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PREPARED BY AND RETURN TO: Lynn Solomon, Esquire City of Fort Lauderdale 1 East Broward Blvd., Ste. 1320 Fort Lauderdale, FL 33301

SATISFACTION OF MORTGAGE

KNOW ALL MEN BY THESE PRESENTS, that the CITY OF FORT LAUDERDALE, a Florida municipal corporation (hereinafter "Mortgagee"), the holder of a City of Fort Lauderdale Purchase Assistance Program Second Mortgage given by Kim G. Heskey, a single woman (hereinafter "Mortgagor"), dated December 30, 2009 and recorded January 4, 2010 in Official Records Book 46770, Page 1180, as modified by the Modification of Mortgage and Promissory Note dated December 1, 2011 and recorded December 3, 2012 in Official Records Book 49288, Page 1516, of the Public Records of Broward County, Florida, given to secure the sum of Fifteen Thousand One Hundred Thirty-Four and 24/100 Dollars (\$15,134.24) from Home Investment Partnership Program (HOME) and, Eighty-Six Thousand One Hundred Fifteen and 76/100 Dollars (\$86,115.76) from State Housing Initiative Program (SHIP) on the following described properties, situated, lying and being in Broward County, Florida:

Lot 9 and 10, Block 262, of PROGRESSO, according to the Plat thereof, recorded in Plat Book 2, Page 18, of the Public Records of Miami-Dade County, Florida, said lands situate, lying and being in Broward County, Florida.

Property Address: 831 NW 3rd Avenue.

Fort Lauderdale, FL 33311

Mortgagor has satisfied all conditions of the Agreement and Mortgagee does hereby acknowledge satisfaction and discharge of said Second Mortgage and hereby directs cancellation of same of record.

Pursuant to Resolution No. 17-282 adopted by the City Commission of the City of Fort Lauderdale, the City Manager is authorized to execute this Satisfaction of Mortgage on behalf of the City of Fort Lauderdale, Florida.

TOUT NE 3rd fue Fort Landerdale

Witness #2 Address

STATE OF FLORIDA **COUNTY OF BROWARD**

	The foregoing instrument was acknowledged before me by means of physica
	presence or online notarization, this day of Angle 2025, by Rickelle
	Williams as City Manager of the City of Fort Lauderdale, a municipal corporation of the
_	State of Florida.
7	Motory Dublic Charles of Florida
	Notary Public, State of Florida Notary Public - State of Florida Commission # HH 569643
	My Comm. Expires Jul 11, 2028 Bonded through National Notary Assn.
	Name of Notary Typed, Printed or Stamped
	Personally KnownOR Produced Identification
	Type of Identification Produced
	Approved as to form and correctness:
	D'Wayne M. Spence, Interim City Attorney
_	
	Lynn Solomon, Assistant City Attorney
	Lynn Colomon, Assistant City Attorney

CONTINUOUS RESIDENCY AFFIDAVIT

COMES NOW, the undersigned Kim G. Heskey, who under oath states as follows:

1. I have been and am still the owner and occupant of the following described property ("Property") which has been and remain my principal residence since entering into a Purchase Assistance Program with the City of Fort Lauderdale.

Legal Description: Lot 9, 10, in Block 262, PROGRESSO, according to the Plat thereof, as recorded in Plat Book 2, Page 18, of the Public Records of Dade County, Florida; said lands situate, lying and being in Broward County, Florida.

Property Address: 831 N.W 3 Avenue Fort Lauderdale, FL 33311

FURTHER AFFIANT SAYETH NAUGHT. Done this 7 of 170, 2025.

- 2. I have not leased or sold the Property, nor have I transferred ownership of the Property, since entering into the **(Purchase Assistance Program)** with the City of Fort Lauderdale.
- 3. I understand that failure to live up to any of the requirements of the program as described in but not limited to, the City of Fort Lauderdale Purchase Assistance Program with the City of Fort Lauderdale, will be considered an event of default and as such will subject me to all remedies available by law and to the City of Fort Lauderdale.

<u>ACKNOWLEDGEMENT:</u> I acknowledge that the information I have deposed to and stated herein is true and accurate and that I am liable to the terms and agreements of the Program I participated in through the City of Fort Lauderdale and to penalties prescribed thereof.

WARNING: The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in penalties as provided for by Federal, State and/or Local laws, which may result in imprisonment.

Num of Wankon
Kim G. Heskey
Address: 831 N.W 3 Avenue, Fort Lauderdale, FL 33311
STATE OF: FLORIDA COUNTY OF: BROWARD
The foregoing instrument was acknowledged before me by means of physical presence or online notarization this day of April 2025 by Kim G. Heskey Bignature of Notary Public, State of Florida Name of Notary Typed, Printed or Stamped
Personally KnownOR Produced Identification <u>ひし</u> Type of Identification Produced <u>H2のちのネラ(507~</u>



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CITY MANAGER AND/OR MAYOR'S REVIEW AND SIGNATURE REQUEST COVERSHEET

1) ORIGINATATING OFFICES (Charter/Department):					
Routing Start Date: 04/09/2025	÷ 4/21/25	☐ Agenda Item ☐ Non-Agenda			
Charter Ofc: CAO		Ext: 6088			
	Router Name:				
	/2017 CAM #: 17-146				
Document Title:					
SATISFACTION OF MORTGAGE- KIMG. HESKY (831 NW 3RD AVE.)					
CAM attached: Yes No Action Summary attached: Yes No CIP FUNDED: YES NO Capital Investment / Community Improvement Project defined as having a life of at least 10 years and a cost of at least \$50,000 and shall mean improvements to real property (land, buildings, or fixtures) that add value and/or extend useful life, including major repairs such as roof replacement, etc. Term "real property" include land, real estate, realty or real.					
2) CITY ATTORNEY OFFICE (CAO): Documents to be signed/routed? ■ Yes □ No					
Is the attached Granicus document Final? Yes No Number of originals attached: 1					
Attorney's Name: LYNN SOLO	MON Approved as to	Form: ■Yes □No Initials:			
	pplicable) Date:				
3) CITY CLERK OFFICE (CCO): Clerk Initials: CM of originals: Routed to Dept/Charter Ofc.: Date: 4 22 2025					
4) CITY MANAGER OFFICE (CMO): Received From: At Date: 4 23 CMO LOG #: APL 7 TO ACM/AcACM: S. Grant A. Fajardo B. Rogers, C. Cooper L. Reece Date: 4 23/25 Comments/Questions					
ACM/AcACM Initials:	for continuous routing to Manage	r/Executive Director Rickelle Williams.			
		for continuous routing to the Mayor.			
5) MAYOR/CRA CHAIRMAN: Date Received: Date to CCO: Please sign as indicated and forward the originals to the City Clerk's Office for a final processing and review of attestation and/or seal, if applicable.					
6) INSTRUCTIONS TO CITY CLERK'S OFFICE: Please retain a scan record copy and forward originals to: Dept.: HCD *Name: ANGELLA WALSH Contact # 4523					
		government (Federal, State, County) is complete.			
Scan Date:Attach	certified Resolution #	☐ Yes ☐ No Original form route to CAO			
	Email scal to selical by Department or Division Director	M. XT. 6000			

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Form Approved by: Department or Division Director Uncontrolled in hard copy unless otherwise marked

