

**FLORIDA**  
**WARRANTY DEED**  
**[Corporation to Two Individuals]**

**Control Number: FL-014-78**



## **I. TIPS ON COMPLETING THE FORMS**

The form(s) in this packet may contain “form fields” created using Microsoft Word or Adobe Acrobat (“.pdf” format). “Form fields” facilitate completion of the forms using your computer. They do not limit your ability to print the form “in blank” and complete with a typewriter or by hand.

It is also helpful to be able to see the location of the form fields. Go to the View menu, click on Toolbars, and then select Forms. This will open the Forms toolbar. Look for the button on the Forms toolbar that resembles a shaded letter “a”. Click this button and the form fields will be visible.

By clicking on the appropriate form field, you will be able to enter the needed information. In some instances, the form field and the line will disappear after information is entered. In other cases, it will not. The form was created to function in this manner.

## **II. DISCLAIMER**

These materials were developed by U.S. Legal Forms, Inc. based upon statutes and forms for the State of Florida. All information and Forms are subject to this Disclaimer:

**All forms in this package are provided without any warranty, express or implied, as to their legal effect and completeness. Please use at your own risk. If you have a serious legal problem, we suggest that you consult an attorney in your state. U.S. Legal Forms, Inc. does not provide legal advice. The products offered by U.S. Legal Forms (USLF) are not a substitute for the advice of an attorney.**

**THESE MATERIALS ARE PROVIDED “AS IS” WITHOUT ANY EXPRESS OR IMPLIED WARRANTY OF ANY KIND INCLUDING WARRANTIES OF MERCHANTABILITY, NONINFRINGEMENT OF INTELLECTUAL PROPERTY, OR FITNESS FOR ANY PARTICULAR PURPOSE. IN NO EVENT SHALL U.S. LEGAL FORMS, INC. OR ITS AGENTS OR OFFICERS BE LIABLE FOR ANY DAMAGES WHATSOEVER (INCLUDING WITHOUT LIMITATION DAMAGES FOR LOSS OR PROFITS, BUSINESS INTERRUPTION, LOSS OF INFORMATION) ARISING OUT OF THE USE OF OR INABILITY TO USE THE MATERIALS, EVEN IF U.S. LEGAL FORMS, INC. HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES.**

**Prepared by and please return to:**

Name: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recording Fee \$ \_\_\_\_\_

Doc. Stamps \$ \_\_\_\_\_

Property Appraiser's Parcel ID No. \_\_\_\_\_

**WARRANTY DEED**

[Corporation to Two Individuals]

**THIS INDENTURE**, made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, between

**Grantor:** \_\_\_\_\_,

a corporation organized under the laws of the State of \_\_\_\_\_ whose street  
address is \_\_\_\_\_ of the

County of \_\_\_\_\_, State of Florida, and

**Grantees:** \_\_\_\_\_, whose street address is

\_\_\_\_\_, in the

County of \_\_\_\_\_, State of \_\_\_\_\_ and

\_\_\_\_\_, whose street address is

\_\_\_\_\_ of the

County of \_\_\_\_\_, State of \_\_\_\_\_.

**WITNESSETH**, that Grantor, for and in consideration of the sum of TEN AND NO/100 DOLLARS (\$10.00), and other good and valuable consideration to Grantor in hand paid by Grantees, the receipt whereof is hereby acknowledged, has granted, bargained and sold to Grantees, as ☐ tenants by the entireties ☐ joint tenants with the right of survivorship ☐ tenants in common, and Grantee's successors and assigns forever, the following described land, situate, lying and being in

\_\_\_\_\_ County, Florida, to-wit:

☐ See Legal Description Attached as Exhibit A incorporated by reference as though set forth in full

☐ Legal Description:

**SUBJECT TO:**

1. Ad valorem real property taxes for 20\_\_\_\_\_ and subsequent years.
2. \_\_\_\_\_
3. \_\_\_\_\_

and Grantor does hereby fully warrant the title to said land, and will defend the same against the lawful claims of all persons whomsoever.

**IN WITNESS WHEREOF**, said Corporation has caused this certificate to be signed by an authorized officer, the \_\_\_\_\_ day of \_\_\_\_\_ A.D., \_\_\_\_\_.

Signed, sealed and delivered in the presence of:

\_\_\_\_\_  
A Corporation

\_\_\_\_\_  
First Witness Signature

By: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Second Witness Signature

Its: \_\_\_\_\_

\_\_\_\_\_  
Type or Print Name

**STATE OF FLORIDA, COUNTY OF \_\_\_\_\_**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_, of \_\_\_\_\_, a \_\_\_\_\_ (state) corporation, on behalf of the corporation.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
(Print, type, or stamp commissioned name of Notary Public)

My commission expires: \_\_\_\_\_

Personally Known \_\_\_\_\_

OR Produced Identification \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

## **EXHIBIT A**

Grantor:

Grantees:

Parcel Identification Number:

Legal Description: