THIS INSTRUMENT PREPARED BY AND RETURN TO: JAN H. COLVIN WAKULLA TITLE COMPANY, INC. 3004 Crawfordville Highway Crawfordville, FL 32327

Property Appraisers Parcel Identification (Folio) Numbers: 00-00-061-223-10086-A20

1			
	Space Above This Line I	For Recording Data	
ASHLEY ROBERTS and office address is 4324 CARM (Wherever used herein the ter	GARON SELLARS, as joint WATH, TALLAHASSEE, F	of May, 2018 by LEANNE Wayne Allen, Deceased, hereing tenants with full rights of survey L 32303, hereinafter called the Grant and the parties to this instrumassigns of corporations)	r <b>ivorship</b> , whose post rantees:
and other valuable considera	ations, receipt whereof is hereb	ation of the sum of TEN AND 00/ by acknowledged, hereby grants, that certain land situate in WAKU	bargains, sells, aliens,
	ook F <mark>ore</mark> st, a subdivision as p Rec <mark>or</mark> ds of Wakulla County, F	oer plat or map thereof recordo lorida.	ed in Plat Book 2,
Subject to restrictions, e extended hereby.	asements and reservations	of record, if any, not specif	ically reimposed or
TOGETHER, with all thappertaining.	e tenements, hereditaments a	and appurtenances thereto belo	nging or in anywise
TO HAVE AND TO HOLI	), the same in fee simple foreve	r.	
that the grantor has good right land and will defend the sam	nt and lawful authority to sell as	the grantor is lawfully seized of sand convey said land, and hereby wall persons whomsoever; and that er 31, 2017.	arrants the title to said
IN WITNESS WHEREOF written.	, the said grantor has signed	and sealed these presents the da	y and year first above
Signed, sealed and delivered	in the presence of:		•
Witness #1 Printed Name	vid Da	LEANNE ROBERTS ALLEI 2701 Crawfordville Hwy, CRAWFOR	t Ollen N DVILLE, FL 32327
Witness #2 Signature ROSANNA M. BROW Witness #2 Printed Name	<u>'N</u>		
STATE OF FLORIDA COUNTY OF WAKULLA		HH day of May 2018 b	y LEANNE ROBERTS
The foregoing instrument was ALLEN who is personally k	as acknowledged before me this nown to me or has produced	day of May, 2010 8	as identification.
SEAL	A COTAINAIN	Notary Public	alun
W X X X X X X X X X X X X X X X X X X X	NSSION E 1	Printed Notary Name	