This instrument Prepared By:

_____
Name - Typed or Printed

_____

_____
Mailing Address

Return to:

_____
Name Typed or Printed

_____

_____
Mailing Address

QUIT CLAIM DEED

THIS QUIT CLAIM DEED, Executed this _____ day of _____, 20_____,

by_____

grantor, whose post office address is: _____

to_____

grantee, whose post office address is:_____

_____

(Wherever used herein the terms "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations.)

WITNESSETH, That grantor for and in consideration of the sum of $_____in hand paid by the said grantee, the receipt whereof is hereby acknowledged, does hereby remise, release and quit-claim unto the said grantee forever, all the right, title interest, claim and demand which the said grantor has in and to the following described lot, piece or parcel land, situate, lying and being in the County of SUWANNEE State of FLORIDA to wit:

Property Appraiser's Parcel Identification Number _____

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 for the said grantor, either in law or equity, to the only proper use, benefit and behoof of the said grantee forever.

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

Signed, sealed, and delivered in presence of:

_____ _____
Witness Signature Signature

_____ _____
Name - Typed or Printed Name Typed or Printed
Witness Address: 200 South Ohio Ave.
Live Oak, Fl 32064

_____ _____
Witness Signature Signature

_____ _____
Name - Typed or Printed Name - Typed or Printed
Witness Address: 200 South Ohio Ave.
Live Oak, Fl 32064

STATE OF FLORIDA, }
COUNTY OF_____}

THE FOREGOING INSTRUMENT was acknowledged before me by means of ____ **physical presence or online notarization.** This _____day of _____ 20_____ by _____
_____ who is/are personally known to me or who has/have produced_____ as identification and who did/did not take an oath.

_____
Signature of Deputy Clerk

_____
Name of Deputy Clerk - Typed, Printed– 200 South Ohio Ave, Live Oak, Fl 32064