

Return to: (enclose self-addressed stamped envelope)

Quit Claim Deed

Name: Maxine C. Glenn
Shara Tennille Harrell
Address: PO BOX 7385
Tallahassee, FL 32314

This Instrument Prepared by: Shara Tennille Harrell

Address: 16C Old Courthouse Way
Crawfordville, FL 32327

Property Appraisers Parcel Identification (Folio Number(s)):
00-00-077-280-10378-A42

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

This Quit Claim Deed, Executed the 11th day of December, 2013

BY: (first party), Maxine C. Glenn

TO: (second party), Maxine C. Glenn & Shara Tennille Harrell as JTRS

Whose post office address is: PO BOX 7385
Tallahassee, FL 32314

(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.)

Witnessed, That the first party, for and in consideration of the sum of \$ 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 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 42, OLD COURTHOUSE SQUARE REPLAT, a subdivision as per map or plat thereof as recorded in Plat Book 3, Page 102, 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:

Tina Whaley
Witness Signature (as to first Grantor)

Tina Whaley
Printed Name

Alicia Haskew
Witness Signature

Alicia Haskew
Printed Name

Maxine C. Glenn
Grantor Signature

Maxine C. Glenn
Printed Name

PO BOX 7385 Tallahassee, FL 32314
Post Office Address

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)

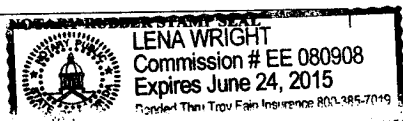
Printed Name

Post Office Address

STATE OF Florida
COUNTY OF Leon

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

Maxine Glenn
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: FL. DRIVER'S LICENSE



Witness my hand and official seal in the County and State last aforesaid this 13 day of December, A.D. 20 13.

Lena Wright
Notary Signature
Lena Wright
Printed Notary Signature