

Prepared By: <hr/> <hr/>	This space for Recorder's use only
After Recording, Return To: <hr/> <hr/>	
Tax Parcel ID Number: _____	

FLORIDA QUIT CLAIM DEED

Governed by Fla. Stat. § 689.01 · § 689.025 · § 695.01 · § 695.03 · § 695.26

STATE OF FLORIDA, _____ COUNTY

THIS DEED, executed this _____ day of _____, 20____,

between first party, as Grantor,

whose mailing address is

and second party, as Grantee,

whose mailing address is

WITNESSETH, that Grantor, and in consideration of (\$ _____), and other good and valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, does hereby remise, release and forever quitclaim unto the Grantee, all the rights, title, interest, and claim in or to the following described parcel of land, and improvements and appurtenances thereto, in _____ County, Florida, to-wit:

A complete legal description of the real property being conveyed by this instrument is attached hereto as Exhibit A (see last page of this instrument).

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.

RADON GAS DISCLOSURE — Required by Fla. Stat. § 404.056(5):

RADON GAS: Radon is a naturally occurring radioactive gas that, when it has accumulated in a building in sufficient quantities, may present health risks to persons who are exposed to it over time. Levels of radon that exceed federal and state guidelines have been found in buildings in Florida. Additional information regarding radon and radon testing may be obtained from your county health department.

IN WITNESS WHEREOF, Grantor has executed and delivered this Quit Claim Deed under seal as of the day and year first above written.

Grantor's Signature

Spouse's Signature (if married)

Grantor's Name (Printed)

Spouse's Name (Printed)

Address

Address

City, State, and Zip

City, State, and Zip

Witness's Signature

Witness's Signature

Witness's Name (Printed)

Witness's Name (Printed)

Witness's Address

Witness's Address

STATE OF FLORIDA)

COUNTY OF _____)

The foregoing instrument was acknowledged before me by means of

physical presence or online notarization,

this _____ day of _____, _____, by

who is personally known to me or who has produced

as identification.

_____ (SEAL)

Notary Public

My Commission Expires: _____

Notary Public Printed Name: _____

[NOTARY SEAL]

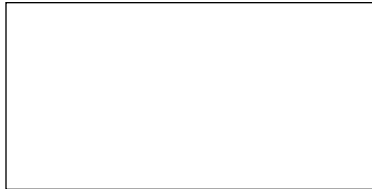


EXHIBIT A

Legal description of the real property being conveyed by this instrument.

