



**WILL ROBERTS
TAX COLLECTOR**

**Record of Certificate Transfer
County Held Certificate**

Date: _____

I, Stephanie Jackson, Tax Payer Services Administrator, do hereby transfer the following Tax Sale Certificate(s) to buyer, # _____.

Year / Cert	Parcel Number	Legal Description	Face Amount

TAX PAYER SERVICES ADMINISTRATOR

State of Florida
County of Volusia

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by Stephanie Jackson, Tax Payer Services Administrator, who is personally known to me and who did not take an oath.

(seal)

Notary Public (signature)

Notary Public (printed name)