

THIS INSTRUMENT PREPARED BY  
AND PLEASE RETURN TO"

City of Marianna  
Post Office Box 936  
2895 Jefferson Street  
Marianna, Florida 32446  
Telephone: (850) 482-4353

**SATISFACTION OF ASSESSMENT LIEN**

KNOW ALL MEN BY THESE PRESENTS, That City of Marianna, Florida the owner and holder of a certain Assessment Lien against Gregory Harold Shelton, bearing the date of 7<sup>th</sup> day of May, 2013, recorded in O.R. Book 1384, at Page 0710, in the Office of the Clerk of Circuit Court of Jackson County, Florida; and does hereby acknowledge satisfaction thereof, and directs the Clerk of said Court to cancel the same record.

WITNESS my hand and seal this 4<sup>th</sup> day of April, 2023.

Signed, Sealed and Delivered  
in the Presence of:

\_\_\_\_\_  
First Witness Signature

\_\_\_\_\_  
Printed or Typed Name of First Witness

\_\_\_\_\_  
Second Witness Signature

\_\_\_\_\_  
Printed or Typed Name of Second Witness

CITY OF MARIANNA, FLORIDA

By \_\_\_\_\_

Its \_\_\_\_\_

**State of Florida  
County of Jackson**

THE FOREGOING INSTRUMENT was acknowledged before me on this the \_\_\_\_ day of \_\_\_\_\_, 2023, by \_\_\_\_\_, who is ( ) personally known to me or ( ) produced a valid \_\_\_\_\_ Drivers License as identification and who did not take an oath.

**NOTARY PUBLIC**

Printed Name: \_\_\_\_\_  
State of Florida at Large  
Commission Number:  
Commission Expires: