



POLK COUNTY
Property Appraiser
Neil Combee

Revised 06/2026
ADA Compliant

Certificate of Trust

IT IS HEREBY CERTIFIED THAT _____

NAME

is/are entitled to the use and occupancy as to an equitable life estate in Real Property under the terms of the

NAME OF TRUST

trust dated _____; therefore, having sufficient title to claim Homestead, Agricultural Classification, or other Exemption in compliance with Rules of the State of Florida, Department of Revenue, Division of Ad Valorem Tax, Chapter 12D-7.011 (AGO 90-70).

PARCEL IDENTIFICATION NUMBER	SITE ADDRESS

Social Security Number: _____

Signature

Print Name

Social Security Number: _____

Signature

Print Name

State of _____

County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____,
by _____, who is/are personally known by me or who has/have
produced _____ as identification, and who did take an oath.

Notary Public

Print Name