Recording Requested By: _____	
When Recorded Mail To and Mail Tax Statements To: _____ _____	*Space above this line for recorder's use only*

Florida Special Warranty Deed

Governed by Fla. Stat. § 689.01 · § 695.01 · § 695.03 · § 695.26 · § 404.056(5)

This Special Warranty Deed is made on _____ by and between _____ with a mailing address of _____ _____ (hereinafter referred to as the "Grantor"), and _____ with a mailing address of _____ _____ (hereinafter referred to as the "Grantee").

The Grantor, for and in consideration of the sum of ($_____), and other good and valuable consideration, does hereby grant unto the Grantee, their heirs, and assigns, the following described premises located in the County of _____ State of _____, described as follows:

_____

_____

_____

Legal Description of the Property

_____ _____

Street Address | Parcel ID Number

This Special Warranty Deed when executed as required by law shall have the effect of:

- A conveyance in fee simple to the Grantee, the Grantee's heirs, and assigns, of the property named in this Special Warranty Deed, together with all the appurtenances, rights, and privileges belonging to the property;
- A covenant from the Grantor, the Grantor's heirs, and personal representatives, that:
  - The granted property is free from all encumbrances made by that Grantor;
  - The Grantor, the Grantor's heirs, and personal representatives will forever warrant and defend the title of the property in the Grantee, the Grantee's heirs, and assigns against any lawful claim and demand of the Grantor and any person claiming or to claim by, through, or under the Grantor.

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.

Grantor's Name	Grantee's Name
Grantor's Signature	Grantee's Signature
Date	Date
Witness Name	Witness Name
Witness Signature	Witness Signature
Date	Date

Notary Acknowledgment

State of _____

County of _____

The foregoing instrument was acknowledged before me by means of

☐ physical presence or ☐ online notarization.

This _____ day of _____ , by the undersigned,

_____

who is personally known to me or satisfactorily proven to me to be the person whose name is subscribed to the within instrument.

_____

Printed Name of Notary Public

_____

Signature of Notary Public

My Commission Expires: _____(seal)

[NOTARY SEAL]