Return to and Prepared by:

# SCRIVENER’S AFFIDAVIT

 Before me, a notary public, appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who swore or affirmed that:

1. The undersigned Affiant is an employee and real estate closer, employed by the title agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, whose business address is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
2. On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_, a certain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ was prepared by the undersigned which was recorded at O. R. Book \_\_\_\_\_\_\_\_, Page \_\_\_\_\_\_\_\_ of the Public Records of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, Florida, (“recorded instrument”) from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ respecting the following described real property:
3. However, the aforesaid recorded instrument contains an error, in that the Grantee’s name was not complete in said recorded instrument when the undersigned delivered the deed to the recording clerk’s office. The name of the Grantee should be\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
4. The purpose of this Scrivener’s Affidavit is to acknowledge and to correct the said instrument to show the true intended legal description of the property which was the subject of the instrument.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Affiant)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Printed Name of Affiant)

STATE OF FLORIDA
COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization, this \_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_, by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Personally Known ☐ OR Produced Identification ☐

Type of Identification Produced: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public, State of Florida
Name:
My Commission Expires:
My Commission Number is: