

This instrument prepared by:

Name: _____

Address: _____

Parcel ID#: _____

Sale/Transfer

Price: \$ _____

Quit Claim Deed

space above reserved for recording information

This QUIT CLAIM DEED, made this _____ day of _____, _____, by

_____ whose address is _____

hereinafter called the Grantor(s), to _____

_____ whose address is _____

hereinafter called the Grantee(s):

(Where ever used herein the terms "Grantor" and "Grantee" include all parties to this instrument and the heirs, legal representatives and assignees of individuals, and the successors and assignees of corporations)

Witnesseth: That the Grantor, for and in consideration of the sum of \$10.00 and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the Grantee, all that certain land situate in Palm Beach County, Florida, to wit:

(Legal Description of Property)

(If the description exceeds the maximum characters allowed in this field, please attach as an exhibit.)

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, and claim whatsoever of the said Grantor, either in law or equity, to the only proper use, benefit, and behoof of the said Grantee.

IN WITNESS WHEREOF, the said Grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in the presence of:

Witness 1 Signature as to First Grantor

Signature of Grantor

Witness 1 Printed Name

Printed Name of Grantor

Witness 2 Signature as to First Grantor

Post Office Address

Witness 2 Printed Name

Witness 1 Signature as to Second Grantor

Signature of Grantor

Witness 1 Printed Name

Printed Name of Grantor

Witness 2 Signature as to Second Grantor

Post Office Address

Witness 2 Printed Name

STATE OF _____

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 has produced _____ as identification.

Notary Seal

Notary Signature

Notary Printed Name

Commission Number: _____

Commission Expiration: _____