## Attachment 13: Sample Joinder and Consent of Encumbrance Holder

(Restrictive Covenants only)

**JOINDER AND CONSENT OF {{TYPE OF ENCUMBRANCE,**

**E.G., EASEMENT}} HOLDER**

KNOW ALL MEN BY THESE PRESENTS:

**THAT {{ENCUMBRANCE HOLDER}},** {{if applicable A MUNICIPAL CORPORATION CREATED AND EXISTING UNDER THE LAWS OF THE STATE OF FLORIDA}}, whose mailing address is {{ADDRESS}} (hereinafter “{{TYPE OF ENCUMBRANCE}} Holder”), hereby certifies that it is the holder of that certain {{TYPE OF ENCUMBRANCE}} dated {{DATE}}, and recorded {{DATE}}, in Official Records Book {{NUMBER}}, at page {{NUMBER}}, of the Public Records of {{COUNTY NAME}} County which encumbers the property described on Exhibit “A” attached hereto and incorporated herein, owned by {{OWNER}} (hereinafter “Owner”). The {{TYPE OF ENCUMBRANCE}} Holder hereby joins in and consents to the granting of the Declaration of Restrictive Covenant by the Owner to the Florida Department of Environmental Protection and agrees that the {{TYPE OF ENCUMBRANCE }} shall be subordinated to the foregoing Declaration of Restrictive Covenant by and between *{{PROPERTY OWNER}}* and the Florida Department of Environmental Protection {{*OR if RC was previously recorded, insert:* dated INSERT DATE and recorded *{{DATE RECORDED}}*, in Official Records Book *{{BOOK NUMBER}}*, at page *{{NUMBER}}*, in the Public Records of *{{COUNTY}}* County, Florida}}.

IN WITNESS WHEREOF, this Consent and Joinder is executed by the undersigned this \_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_.

{{ENCUMBRANCE HOLDER}}

WITNESSES:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (CORPORATE SEAL, IF ANY)

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ATTEST:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

{{NAME}} {{POSITION}}

STATE OF FLORIDA

COUNTY OF {{COUNTY}}

The forgoing instrument was acknowledged before me this \_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_ 20\_\_, by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, {{A FLORIDA MUNICIPAL CORPORATION, ON BEHALF OF THE CORPORATION if applicable}}, who is personally known to me or who produced \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as identification.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public, State of Florida

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Notary Name

Commission No. \_\_\_\_\_\_\_\_\_\_\_\_\_

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