Prepared by:

Above Space Reserved for Recording

Quitclaim Deed

Date of this Document: ______ Reference Number of Any Related Documents: ______ Grantor: Name ______ Street Address

| Grantee: | |
|----------------|--|
| Name | |
| Street Address | |
| City/State/Zip | |

Legal Description:

City/State/Zip

Assessor's Property Tax Parcel/Account Number:

THIS QUITCLAIM DEED, executed this _____, by first party, Grantor, _____, whose post office address is _____, to second party, Grantee, _____, whose post office address is _____.

WITNESSETH, That the said first party, _____ for good consideration and for the sum of _____, paid by the said second party, _____, the receipt whereof is hereby acknowledged, does

hereby remise, release and quitclaim unto the said second party forever, all the right, title, interest and claim which the said first party has in and to the following described dwelling, and improvements and appurtenances thereto in the County of Sarasota, State of Florida to wit:

IN WITNESS WHEREOF, The said first party has signed and sealed these presents the day and year first above written. Signed, sealed and delivered in presence of:

Signature of Witness:

| Print Name of Witness: | | |
|---------------------------------|---|---|
| Signature of Witness: | | |
| Print Name of Witness: | | |
| Signature of First Party: | | |
| Print Name of First Party: | | |
| State of: Florida County of: | | |
| to me (or proved to me on the b | asis of satisfactory evidence) ent and acknowledged to me her signature on the instrume | opeared and is personally known to be the person whose name is that she executed the same in her ent the person executed the |
| Signature of Notary: | | |
| Affiant Known Type of ID | Produced ID | |

(Seal)