



**ANGELA VICK**

CLERK OF THE CIRCUIT COURT AND COMPTROLLER  
CITRUS COUNTY, FLORIDA

Clerk of the County Court  
Recorder of Deeds  
Clerk and Accountant of the Board of County Commissioners  
Custodian of County Funds  
County Auditor

110 North Apopka Ave  
Inverness, FL 34450  
Telephone: (352) 341-6478  
Fax: (352) 341-6477  
TaxDeeds@citrusclerk.org  
www.citrusclerk.org

**NOTICE OF SURPLUS FUNDS FROM TAX DEED SALE**

Date: 2/10/2023

Tax Deed #: 2022-0763TD

Certificate #: 16-4774

DESCRIPTION OF PROPERTY:

CITRUS SPRINGS UNIT 23 LOT 8 BLK 1668 DESCR IN O R BK 578 PG 913

Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 02/08/2023, and a surplus of \$6,764.13 (subject to change) will be held by this office for **120 days** beginning on the date of this notice to benefit the persons having an interest in this property as described in section 197.502(4), Florida Statutes, as their interests may appear (except for those persons described in section 197.502(4)(h), Florida Statutes).

To the extent possible, these funds will be used to satisfy in full, each claimant with a senior mortgage or lien in the property before distribution of any funds to any junior mortgage or lien claimant or to the former property owner. To be considered for payment of any portion of the surplus funds, **you must file a notarized statement of claim with this office within 120 days of this notice**. If you are a lienholder, your claim must include the particulars of your lien and the amounts currently due.

A copy of this notice must be attached to your statement of claim. After examination of the statements of claim filed, this office will disburse according to priority. For your convenience, a claim form is included with this notice.

**THE FAILURE OF A LIENHOLDER TO FILE A CLAIM FOR SURPLUS FUNDS WITHIN 120 DAYS OF THIS NOTICE CONSTITUTES A WAIVER OF THE LIENHOLDER'S INTEREST IN THE SURPLUS FUNDS AND ALL CLAIMS THERETO ARE FOREVER BARRED.**

If your claim has been satisfied, released, or you are waiving your claim, please check the "No claim will be filed" box on the claim form and return it to our office so that any other liens can be considered.

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By: Tifani L White

Tifani L. White, Deputy Clerk



YOU MAY APPLY TO CLAIM SURPLUS FUNDS YOURSELF. YOU DO NOT HAVE TO ASSIGN YOUR RIGHTS TO ANYONE ELSE IN ORDER FOR YOU TO CLAIM ANY MONEY TO WHICH YOU ARE ENTITLED.

**AFFIDAVIT OF CLAIM TO SURPLUS PROCEEDS OF A TAX DEED SALE**

Complete and return to:

ANGELA VICK, Clerk Of The Circuit Court And Comptroller  
Tax Deeds Department

Telephone: (352) 341-6478  
Email: TaxDeeds@citrusclerk.org

Tax Deed #: 2022-0763TD Certificate #: 16-4774 Date of Sale: 2/8/2023

**NOTE: CLAIMS MUST BE FILED WITHIN 120 DAYS OF THE DATE OF THE SURPLUS NOTICE OR THEY ARE BARRED, OTHER THAN PROPERTY OWNER CLAIMS.**

The Clerk of the Court must pay all valid liens before distributing surplus funds to a titleholder.

Claimant's name: \_\_\_\_\_

Contact name, if applicable: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Tax No.: \_\_\_\_\_ Date of Sale (if known): \_\_\_\_\_

I am a (check one):  Lienholder  Titleholder

Select ONE:

\_\_\_\_\_ I claim surplus proceeds resulting from the above tax deed sale.

\_\_\_\_\_ I am NOT making a claim and waive any claim I might have to the surplus funds on this tax deed sale.

**1. LIENHOLDER INFORMATION (Complete if claim is based on a lien against the sold property.)**

A. Type of Lien: \_\_\_\_\_ Mortgage; \_\_\_\_\_ Court Judgment; \_\_\_\_\_ Condo of Homeowner Association Lien;  
\_\_\_\_\_ Other - describe in detail: \_\_\_\_\_

If your lien is recorded in CITRUS COUNTY's Official Records, list the following, if known:

Recording Date: \_\_\_\_\_ Instrument #: \_\_\_\_\_ Book/Page #: \_\_\_\_\_ / \_\_\_\_\_

**B. Original Lien**

Amount: \$ \_\_\_\_\_ Amount due: \$ \_\_\_\_\_ Principal Remaining Due: \$ \_\_\_\_\_

Interest Due: \$ \_\_\_\_\_ Fees & Costs \* \$ \_\_\_\_\_ Attorney fees claimed: \$ \_\_\_\_\_

\* Including late fees. Describe costs in detail, including additional sheet if needed: \_\_\_\_\_

**2. TITLEHOLDER INFORMATION (Complete if claim is based on title formerly held on sold property *and provide proof.*)**

A. Nature of Title: \_\_\_\_\_ Deed; \_\_\_\_\_ Court Judgment; \_\_\_\_\_ Other - describe in detail: \_\_\_\_\_

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B. Amount of surplus tax deed sale proceeds claimed: \$ \_\_\_\_\_

C. Does the titleholder claim the subject property was homestead property? \_\_\_\_\_ Yes \_\_\_\_\_ No

3. I request that payment of any surplus funds due me be made payable to: \_\_\_\_\_  
and such payment be mailed to either the address above or to: \_\_\_\_\_.

**4. I hereby swear or affirm that all of the above information is true and correct.**

Signature of Claimant: \_\_\_\_\_ Print Name & Title: \_\_\_\_\_

STATE OF \_\_\_\_\_  Physical Presence  
COUNTY OF \_\_\_\_\_  Online Notarization

The foregoing instrument was sworn to or affirmed and signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by  
\_\_\_\_\_, who is personally know to me \_\_\_\_\_ or has produced  
\_\_\_\_\_ as identification and who did take an oath.

My Commission Expires: \_\_\_\_\_

NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_\_  
[Print, type, or stamp commissioned name of notary]



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\_\_\_\_\_, who is personally know to me \_\_\_\_\_ or has produced  
\_\_\_\_\_ as identification and who did take an oath.

My Commission Expires: \_\_\_\_\_

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STATE OF \_\_\_\_\_ Physical Presence  
COUNTY OF \_\_\_\_\_ Online Notarization

The foregoing instrument was sworn to or affirmed and signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by  
\_\_\_\_\_, who is personally know to me \_\_\_\_\_ or has produced  
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NOTARY PUBLIC or DEPUTY CLERK

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[Print, type, or stamp commissioned name of notary]



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\_\_\_\_\_ Other - describe in detail: \_\_\_\_\_

If your lien is recorded in CITRUS COUNTY's Official Records, list the following, if known:

Recording Date: \_\_\_\_\_ Instrument #: \_\_\_\_\_ Book/Page #: \_\_\_\_\_ / \_\_\_\_\_

**B. Original Lien**

Amount: \$ \_\_\_\_\_ Amount due: \$ \_\_\_\_\_ Principal Remaining Due: \$ \_\_\_\_\_

Interest Due: \$ \_\_\_\_\_ Fees & Costs \* \$ \_\_\_\_\_ Attorney fees claimed: \$ \_\_\_\_\_

\* Including late fees. Describe costs in detail, including additional sheet if needed: \_\_\_\_\_

**2. TITLEHOLDER INFORMATION (Complete if claim is based on title formerly held on sold property *and provide proof.*)**

A. Nature of Title: \_\_\_\_\_ Deed; \_\_\_\_\_ Court Judgment; \_\_\_\_\_ Other - describe in detail: \_\_\_\_\_

If your former title is recorded in CITRUS COUNTY's Official Records, list the following, if known:

Recording Date: \_\_\_\_\_ Instrument #: \_\_\_\_\_ Book/Page #: \_\_\_\_\_ / \_\_\_\_\_

B. Amount of surplus tax deed sale proceeds claimed: \$ \_\_\_\_\_

C. Does the titleholder claim the subject property was homestead property? \_\_\_\_\_ Yes \_\_\_\_\_ No

3. I request that payment of any surplus funds due me be made payable to: \_\_\_\_\_  
and such payment be mailed to either the address above or to: \_\_\_\_\_.

**4. I hereby swear or affirm that all of the above information is true and correct.**

Signature of Claimant: \_\_\_\_\_ Print Name & Title: \_\_\_\_\_

STATE OF \_\_\_\_\_ \_\_\_\_\_ Physical Presence  
COUNTY OF \_\_\_\_\_ \_\_\_\_\_ Online Notarization

The foregoing instrument was sworn to or affirmed and signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by  
\_\_\_\_\_, who is personally know to me \_\_\_\_\_ or has produced  
\_\_\_\_\_ as identification and who did take an oath.

My Commission Expires: \_\_\_\_\_

NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_\_  
[Print, type, or stamp commissioned name of notary]



**ANGELA VICK**

CLERK OF THE CIRCUIT COURT AND COMPTROLLER  
CITRUS COUNTY, FLORIDA

Clerk of the County Court  
Recorder of Deeds  
Clerk and Accountant of the Board of County Commissioners  
Custodian of County Funds  
County Auditor

110 North Apopka Ave  
Inverness, FL 34450  
Telephone: (352) 341-6478  
Fax: (352) 341-6477  
TaxDeeds@citrusclerk.org  
www.citrusclerk.org

**NOTICE OF SURPLUS FUNDS FROM TAX DEED SALE**

Date: 2/10/2023

Tax Deed #: 2022-0763TD

Certificate #: 16-4774

DESCRIPTION OF PROPERTY:

CITRUS SPRINGS UNIT 23 LOT 8 BLK 1668 DESCR IN O R BK 578 PG 913

Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 02/08/2023, and a surplus of \$6,764.13 (subject to change) will be held by this office for **120 days** beginning on the date of this notice to benefit the persons having an interest in this property as described in section 197.502(4), Florida Statutes, as their interests may appear (except for those persons described in section 197.502(4)(h), Florida Statutes).

To the extent possible, these funds will be used to satisfy in full, each claimant with a senior mortgage or lien in the property before distribution of any funds to any junior mortgage or lien claimant or to the former property owner. To be considered for payment of any portion of the surplus funds, **you must file a notarized statement of claim with this office within 120 days of this notice**. If you are a lienholder, your claim must include the particulars of your lien and the amounts currently due.

A copy of this notice must be attached to your statement of claim. After examination of the statements of claim filed, this office will disburse according to priority. For your convenience, a claim form is included with this notice.

**THE FAILURE OF A LIENHOLDER TO FILE A CLAIM FOR SURPLUS FUNDS WITHIN 120 DAYS OF THIS NOTICE CONSTITUTES A WAIVER OF THE LIENHOLDER'S INTEREST IN THE SURPLUS FUNDS AND ALL CLAIMS THERETO ARE FOREVER BARRED.**

If your claim has been satisfied, released, or you are waiving your claim, please check the "No claim will be filed" box on the claim form and return it to our office so that any other liens can be considered.

ANGELA VICK  
CITRUS COUNTY CLERK OF THE CIRCUIT COURT AND COMPTROLLER  
CITRUS COUNTY, FL

By: Tifani L White

Tifani L. White, Deputy Clerk



YOU MAY APPLY TO CLAIM SURPLUS FUNDS YOURSELF. YOU DO NOT HAVE TO ASSIGN YOUR RIGHTS TO ANYONE ELSE IN ORDER FOR YOU TO CLAIM ANY MONEY TO WHICH YOU ARE ENTITLED.

**AFFIDAVIT OF CLAIM TO SURPLUS PROCEEDS OF A TAX DEED SALE**

Complete and return to:

ANGELA VICK, Clerk Of The Circuit Court And Comptroller  
Tax Deeds Department

Telephone: (352) 341-6478  
Email: TaxDeeds@citrusclerk.org

Tax Deed #: 2022-0763TD Certificate #: 16-4774 Date of Sale: 2/8/2023

**NOTE: CLAIMS MUST BE FILED WITHIN 120 DAYS OF THE DATE OF THE SURPLUS NOTICE OR THEY ARE BARRED, OTHER THAN PROPERTY OWNER CLAIMS.**

The Clerk of the Court must pay all valid liens before distributing surplus funds to a titleholder.

Claimant's name: \_\_\_\_\_

Contact name, if applicable: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Tax No.: \_\_\_\_\_ Date of Sale (if known): \_\_\_\_\_

I am a (check one):  Lienholder  Titleholder

Select ONE:

\_\_\_\_\_ I claim surplus proceeds resulting from the above tax deed sale.

\_\_\_\_\_ I am NOT making a claim and waive any claim I might have to the surplus funds on this tax deed sale.

**1. LIENHOLDER INFORMATION (Complete if claim is based on a lien against the sold property.)**

A. Type of Lien: \_\_\_\_\_ Mortgage; \_\_\_\_\_ Court Judgment; \_\_\_\_\_ Condo of Homeowner Association Lien;

\_\_\_\_\_ Other - describe in detail: \_\_\_\_\_

If your lien is recorded in CITRUS COUNTY's Official Records, list the following, if known:

Recording Date: \_\_\_\_\_ Instrument #: \_\_\_\_\_ Book/Page #: \_\_\_\_\_ / \_\_\_\_\_

**B. Original Lien**

Amount: \$ \_\_\_\_\_ Amount due: \$ \_\_\_\_\_ Principal Remaining Due: \$ \_\_\_\_\_

Interest Due: \$ \_\_\_\_\_ Fees & Costs \* \$ \_\_\_\_\_ Attorney fees claimed: \$ \_\_\_\_\_

\* Including late fees. Describe costs in detail, including additional sheet if needed: \_\_\_\_\_

**2. TITLEHOLDER INFORMATION (Complete if claim is based on title formerly held on sold property *and provide proof.*)**

A. Nature of Title: \_\_\_\_\_ Deed; \_\_\_\_\_ Court Judgment; \_\_\_\_\_ Other - describe in detail: \_\_\_\_\_

If your former title is recorded in CITRUS COUNTY's Official Records, list the following, if known:

Recording Date: \_\_\_\_\_ Instrument #: \_\_\_\_\_ Book/Page #: \_\_\_\_\_ / \_\_\_\_\_

B. Amount of surplus tax deed sale proceeds claimed: \$ \_\_\_\_\_

C. Does the titleholder claim the subject property was homestead property? \_\_\_\_\_ Yes \_\_\_\_\_ No

3. I request that payment of any surplus funds due me be made payable to: \_\_\_\_\_

and such payment be mailed to either the address above or to: \_\_\_\_\_.

**4. I hereby swear or affirm that all of the above information is true and correct.**

Signature of Claimant: \_\_\_\_\_ Print Name & Title: \_\_\_\_\_

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

\_\_\_\_\_ Physical Presence

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

\_\_\_\_\_ Online Notarization

The foregoing instrument was sworn to or affirmed and signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by

\_\_\_\_\_, who is personally know to me \_\_\_\_\_ or has produced

\_\_\_\_\_ as identification and who did take an oath.

My Commission Expires: \_\_\_\_\_

NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_\_  
[Print, type, or stamp commissioned name of notary]

Tifani White

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**From:** WebTaxDeeds  
**Sent:** Monday, February 13, 2023 4:43 PM  
**To:** 'ekurjanski@otponline.net'  
**Cc:** WebTaxDeeds  
**Subject:** Citrus County Tax Deed #2022-0763TD - Surplus Claim  
**Attachments:** 2022-0763TD\_Surplus.pdf; W9\_SurplusInstructions.pdf

Good afternoon,

As discussed, please find attached the Notice of Surplus Funds from Tax Deed Sale, Affidavit of Claim to Surplus Proceeds of a Tax Deed Sale, and W9 for Tax Deed application #2022-0763TD. Please complete the Affidavit of Claim and W9 and return to our office. You may return by email to [TaxDeeds@citrusclerk.org](mailto:TaxDeeds@citrusclerk.org) or by US Mail to:

Citrus County Clerk of the Circuit Court & Comptroller  
Attn: Tax Deeds  
110 N. Apopka Avenue  
Inverness, FL 34450

On behalf of the Citrus County Clerk of the Circuit Court and Comptroller, I appreciate the opportunity to be of service to you. Please contact our office at (352) 341-6478 if we can be of any further assistance.

For continued timely responses to inquiries, please email [TaxDeeds@citrusclerk.org](mailto:TaxDeeds@citrusclerk.org).

Sincerely,

*Tifani White, DC*



**Safeguard and Serve!**

March 6, 2023

**RECEIVED**

By Tifani White at 11:27 am, 3/13/23

CITRUS COUNTY CLERK OF COURTS

ATTN: TAX DEEDS  
110 N. APOKA AVENUE  
INVERNESS, FL 34450

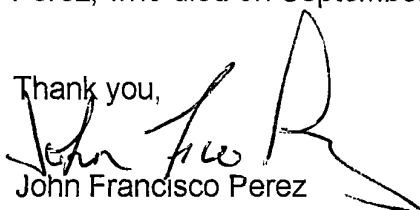
RE: TAX DEED # 2022-0763TD  
CLAIM TO SURPLUS PROCEEDS OF TAX DEED  
SALE

Dear Ms. Vick:

Enclosed please find an Affidavit of Claim to Surplus Proceeds of a Tax Deed Sale, W-9, Death Certificate of Titleholder, Rafael Perez, Birth Certificate of Juan Francisco Perez, son of Rafael Perez, Name Change Certification changing name to John Francisco Perez.

I am claiming the Surplus Proceeds of the Tax Deed Sale as I am a surviving son of Rafael Perez, who died on September 9, 1993 without a will.

Thank you,

  
John Francisco Perez

Email: [juanfran1960uno@gmail.com](mailto:juanfran1960uno@gmail.com)

6 HOUSTEN CT. | MARTINSVILLE, NJ 08836

**AFFIDAVIT OF CLAIM TO SURPLUS PROCEEDS OF A TAX DEED SALE**

Complete and return to:

ANGELA VICK, Clerk Of The Circuit Court And Comptroller  
Tax Deeds Department

Telephone: (352) 341-6478  
Email: TaxDeeds@citrusclerk.org

Tax Deed #: 2022-0763TD Certificate #: 16-4774 Date of Sale: 2/8/2023

**NOTE: CLAIMS MUST BE FILED WITHIN 120 DAYS OF THE DATE OF THE SURPLUS NOTICE OR THEY ARE BARRED, OTHER THAN PROPERTY OWNER CLAIMS.**

The Clerk of the Court must pay all valid liens before distributing surplus funds to a titleholder.

Claimant's name: John Francisco Perez aka Juan Francisco Perez, son of

Contact name, if applicable: Rafael Perez deceased titleholder

Address: 6 Housen Ct Martinsville NJ 08836

Phone Number: 908 404-0945

Email address: juanfran1960vno@gmail.com

Tax No.: [REDACTED] Date of Sale (if known): 2/8/23

I am a (check one):  Lienholder  Titleholder

Select ONE:

I claim surplus proceeds resulting from the above tax deed sale.

I am NOT making a claim and waive any claim I might have to the surplus funds on this tax deed sale.

1. LIENHOLDER INFORMATION (Complete if claim is based on a lien against the sold property.)

A. Type of Lien:      Mortgage;      Court Judgment;      Condo of Homeowner Association Lien;  
     Other - describe in detail:     

If your lien is recorded in CITRUS COUNTY's Official Records, list the following, if known:

Recording Date:      Instrument #:      Book/Page #:      /     

B. Original Lien  
Amount: \$      Amount due: \$      Principal Remaining Due: \$       
Interest Due: \$      Fees & Costs \* \$      Attorney fees claimed: \$       
\* Including late fees. Describe costs in detail, including additional sheet if needed:     

2. TITLEHOLDER INFORMATION (Complete if claim is based on title formerly held on sold property and provide proof.)

A. Nature of Title:  Deed;      Court Judgment;      Other - describe in detail:     

If your former title is recorded in CITRUS COUNTY's Official Records, list the following, if known:

Recording Date: 6/8/81 Instrument #: 5-2818-10 Book/Page #: 578 / 913

B. Amount of surplus tax deed sale proceeds claimed: \$ 6764.13

C. Does the titleholder claim the subject property was homestead property?      Yes  No

3. I request that payment of any surplus funds due me be made payable to: John Francisco Perez  
and such payment be mailed to either the address above or to:     

4. I hereby swear or affirm that all of the above information is true and correct.

Signature of Claimant: [Signature] Print Name & Title: John Francisco Perez

STATE OF New Jersey  
COUNTY OF Somerset  
 Physical Presence  
 Online Notarization

The foregoing instrument was sworn to or affirmed and signed before me this 6<sup>th</sup> day of March, 2023 by John Francisco Perez, who is personally know to me      or has produced NJ Photo Drivers License identification and who did take an oath.

[Signature]  
NOTARY PUBLIC or DEPUTY CLERK

My Commission Expires: 4/8/2024

Victoria M. Torres  
[Print, type, or stamp commissioned name of notary]

**VICTORIA M TORRES**  
Notary Public  
State of New Jersey  
My Commission Expires Apr. 08, 2024  
I.D.# 2458876



10-03142043-3



REPUBLICA DOMINICANA  
**JUNTA CENTRAL ELECTORAL**  
 DIRECCION NACIONAL DE REGISTRO DEL ESTADO CIVIL

No. Evento  
 001-02-2007-01-00209222  
 Mun. O.C. Año Reg. No.

**ACTA INEXTENSA DE NACIMIENTO**  
 (Art. 99 Ley No.659, del 17-7-1944)

**CERTIFICAMOS:** Que en la Oficialía del Estado Civil de la 2DA. CIRCUNSCRIPCION, DISTRITO NACIONAL, registrado el Dos del mes de Septiembre del año Mil Novecientos Ochenta y Seis (02/09/1986), se encuentra inscrito en el Libro No. 01176 de registros de **NACIMIENTO, DECLARACIÓN TARDÍA**, Folio No. 0212, Acta No. 007612, Año 1986, el registro perteneciente a:

\*\*\*\* JUAN FRANCISCO \*\*\*\*

De sexo MASCULINO, nacido en Hospital Maternidad, Santo Domingo, D.N. el Dieciseis del mes de Junio del año Mil Novecientos Sesenta (16/06/1960).

**DECLARA:** PEREZ, RAFAEL, quien es El Padre, país de nacionalidad República Dominicana, Cédula de Identidad No. 054549-001

**PADRE:** PEREZ, RAFAEL, país de nacionalidad República Dominicana, lugar de nacimiento Santo Domingo, R.D., Soltero, de ocupación Zapatero, Cédula de Identidad No. 054549-001

**MADRE:** PEREZ, DOLORES MARIA, país de nacionalidad República Dominicana, lugar de nacimiento Santo Domingo, R.D., Soltero, de ocupación Quehaceres Domésticos

**ANOTACIONES:**

**RATIFICACION:** RATIFICADA POR SENTENCIA DE FECHA 08/12/1987.-

~~~~~ No más información debajo de esta línea ~~~~~



El presente documento se expide a petición de la parte interesada en SANTO DOMINGO, DISTRITO NACIONAL  
 República Dominicana, hoy día VEINTISIETE (27) del mes de NOVIEMBRE  
 del año DOS MIL DIECINUEVE (2019)

001-02-2007-01-00209222



00038-4720597626



*Miriam Teresa Suárez Contreras*  
 MIRIAM TERESA SUÁREZ CONTRERAS  
 DIRECTORA DE LA OFICINA CENTRAL DEL ESTADO CIVIL



**Petition for Name Change**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

USCIS  
Form N-662



Name of Court

UNITED STATES DISTRICT COURT, NEWARK, NEW JERSEY

A-043327741

**Information About You (Petitioner)**

As part of the naturalization process, you have the opportunity to legally change your name. Please complete **Item Number lines 1 – 8.** (Type or print clearly.)

1. Full and Correct Name (Current Name)

|                         |                  |                         |
|-------------------------|------------------|-------------------------|
| Given Name (First Name) | Middle Name      | Family Name (Last Name) |
| <u>JUAN</u>             | <u>FRANCISCO</u> | <u>PEREZ PEREZ</u>      |

2. Mailing Address

|                        |                     |           |                   |
|------------------------|---------------------|-----------|-------------------|
| Street Number and Name | City or Town        | State     | ZIP Code          |
| <u>6 HOUSTEN CT</u>    | <u>MARTINSVILLE</u> | <u>NJ</u> | <u>08836-2151</u> |

3. Country of Citizenship or Nationality      4. Date of Birth (mm/dd/yyyy)      5. Alien Registration Number (A-Number)

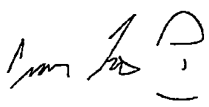
|                           |                   |                    |
|---------------------------|-------------------|--------------------|
| <u>Dominican Republic</u> | <u>06/16/1960</u> | <u>A-043327741</u> |
|---------------------------|-------------------|--------------------|

6.  I certify that I am not seeking a change of name for any unlawful purpose such as the avoidance of debt or evasion of law enforcement.

7. I petition the court to change my name to:

|             |                  |              |
|-------------|------------------|--------------|
| First Name  | Middle Name      | Last Name    |
| <u>JOHN</u> | <u>FRANCISCO</u> | <u>PEREZ</u> |

8. Signature and Date

|                                               |                                                                                     |                   |
|-----------------------------------------------|-------------------------------------------------------------------------------------|-------------------|
| Signature of Petition (Use your current name) |  | Date (mm/dd/yyyy) |
|                                               |                                                                                     | <u>01/18/2022</u> |

**Certification of Name Change**

I certify that the above petition was granted by the court on this date, JAN 18 2022  
 (mm/dd/yyyy)

Signature of Clerk **WILLIAM T. WALSH**

Signature of Deputy Clerk **Albeyris E. Jimenez**

**Important Information**

Your copy of this petition, along with your Certificate of Naturalization, which you will receive upon taking the oath of allegiance, will verify that you elected to change your name. Your Certificate of Naturalization bears your new name as changed per order of the court.