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
WARRANT (Statutory Form - Se	
THIS INDENTURE, made this	, day of,,
between	-
his wife, of	[address], of
the County of	, State of Florida, Grantors, and, whose Social Security No. is
	hose post office address is,
State of Florida, Grantee,	, or one county or,
WITNESSETH:	
	and in consideration of the sum of), and
other good and valuable consider by said Grantee, the receipt who	rations to said Grantors in hand paid ereof is hereby acknowledged, has the said Grantee, and Grantee's heirs

	assigns for ever, being in				situate,	lying
		[Legal Desc	ription]			
	CIID TECT TO 2 mort					in
	SUBJECT TO a mort the original prin					
	the Public Record					in
	SUBJECT ALSO TO r	restrictive	covenants	of record	l. if anv.	which
	are not specifica				_	
	said Grantors do h					
	defend the same a soever.	against the	Tawlul Cl	alms ol a.	ri persons	5
	IN WITNESS WHEREC	F, Grantors	have here	eunto set	their han	nds and
seals	s the day and year	first abov	e written	•		
_	ed, sealed and del	Livered				
in o	ır presence:					
×			X			
21			[Typed Na	ame]		
X			X			
				ame l		

STATE OF FLORIDA COUNTY OF
The foregoing instrument was acknowledged before me this day of,, by, by, who are personally known to me or have produced
their Florida Drivers' Licenses, Nos and
respectively, and who did (did not)
WITNESS my hand and official seal in the County and State last aforesaid this day of,
Printed Name Notary Public, State of Florida at Large

My commission expires: