

**P O W E R   O F   A T T O R N E Y  
T O   C L A I M   H O M E S T E A D   E X E M P T I O N**

KNOW ALL MEN BY THESE PRESENTS, that \_\_\_\_\_  
is/are the owner(s) of that certain tract of land in Sarasota County, Florida, designated as:

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

Parcel Identification Number: \_\_\_\_\_

That he/she/they is/are legal resident(s) of the County of Sarasota, State of Florida, and resided on the above described property on January 1<sup>st</sup> of the current year and make (s) the same his/her/ their permanent home.

That he/she/they has/have made, constituted and appointed, and by these presents does make, constitute and appoint

\_\_\_\_\_,

his/her/their true and lawful attorney for him/her/them and in his/her/their name, place and stead giving and granting unto said attorney his/her/their full power of authority to do and perform all and every act and thing whatsoever requisite and necessary to be done to file a claim for HOMESTEAD EXEMPTION, under Chapter 196, Florida Statutes, on the above described property, as fully, to all intents and purposes, as he/she/they might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that the said attorney shall lawfully do or cause to be done by virtue hereof, including the execution and delivery of all forms required by law to file said homestead..

IN WITNESS THEREOF, I/we have hereunto set my/our hand(s) and seal(s) on this day

\_\_\_\_\_, 20\_\_\_\_\_

Signed, sealed and delivered in the presence of:

\_\_\_\_\_ (SEAL)  
\_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I HEREBY CERTIFY that on this \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_\_\_, personally appeared before me, \_\_\_\_\_,  
to me personally known, and known to be the same person (s) described in and who  
executed the foregoing Power of Attorney to claim HOMESTEAD EXEMPTION,  
and he/she/ they acknowledged that said Power of Attorney to claim Homestead  
Exemption was his/her/their free act and deed.

WITNESS my hand and official seal at \_\_\_\_\_,  
\_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_