PREPARED BY & RETURN TO:

First & Last Name of Preparer

Company/Firm

Street Address or P.O. Box

City, State, Zip Code and/or Country

PARCEL ID

QUITCLAIM DEED

THIS Q	UITCLAIM DEED, executed this	da	iy of		,	20 , by	y the
Grantor(s),		,	whose	post	office	address	is
, to Grantee(s),,							
whose post offi-	ce address is						

WITNESSETH, that the said Grantor(s), for the sum of §______, and other good and valuable consideration paid by the Grantee(s), the receipt whereof is hereby acknowledged, does hereby remise, release, and quitclaim unto the said Grantee(s) forever, all the right, title, interest, claim, and demand which the said Grantor(s) has in and to the following described parcel of land, and all improvements and appurtenances thereto, in Osceola County, Florida, as further described herein:

Signature of Grantor

Signature of Grantor

Printed Name of Grantor

Printed Name of Grantor

Signature of Witness

Printed Name of Witness

Street Address or P.O. Box

City, State, Zip Code and/or Country

Signature of Witness

Printed Name of Witness

Street Address or P.O. Box

City, State, Zip Code and/or Country

STATE OF _____ COUNTY OF

SWORN TO (OR AFFIRMED) and subscribed before me by means of \Box physical presence or \Box online notarization this ______ day of ______, 20____, by _____, who is/are \Box personally known or \Box produced ______, as identification.

Signature of Notary Public

Printed Name of Notary Public

Expiration of Commission