

ORANGE COUNTY
TERMINATION OF A DESIGNATED SUPPORT PERSON
ON HEALTH, EDUCATION AND LIFE PROTECTIONS (HELP) AFFIDAVIT

Per Orange County Code Chapter 22 Article V

The Orange County Comptroller's Official Records Department does not and will not provide legal advice. If you have any questions about this form, you should consult with an attorney.

Instructions

Fill out this form and then print.

(Your previously recorded HELP Affidavit is viewable and printable from <http://or.occompt.com/recorder/web/>. After clicking the "I Accept" button, enter your name in the "either party" box (last name followed by first name with no punctuation between the two parts of the name). Uncheck the "document types" box. Select/click on "affidavit." Then click on the word "Search." From this search, you can get both the document number and the recording date of your previously recorded HELP Affidavit.)

There is a requirement for two witness signatures. One of the witnesses may not be the spouse or blood relative of the person signing the termination affidavit.

The document must be properly notarized. (A notary may be a witness, but must sign on the witness line as a witness.)

You may either bring the completed affidavit to the Orange County Comptroller's Official Records Department, 109 E. Church Street, Suite 300, Orlando, FL 32801 or you may mail the completed affidavit to the Orange County Comptroller's Office, Attn: Official Records, PO Box 38, Orlando, FL 32802.

A recording fee of \$10 is required. You may pay by cash, check or credit card in person; or by check if mailing the document. Checks must be made payable to the Orange County Comptroller.

Once recorded and archived, the original of the form will be mailed to the address shown on the top left of the form. (The mailing address does not have to be a home address. It can be an office address, for example.)

Name	
Mailing Address	
City ST Zip	

ORANGE COUNTY
TERMINATION OF A DESIGNATED SUPPORT PERSON
ON HEALTH, EDUCATION AND LIFE PROTECTIONS (HELP) AFFIDAVIT
Per Orange County Code Chapter 22 Article V

I, _____, swear or affirm under penalty of perjury that the Designated Support Person HELP Affidavit, recorded on _____ as Document Number _____, is terminated.

I have notified my Designated Support Person of the termination of this HELP Affidavit.

Signed on _____

Witnesses (one of which may not be the spouse or blood relative of applicant)

Signature

Witness 1 Signature

Printed Name of Witness 1

Witness 2 Signature

Printed Name of Witness 2

NOTARIZATION

State of _____

County of _____

Sworn to and subscribed before me this _____ day of _____, 20____

by _____ who is personally known _____ or

produced identification _____.

Signature of Notary