

Return to: (enclose self-addressed stamped envelope)

Quit Claim Deed

Name: Remi King  
Address: 7679 Moore Circle  
Las Cruces, N.M. 88012

This Instrument Prepared by:  
Address: Sharon Odiorne  
106 Star Mel Rte Crawfordville FL.  
Property Appraisers Parcel Identification (Folio Number(s)):

00-00-078-013-11493-000

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

This Quit Claim Deed, Executed the 7<sup>th</sup> day of June, 2017

BY: (first party), Sharon A. Odiorne as a single female

TO: (second party), Remi King a single male

Whose post office address is:

7679 Moore Circle Las Cruces, N.M. 88012

(Wherever used herein the terms "first party" and "second party" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

Witnesseth, That the first party, for and in consideration of the sum of \$20.00, in hand paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quit-claim unto the second party forever; all the right, title, interest, claim and demand which the said first party has in and to the following described lot, piece or parcel of land, situate, lying and being in the County of Wakulla, State of Florida, to wit:

Lot Forty-six (46), Block "R" in Magnolia Gardens Subdivision, as shown by plat of said subdivision of record on page 37 of Plat Book No 1 of the public records of Wakulla County, Florida

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 of 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, the said first party has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in the presence of:

Carla M. Ziemer

Witness Signature (as to first Grantor)

Carla M. Ziemer

Printed Name

Donna Richardson

Witness Signature

Donna Richardson

Printed Name

Sharon A. Odiorne

Grantor Signature

Sharon A. Odiorne

Printed Name

106 Star Mel Rte Crawfordville FL.

Post Office Address

Witness Signature (as to Co-Grantor, if any)

Printed Name

Witness Signature (as to Co-Grantor, if any)

Printed Name

Co-Grantor Signature (if any)

Printed Name

Post Office Address

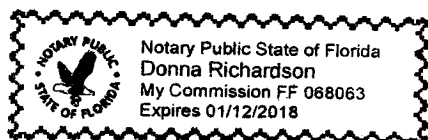
STATE OF Florida )  
COUNTY OF Wakulla )

I hereby Certify that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared

Sharon A. Odiorne

known to me to be the person(s) described in and who executed the foregoing instrument, who acknowledged before me that he/she/they executed the same, and an oath was not taken. (Check one: ) ☐ Said person(s) is/are personally known to me. ☒ Said person(s) produced the following form(s) of identification: FDL exp 11/25/2021

NOTARY RUBBER STAMP SEAL



Witness my hand and official seal in the County and State last aforesaid this 7<sup>th</sup> day of June, A.D. 2017

Donna Richardson

Notary Signature

Donna Richardson

Printed Notary Signature