WTCI# 10238

This Instrument Prepared by:

Name:

Nancy Buchanan

WAKULLA TITLE COMPANY, INC.

Address:

WAKULLA PROFESSIONAL CENTER, 3004 CRAWFORDVILLE HIGHWAY

CRAWFORDVILLE, FL 32326

Return to:

Grantee(s) Name:

Address:

QUITCLAIM DEED

FILED AND RECORDED

DATE 03/31/1999 TM 14:36

BRENT X. THURMOND CLERK ST:FL CO:WAKULLA

DOC STAMPS

- 70

INTANG TAX

.00

Property Appraisers Parcel Identification Number(s): ID# 00-00-073-112-10195-007 Grantee(s) S.S. #'s: SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

and the successors and assigns of corporations, wherever the context so admits or requires.)

WITNESSETH, That the said first party, for and in consideration of the sum \$10.00, in hand paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quit-claim unto the said 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 7, Block A, AMELIAWOOD, a subdivision as per map or plat thereof recorded in Plat Book 2, Page 6 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:

LBuchenen

Witness Signature (as to first Grantor)

<u>Drund</u> C Printed Name

White (Vitness Signature (as to first Grantor)

Jonna L. White rinted Name

Printed Name

North Buch

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

North Buchanon

Printed Name Wite

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

Jonna L. White

Printed Name

STATE OF FLORIDA COUNTY OF WAKULLA ANDREW L. ROBERTS Address:

159800 B 349 P 396 FL#

REC NO. 01909015523

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

ANDREW L. ROBERTS and CHRISTEL M. ROBERTS, 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, that I relied upon the following form of identification of the above-named person(s): POSOCILY Known and that an oath was not taken.

Witness my hand and official seal in the County and State last aforesaid this county and day of March,

NOTARY RUBBER STAMP SEAL

Jany 14, 2000

Notary Signature

Printed Notary Signature