 – Signature: _____

Applicant 2 – Signature: _____

Note: If more than 2 beneficiary (s), please attach additional Certificate of Trust. Please contact our office for any questions regarding this form.