

Inst:0000219896 Date:01/12/2005 Time:13:30

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DC, Brent Thurmond, WAKULLA County B:574 P:453

Sherry Fordham
North State Title Services, Inc.
3055 Crawfordville Highway, Crawfordville, Florida 32327
Parcel ID No: 00-00-035-008-06918-000

Quit Claim Deed

Made this January 10, 2005 A.D. by CONNIE BOZEMAN, A SINGLE WOMAN, 127 McCallister Rd Crawfordville, FL 32327 hereinafter called the grantor, to TIMOTHY BOZEMAN, A SINGLE MAN whose post office address is: 127 MCCALLISTER ROAD, Crawfordville, Florida 32327 hereinafter called the grantee:

(Whenever used herein the term "grantor" and "grantee" include all the parties to this instrument and the heirs, legal re-presentatives and assigns of individuals; and the successors and assigns of corporations)

Witnesseth, that the grantor, for and in consideration of the sum of \$ TEN AND NO/100 DOLLARS (\$10.00) and other valuable considerations, receipt whereof is hereby acknowledged, does hereby remise, release, and quit claim unto the grantee forever, all the right, title, interest, claim and demand which the said grantor has in and to, all that certain land situate in Wakulla County, Florida, viz:

Lot fifty-six (56), Block seven (7), Wakulla Gardens, Unit 1 as shown by plat of said subdivision of record on Page 39, Plat Book No. One of the Public Records of Wakulla County, Florida.

GRANTOR HEREIN STATES THAT THERE ARE NO SUMS DUE TO HER FOR LOT TRANSFER.

Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

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 grantor, either in law or equity, to the only proper use, benefit and behoof of the said grantee forever.

In Witness Whereof, the said grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in our presence:

Elizabeth A Smith

Connie Bozeman

(Seal)

Witness Printed Name Elizabeth A. Smith

Address:

Eddie R Blackburn

(Seal)

Witness Printed Name Eddie R. Blackburn

Address:

(Seal)

Witness Printed Name

Address:

(Seal)

Witness Printed Name

Address:

State of Florida
County of LEON

The foregoing instrument was acknowledged before me this January 10 2005, by CONNIE BOZEMAN, who is personally known to me.

Notary Public

Print Name:

My Commission Expires

Eddie R Blackburn
Eddie R Blackburn
May 28, 2008

RECORDER'S MEMO
Legibility of writing, typing or
printing unsatisfactory in this
Document when received.



Eddie R. Blackburn
Commission # DD285468
Expires May 28, 2008
Bonded Troy Pain - Insurance, Inc. 800-368-7019