

Return to: (enclose self-addressed stamped envelope)

Quit Claim Deed

Name: Phillip Sumrall

Address: 119 Northwood Rd
CRAWFORDVILLE FL
32327

This Instrument Prepared by:

Address:

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 4 day of NOV, 2015

BY: (first party), Phillip Sumrall

TO: (second party), Phillip & JOE ANN SUMRALL
Husband & wife

Whose post office address is: 119 Northwood Rd Crawfordville FL 32327

(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, 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 CRAWFORDVILLE, State of FLORIDA, to wit:

LOT 7, BLOCK B NORTHWOOD SUBDIVISION A SUBDIVISION AS PER MAP OR PLAT THEREOF RECORDED IN PLAT BOOK 2 PAGE 91 OF THE PUBLIC RECORDS OF WAKULLA CO. FL TOGETHER WITH THAT CERTAIN mobile home whose I D NUMBER IS 50998296 & 50998297

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:

Renea DeLong
Witness Signature (as to first Grantor)

Renea DeLong
Printed Name

Donna Richardson
Witness Signature

Donna Richardson
Printed Name

Phillip H Sumrall
Grantor Signature

Phillip H Sumrall
Printed Name

119 Northwood Rd Crawfordville
Post Office Address

FL 32327

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

Co-Grantor Signature (if any)

Printed Name

Printed Name

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

Post Office Address

Printed Name

STATE OF Florida)
COUNTY OF Wakulla)

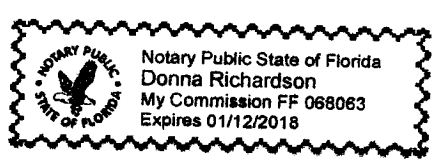
I hereby Certify that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared

Phillip H. Sumrall

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. 02/06/2017

NOTARY RUBBER STAMP SEAL

Witness my hand and official seal in the County and State last aforesaid this 4th day of November, A.D. 2015



Donna Richardson
Notary Signature

Donna Richardson
Printed Notary Signature