

Return to (enclose self-addressed stamped envelope)  
Name:  
Address:

Quit Claim Deed

This Instrument Prepared by: Paul R. Russell of  
Address: P.O. Box 124 Sopchoppy FL 32358  
Property Appraisers Parcel Identification (Folio Number(s)):

SPACE ABOVE THIS LINE FOR PROCESSING DATA SPACE ABOVE THIS LINE FOR RECORDING DATA

This Quit Claim Deed, Executed the 19th day of March, 20 12  
BY: (first party), Edmond R Revell and Virginia L Revell (his wife)  
TO: (second party), Fleurette C Woods  
Whose post office address is: 7456 Moonbeam Dr Flagstaff AZ 86004

(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 \$                     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 # 211 west side of Sopchoppy

Grantor Reserve Life Estate

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:

Jackie Lawton  
Witness Signature (as to first Grantor)  
JACKIE Lawton  
Printed Name  
Linda Langston  
Witness Signature  
Linda Langston  
Printed Name

Edmond R Revell  
Grantor Signature  
Edmond R Revell  
Printed Name  
P.O. Box 34 Sopchoppy FL 32358  
Post Office Address

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

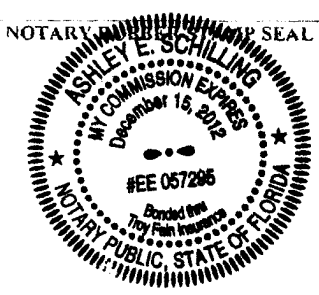
Virginia Revell  
Co-Grantor Signature (if any)  
Virginia Revell  
Printed Name  
P.O. Box 34 Sopchoppy FL 32358  
Post Office Address

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

Edmond R. Revell

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:



Witness my hand and official seal in the County and State last aforesaid this  
21 day of March, A.D. 20 12  
Ashley E. Schilling  
Notary Signature  
Ashley E. Schilling  
Printed Notary Signature