|  |  |
| --- | --- |
| Prepared By: |  |
|  |  |
|  |  |
|  |  |
| After Recording Return To: |  |
|  |  |
|  |  |
|  |  |
| Tax Parcel ID Number: |  |
|  |  |
|  | **This space for Recorder’s use only** |

**FLORIDA QUIT CLAIM DEED**

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 on page 4 as EXHIBIT A.**

**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 for the said first party, either in law or equity, to the only proper use, benefit and behoof of the said second party forever.

**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 |  | Spouse’s Name |
|  |  |  |
| Address |  | Address |
|  |  |  |
| City, State, and Zip |  | City, State, and Zip |

|  |  |  |
| --- | --- | --- |
| Witness’s Signature |  | Witness’s Signature |
|  |  |  |
| Witness’s Name |  | Witness’s Name |
|  |  |  |
|  |  |  |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EXHIBIT A**

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