Name:	
Address:	
Quitclaim Deed Pursuant to Florida Statute 689.025	Space above for Recording
This Quit Claim Deed, executed on	, by the First Party
Grantor	
Whose post office address is	
To second party, Grantee	
whose post office address is	
Witnesseth, that the said first party, Grantor, for t	the sum of \$, and other good and valuable consideration paid
by the second party, Grantee, the receipt whereof is hereby	acknowledged, does hereby remise, release and quitclaim unto the said second
party, Grantee forever, all the right, title, interest, claim, and	l demand which the first party, Grantor has in and to the following described
parcel of land, and all improvements, and appurtenance the	reto, in, County, Florida to wit:
Legal	
Physical AddressParcel NumberParcel Number	
In Witness Whereof, the said first party has signed and sea	aled these presents the day and year first above written, sealed, and delivered in
	F
the presence of:	Signature of First Party
the presence of: Witness Signature as to First Party	Signature of First Party
the presence of: Witness Signature as to First Party	
the presence of: Witness Signature as to First Party Printed Name	Signature of First Party
the presence of: Witness Signature as to First Party Printed Name Printed address, City, State, Zip	Signature of First Party Printed Name
the presence of: Witness Signature as to First Party Printed Name Printed address, City, State, Zip Witness Signature as to First Party	Signature of First Party Printed Name
the presence of: Witness Signature as to First Party Printed Name Printed address, City, State, Zip Witness Signature as to First Party	Signature of First Party Printed Name
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the presence of: Witness Signature as to First Party Printed Name Printed address, City, State, Zip Witness Signature as to First Party Printed Name Printed address, City, State, Zip	Signature of First Party Printed Name Printed address, City, State, Zip
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the presence of: Witness Signature as to First Party Printed Name Printed address, City, State, Zip Witness Signature as to First Party Printed Name Printed address, City, State, Zip Witness Signature as to Co-First Party (if applicable) Printed Name Printed address, City, State, Zip Witness Signature as to Co-First Party (if applicable) Printed address, City, State, Zip Witness Signature as to Co-First Party (if applicable) Printed address, City, State, Zip State of Florida, County of The foregoing instrument was acknowledged before a	Signature of First Party Printed Name Printed address, City, State, Zip Signature of Co-First Party (if applicable) Printed Name Printed address, City, State, Zip

Notary seal

Notary Signature Print, Type, or Stamp Commissioned Name of Notary Public