

Return to: (enclose self-addressed stamped envelope)

Quit Claim Deed

Name:

Address:

This Instrument Prepared by: Maria Lentz

Address: 23 Limpkin Ct, Crawfordville, FL

Property Appraisers Parcel Identification (Folio Number(s)). 32327

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

This Quit Claim Deed, Executed the 13th *day of* February *; 20* 20

BY: (first party), Clear Springs Property, LLC

TO: (second party), John & Maria Lentz

Whose post office address is: 23 Limpkin Ct. Crawfordville, FL 32327

(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.)

Witness, That the first party, for and in consideration of the sum of \$ 1.00 *, 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 2, Hardwood Hammock, A Subdivision as per Map or Plat Thereof Recorded in Plat Book 4, Pg. 40, 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.

And 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:

Wanda Bryant

Witness Signature (as to first Grantor)

Wanda Bryant

Printed Name

Witness Signature

Paul Tompkins

Printed Name

Maria Lentz

Grantor Signature

Maria A. Lentz

Printed Name

23 Limpkin Ct, Crawfordville, FL

Post Office Address

32327

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

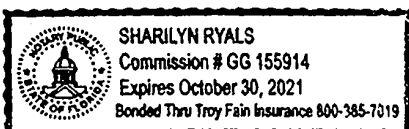
STATE OF Florida
COUNTY OF Wakulla

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

Maria Lentz

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: _____)

NOTARY RUBBER STAMP SEAL



Witness my hand and official seal in the County and State last aforesaid this

13th day of February, A.D. 20 20

Sharilyn Ryals

Notary Signature

Sharilyn Ryals

Printed Notary Signature