

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\_\_\_\_\_