

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®

9214 7969 0099 9790 1752 2992 47

Certified Mail Fee

\$ ~~_____~~
\$3.35

Extra Services & Fees (check box, add fee as appropriate)

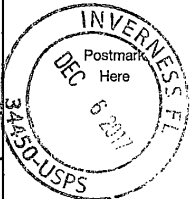
- Return Receipt (hardcopy) \$ ~~2.75~~
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ ~~0.00~~
 Adult Signature Restricted Delivery \$ _____

Postage

\$ ~~_____~~
\$0.460

Total Postage and Fees

\$ ~~_____~~
\$6.560



Sent To

JOHN L DAROS ET AL
ATTN L L GRIM
2258 DANFORTH RD
SPRING HILL, FL 34608

Street, Apt. No.,
or PO Box No.
City, State, Zip+4

Code: 2017-0393TD

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CERTIFIED MAIL® RECEIPT
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9214 7969 0099 9790 1752 2992 30

Certified Mail Fee

\$ 3.35

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$ 2.75
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ 0.00
 Adult Signature Restricted Delivery \$ _____

Postage

\$ 0.460

Total Postage and Fees

\$ 6.560



Sent To

MARK H FINK
61 S BALDWIN AVE #1162
SIERRA MADRE, CA 91025

Street, Apt. No.,
or PO Box No.

City, State, Zip+4

Code: 2017-0393TD

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com®

9214 7969 0099 9790 1.752 2992 54

Certified Mail Fee

\$ 3.35

Extra Services & Fees (check box, add fee as appropriate)

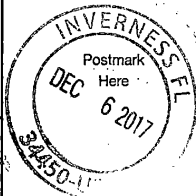
- Return Receipt (hardcopy) \$ 2.75
- Return Receipt (electronic) \$ _____
- Certified Mail Restricted Delivery \$ _____
- Adult Signature Required \$ 0.00
- Adult Signature Restricted Delivery \$ _____

Postage

\$ 0.460

Total Postage and Fees

\$ 6.560



Sent To

Street, Apt. No.,
or PO Box No.
City, State, Zip+4

OCCUPANT
1600 FIRE AVENUE
MEDFORD, NY 11763

Code: 2017-0393TD

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com®

9214 7969 0099 9790 1752 2992 61

Certified Mail Fee

\$ 3.35

Extra Services & Fees (check box, add fee as appropriate)

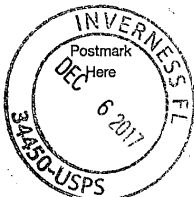
- Return Receipt (hardcopy) \$ 2.75
- Return Receipt (electronic) \$ _____
- Certified Mail Restricted Delivery \$ _____
- Adult Signature Required \$ 0.00
- Adult Signature Restricted Delivery \$ _____

Postage

\$ 0.460

Total Postage and Fees

\$ 6.560



Sent To

Street, Apt. No.,
or PO Box No.
City, State, Zip+4

OCCUPANT
2258 DANFORTH RD
SPRING HILL, FL 34608

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®

9214 7969 0099 9790 1252 2992 78

Certified Mail Fee

\$ 3.35

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 2.75

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ 0.00

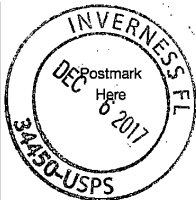
Adult Signature Restricted Delivery \$ _____

Postage

\$ 0.460

Total Postage and Fees

\$ 6.560



Sent To

LINDA GRIM
1600 FIRE AVENUE
MEDFORD, NY 11763

Street, Apt. No.,
or PO Box No.

City, State, Zip+4

Code: 2017-0393TD

UNITED STATES POSTAL SERVICE

Code: 2017-0393TD

TAMPA
FL 335

DEC 17

PERMIT



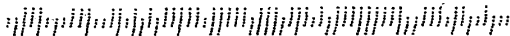
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box •

TAX DEED 1112
ANGELA VICK
CLERK OF CIRCUIT COURT
110 N Apopka Ave
Inverness, FL 34450



9290 9969 0099 9752 2992 55



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JOHN L DAROS ET AL
 ATTN L L GRIM
 2258 DANFORTH RD
 SPRING HILL, FL 34608



9290 9969 0099 9752 2992 55

2. Article Number (Transfer from service label)

9214 7969 0099 9790 1752 2992 47

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Linda Grim*

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

Linda Grim

C. Date of Delivery

*12/8/17*D. Is delivery address different from item 1? YesIf YES enter delivery address below: No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

1493FSA

UNITED STATES POSTAL SERVICE

Code: 2017-0393TD

DEC 17

PM 31



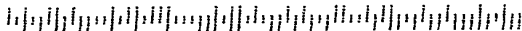
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box •

TAX DEED 1112
ANGELA VICK
CLERK OF CIRCUIT COURT
110 N Apopka Ave
Inverness, FL 34450



9290 9969 0099 9752 2992 79



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

OCCUPANT
2258 DANFORTH RD
SPRING HILL, FL 34608



9290 9969 0099 9752 2992 79

2. Article Number (Transfer from service label)

9214 7969 0099 9790 1752 2992-61

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Linda G. ...*

- Agent
 Addressee

B. Received by (Printed Name)

Linda G. ...

C. Date of Delivery

12/8/17

- D. Is delivery address different from item 1? Yes
If YES enter delivery address below: No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

UNITED STATES POSTAL SERVICE

Code: 2017-0393TD

0393
11 DEC '17
11 DEC '17



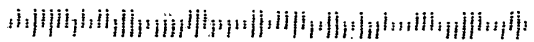
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box •

TAX DEED 1112
ANGELA VICK
CLERK OF CIRCUIT COURT
110 N Apopka Ave
Inverness, FL 34450



9290 9969 0099 9752 2992 48



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MARK H FINK
61 S BALDWIN AVE #1162
SIERRA MADRE, CA 91025



9290 9969 0099 9752 2992 48

2. Article Number (Transfer from service label)

9214 7969 0099 9790 1752 2992 30

COMPLETE THIS SECTION ON DELIVERY**A. Signature****X**

- Agent
 Addressee

B. Received by (Printed Name)

M. Fink

C. Date of Delivery

12/11/17

D. Is delivery address different from item 1? Yes

If YES enter delivery address below: No

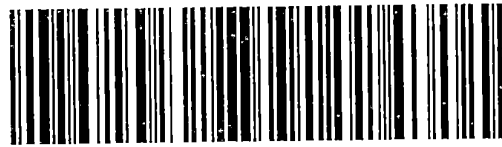
3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

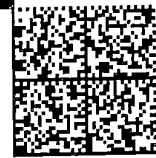
CERTIFIED MAIL™



ANGELA VICK
CLERK OF CIRCUIT COURT & COM
110 NORTH APOPKA AVENUE
INVERNESS, FLORIDA 34450-4299



9214 7969 0099 9790 1752 2992 78



U.S. POSTAGE >> PITNEY BOWES



ZIP 34450 \$ 006.56⁰
02 4W
0000353537 DEC 06 2017

LINDA GRIM
1600 FIRE AVENUE
MEDFORD, NY 11763

NAM -
1ST
2ND

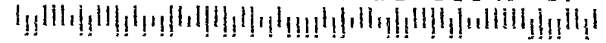
12-17
14-14

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

.. 950600000000000000

3445 017500

BC: 34450429999 *0638-08047-07-00



Reorder Form LCD-811R rev. 05/15

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LINDA GRIM
1600 FIRE AVENUE
MEDFORD, NY 11763



9290 9969 0099 9752 2992 86

2. Article Number (Transfer from service label)

9214 7969 0099 9790 1752 2992 78

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES enter delivery address below: No

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

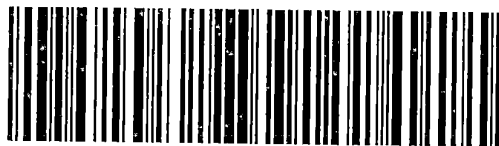
Batch #: 490,669
Article #: 92147969009997901752299278
Date/Time:
Code: 2017-0393TD

Internal File #:
Internal Code:




ANGELA VICK
 CLERK OF CIRCUIT COURT & COI
 110 NORTH APOPKA AVENUE
 INVERNESS, FLORIDA 34450-42

CERTIFIED MAIL™



9214 7969 0099 9790 1752 2992 54



U.S. POSTAGE >> PITNEY BOWES

 ZIP 34450 \$ 006.56⁰
 02 4W
 0000353537 DEC. 06 2017

OCCUPANT
 1600 FIRE AVENUE
 MEDFORD, NY 11763

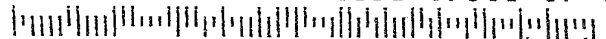
NAI -
 1ST
 2N

12-9-17
12/14

NIXIE 100 DE 1 0001/08/18

RETURN TO SENDER
 ATTEMPTED - NOT KNOWN
 UNABLE TO FORWARD

ANK BC: 34450429999 *0638-07909-07-00
 344504299001



Reorder Form LCD-811R rev. 05/15

SENDER: COMPLETE THIS SECTION

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

OCCUPANT
1600 FIRE AVENUE
MEDFORD, NY 11763



9290 9969 0099 9752 2992 62

2. Article Number (Transfer from service label)

9214 7969 0099 9790 1752 2992 54

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Batch #: 490,669
Article #: 92147969009997901752299254
Date/Time:
Code: 2017-0393TD

Internal File #:
Internal Code: