This instrument Prepared By:	
Name - Typed or Printed	_
Mailing Address	- -
Return to:	
Name Typed or Printed	_
Mailing Address	- -
QUIT CLAIM DEED	
THIS QUIT CLAIM DEE	D, Executed this day of,
20, by	
grantor, whose post office address	is:
to	
grantee, whose post office address	s is:
grantee, whose post office address	
acknowledged, does hereby remist right, title interest, claim and dedescribed lot, piece or part of	LD the same together with all and singular the appurtenances appertaining, and all the estate, right, title, interest, lien, equity grantor, either in law or equity, to the only proper use, benefit ever. 7, the said grantor has signed and sealed these presents the day
Signed, sealed and delivered in pro	esence of:
Witness Signature	Signature
Name - Typed or Printed	Name Typed or Printed
Witness Signature	Signature
Name - Typed or Printed	Name - Typed or Printed
STATE OF FLORIDA, } COUNTY OF}	
·	IENT was acknowledged before me, by means of physical
presence or on line not	rarization, this day of 20 by who is/are personally known to me or who has/have
produced as identif	ication and who did/did not take an oath.
Signature of Notary Public	
Name of Notary Public - Typed, Printed	