

Return to: (enclose self-addressed stamped envelope)

Quit Claim Deed

Name:

Address:

This Instrument Prepared by: JACK HANWAY
Address: P.O. Box 323, Cornfordville, FL 32326

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 22 day of MAY, 2014

BY: (first party), JACK HANWAY

TO: (second party), GABRIEL HANWAY

Whose post office address is: 1200 E. Pearl St.
MONTICELLO, FL 32344

(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 \$ 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:

Magnolia Gardens, Block K, Lot 33

DB 58 P 314

Parcel # 00-00-078-0B-11141-000

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:

[Signature]
Witness Signature (as to first Grantor)

JACK HANWAY
Printed Name

Temple H. Sailors
Witness Signature

Temple H. Sailors
Printed Name

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

Donna Richardson
Printed Name

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

Printed Name

[Signature]
Grantor Signature

JACK HANWAY
Printed Name

P.O. 323 Cornfordville FL 32326
Post Office Address

Co-Grantor Signature (if any)

Printed Name

Post Office Address

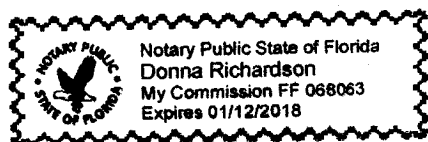
STATE OF Florida
COUNTY OF Wakulla

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

JACK B. Hanway

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: FLDL exp 8/11/2014

NOTARY RUBBER STAMP SEAL



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

22nd day of May, A.D. 20 14

[Signature]
Notary Signature

Donna Richardson
Printed Notary Signature