

Return to: (enclose self-addressed stamped envelope)
Name:

Address:

This instrument Prepared by

Address:

Property Appraisers Parcel Identification (Folio) Number(s):

Grantee(s) S.S.#(s):

Space Above This Line for Processing Data

Space Above This Line for Recording

THIS QUIT-CLAIM DEED, Executed this _____ day of _____, _____, by

first party, to

whose post office address is

second party:

(Wherever used herein the terms "first party" and "second party" shall include singular and plural, heirs, legal representatives, and assigns of individuals, and the successor and assigns corporations, wherever the context so admits or requires.)

WITNESSETH, that the said first party, for and in consideration of the sum of _____ **Dollars** (\$_____), in hand paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release, and quit-claim unto the said second party forever, all the right, title, interest, claim, and demand which the said first party has in and to the following described lot, piece or parcel of land, situate, lying and being in the County of _____, State of Florida, to-wit:

From a point of beginning obtained as follows:

[Insert Description]

TO HAVE AND TO HOLD the same together with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title, interest, lien, equity and claim whatsoever of the said first party, either in law or equity, to the only proper use, benefit and behoof of the said second party forever.

IN WITNESS WHEREOF, the said first party has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in the presence of:

x _____
Witness Signature
(as to the first Grantor)

Printed Name _____

x _____
Witness Signature
(as to first Grantor)

Printed Name _____

x _____
Witness Signature
(as to the co-Grantor, if any)

Printed Name _____

x _____
Witness Signature
(as to the co-Grantor, if any)

Printed Name _____

X _____
Grantor Signature

Printed Name _____

Post Office Address _____

X _____
Co-Grantor Signature, if any

Printed Name _____

Post Office Address _____

STATE OF FLORIDA
COUNTY OF _____

I HEREBY CERTIFY, that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared _____ to me known to be the person(s) _____ described in and who executed the foregoing Quit-Claim Deed and that (he)(she)(they) acknowledged before me that (he)(she)(they) executed the same of (his)(her)(their) own will and deed. I relied upon the following form(s) of identification of the above named person(s) _____. An oath (was) (was not) taken.

WITNESS my hand and official seal in the County and State last aforesaid this _____ day of _____, A.D.
_____.

Notary Signature

Printed Notary Signature

Comm. #/Expiration Date_____