Okaloosa County Property Appraiser

Parcel Summary

Parcel ID	36-3N-25-0000-0007-013A
Location Address	W HWY 90 HOLT 32564
Neighborhood	221000.00
Brief Tax Description	BEG AT INTER OF E LINE OF NE1/4 OF NW1/4 & S R/W (Note: The Description above is not to be used on legal documents.)
Property Use Code	VACANT
Sec-Twp-Rng	36-3N-25
Tax District	1-Unincorporated County
Millage Rate	9.5165
Acreage	0.74
Homestead	No
Acreage (GIS)	0.74

View Map

Owner Information

DEMMON SARA B & CARROLL N DEMMON CARROLL N
4726 HAY BARN RD
HOLT FL 32564

Address Change Form

Address Change Form

	2026 Preliminary Values	2025 Certified Values	2024 Certified Values
Building Value	$0	$0	$0
Extra Features Value	$0	$0	$0
Land Value	$6,394	$5,658	$5,144
Land Agricultural Value	$0	$0	$0
Agricultural (Market) Value	$0	$0	$0
Just (Market) Value	**$6,394**	**$5,658**	**$5,144**
Assessed Value	$6,224	$5,658	$5,144
Exempt Value	$0	$0	$0
Taxable Value	$6,224	$5,658	$5,144
Maximum Save Our Homes Portability	$170	$0	$0

Homestead Application

Homestead / Add'l Exemption Application

2026 Property Record Card

Click Here to view the 2026 Property Record Card (PDF)

Tax Collector

Click here to view the Tax Collector website.

Generate Owner List by Radius

Distance:

100 Feet

Use Address From:

Owner Property

Select export file format:

Address labels (5160)

International mailing labels that exceed 5 lines are not supported on the Address labels (5160). For international addresses, please use the xlsx, csv or tab download formats.

Show All Owners

Show Parcel ID on Label

Skip Labels 0

Download

No data available for the following modules: Building Information, Extra Features, Building Area Types, Sales, Permits, Sketches.

The Okaloosa County Property Appraiser's Office (OCPA) makes every effort to produce the most accurate information possible. No warranties, expressed or implied, are provided for the data herein, its use or interpretation. Just (Market) Value is established by the Property Appraiser for ad valorem tax purposes. It does not represent anticipated selling price. Current year assessments are as of January 1st and are based on previous year sales activity. All website information is subject to change
| User Privacy Policy | GDPR Privacy Notice
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STATE OF FLORIDA

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2014137103 **DATE ISSUED:** NOVEMBER 30, 2021

DECEDENT INFORMATION **DATE FILED:** OCTOBER 3, 2014

NAME: CARROLL NORMAN DEMMON

DATE OF DEATH: SEPTEMBER 27, 2014 SEX: MALE AGE: 082 YEARS
DATE OF BIRTH: SEPTEMBER 8, 1932 SSN: [redacted]
BIRTHPLACE: BENDENA, KANSAS, UNITED STATES
PLACE WHERE DEATH OCCURRED: INPATIENT
FACILITY NAME OR STREET ADDRESS: SACRED HEART HOSPITAL
LOCATION OF DEATH: PENSACOLA, ESCAMBIA COUNTY, 32504
RESIDENCE: 4726 HAYBARN ROAD, HOLT, FLORIDA 32564, UNITED STATES
COUNTY: OKALOOSA
OCCUPATION, INDUSTRY: ENGINEER, CONSTRUCTION
EDUCATION: ASSOCIATE DEGREE EVER IN U.S. ARMED FORCES? NO
HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN
RACE: WHITE

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: MARRIED
SURVIVING SPOUSE NAME: SARA GOOLSBY
FATHER'S NAME: LEROY DEMMON
MOTHER'S NAME: MARJORIE CAHOON

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: SARA DEMMON
RELATIONSHIP TO DECEDENT: WIFE
INFORMANT'S ADDRESS: 4726 HAYBARN ROAD, HOLT, FLORIDA 32564, UNITED STATES
FUNERAL DIRECTOR/LICENSE NUMBER: JENNIFER L. TRAHAN, F045195
FUNERAL FACILITY: TRAHAN FAMILY FUNERAL HOME F041209
419 YOAKUM COURT, PENSACOLA, FLORIDA 32505
METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: PENSACOLA CREMATORY
PENSACOLA, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: DISTRICT MEDICAL EXAMINER MEDICAL EXAMINER CASE NUMBER: 140100607
TIME OF DEATH (24 HOUR): 0625 DATE CERTIFIED: OCTOBER 2, 2014
CERTIFIER'S NAME: ANDREA NOEL MINYARD
CERTIFIER'S LICENSE NUMBER: ME85815
NAME OF ATTENDING PRACTITIONER (IF OTHER THAN CERTIFIER): NOT ENTERED

The first five digits of the decedent's Social Security Number has been redacted pursuant to §119.071(5), Florida Statutes.

, STATE REGISTRAR

REQ: 2023403758

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.

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DH FORM 1946 (03-13)

CERTIFICATION OF VITAL RECORD

Florida HEALTH

VOID IF ALTERED OR ERASED

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