Prepareo	l by and please return to	:			
Name					
Address					
Rec.	\$		Property Appra		
Doc.St.	\$		ID No		
	V	WARRANTY D	DEED		
THIS INI	<b>DENTURE,</b> made this	day of		_, 20	, between:
Grantors	:		, whose	e street add	lress is
County of					
			, whose	e street add	lress is
Husband a	and Wife				
		AND			
Grantees				_, whose s	treet address is
					in the
County of					
				_, whose s	treet address is
				_, whose s	treet address is
					in the
County of		, State of			

**WITNESSETH**, that Grantors, for and in consideration of the sum of TEN AND NO/100 DOLLARS (\$10.00), and other good and valuable consideration to Grantors in hand paid by Grantees, the receipt whereof is hereby acknowledged, has granted, bargained and sold to Grantees, as joint tenants with the right of survivorship, 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 Grantors do hereby fully warrant the title to said land, and will defend the same against the lawful claims of all persons whomsoever.

**IN WITNESS WHEREOF**, the said Grantors have signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in the presence of:

Witness Signature (as to First Grantor)	Signature of First Grantor
Printed Name	Printed Name
Witness Signature (as to First Grantor)	Post Office Address
Printed Name	City, State and Zip
Witness Signature (as to Second Grantor)	Signature of Second Grantor
Printed Name	Printed Name
Witness Signature (as to Second Grantor)	Post Office Address
Printed Name	City, State and Zip

## STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged b			
, 20, by	T	·	
	Notary Public		
	(Print, type, or stamp c	ommissioned name of Notary Public	
	My commission expires:	ly commission expires:	
Personally Known			
OR Produced Identification			
Type of Identification Produced:			
STATE OF FLORIDA, COUNTY OF	before me this		
, 20, by	/	·	
	Notary Public		
	(Print, type, or stamp c	ommissioned name of Notary Public	
My commission expires:			
Personally Known			
Personally Known OR Produced Identification			

## EXHIBIT A

Grantor:

Grantee:

Parcel Identification Number: Legal Description: