

PREPARED BY

AFTER RECORDING RETURN TO

FLORIDA QUITCLAIM DEED

Fla. Stat. § 689.025

1 RECORDING & INDEXING INFORMATION

DATE OF DEED / EXECUTION

COUNTY OF PROPERTY — FLORIDA

PARCEL / APN / TAX ID

PRIOR INSTRUMENT — BOOK / PAGE / INSTRUMENT NO.

2 GRANTOR & GRANTEE

GRANTOR(S) — FULL LEGAL NAME(S)

GRANTOR MARITAL STATUS

GRANTOR COUNTY / STATE OF RESIDENCE

GRANTOR POST-OFFICE / MAILING ADDRESS

GRANTEE(S) — FULL LEGAL NAME(S)

GRANTEE VESTING / MARITAL STATUS

GRANTEE TAX-MAILING ADDRESS

GRANTEE POST-OFFICE / MAILING ADDRESS

3 CONSIDERATION & TRANSFER DECLARATION

CONSIDERATION — NUMERIC

CONSIDERATION — WORDS / OTHER VALUE

DOCUMENTARY STAMP TAX / EXEMPTION

STATUTORY EXEMPTION / BASIS, IF ANY

4 QUITCLAIM & CONVEYANCE

This Quitclaim Deed, executed on the date stated below by the Grantor identified above to the Grantee identified above, WITNESSETH: that the Grantor, for the consideration stated above, the receipt whereof is acknowledged, does hereby remise, release, and quitclaim unto the Grantee forever all the right, title, interest, claim, and demand which the Grantor has in and to the parcel of land described below, and all improvements and appurtenances thereto, in the county stated below, Florida.

The parcel identification number entered above is not part of, and does not replace, the legal description below.

5 PROPERTY

PROPERTY STREET ADDRESS

CITY / TOWNSHIP / MUNICIPALITY

COUNTY

STATE

PARCEL / APN / TAX ACCOUNT

PRIOR DEED / RECORDING REFERENCE

FULL LEGAL DESCRIPTION (EXHIBIT A, IF ATTACHED, IS INCORPORATED)

6 EXECUTION

IN WITNESS WHEREOF, the Grantor has executed this Quitclaim Deed on the date stated above.

GRANTOR 1 SIGNATURE

PRINTED NAME

POST-OFFICE / MAILING ADDRESS

DATE

GRANTOR 2 SIGNATURE

PRINTED NAME

POST-OFFICE / MAILING ADDRESS

DATE

7 HOMESTEAD / SPOUSAL RELEASE

The undersigned spouse of the Grantor joins in this instrument and releases and quitclaims all homestead, dower, marital, or other spousal rights in the property.

SPOUSE / JOINING PARTY SIGNATURE

PRINTED NAME

8 WITNESSES

WITNESS 1 SIGNATURE

PRINTED NAME

POST-OFFICE ADDRESS

WITNESS 2 SIGNATURE

PRINTED NAME

POST-OFFICE ADDRESS

9 NOTARY ACKNOWLEDGMENT

ACKNOWLEDGMENT

STATECOUNTY

The foregoing instrument was acknowledged before me by means of physical presence or online notarization on the date stated below by the person or persons named as Grantor.

DATE OF ACKNOWLEDGMENTSIGNER(S)

NOTARY / AUTHORIZED OFFICER SIGNATUREPRINTED NAME & TITLECOMMISSION EXPIRES