

## **QUIT CLAIM DEED**

Husband and Wife

THIS INSTRUM	ENT WAS AND RETURN TO:		5
PREPARED B I	AND RETURN 10:	2 *	
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	50 12	M in	9
	20		
2	The area above this line	e is for the use of the rec	cording official
	OU	TITCLAIM DEED	e e
	-	ors husband and wife)	W.
/#	27		
TUIC ATUTCI AT	IM DEED avacuted this	s day of	20 hv
IMS QUITCEA	and	s day 01	, 20 by, his wife, party of the fi
part, whose address	ses are		a
		respectf	ully, to
	party of the	second part, whose addre	ess is
5 =		84 84 N	
VITNESCETH 7	That the said first party	for and in considerat	ion of the sum of Ten Dolla
<del>_</del>			d by the said second party, t
•	~	_	ansferred and sold unto the sa
	_		which the said first party has
	<del>-</del>	parcel of land, situate, ly	ying and being in the County of
, State of I	rionda, to wit:	XIE	W 25
			18
*C			
2	7.		36
		5	
			9
Parcel I.D. N	fumber:		_
1 0.001 1.27.11			

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.

			Ø	
Signed, sealed and delive	red			
in the presence of:	22		¥(	(9)
				2.7
2 2				
Witness:			Grantor's Name:	
	£.			
		121	₹/ ±	
77 P1 .	27			
Witness:			Grantor's Name:	
STATE OF				
COUNTY OF	-			
COUNTY OF				
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			personally appeared	
			or who are personally kn	
oublic) and who did take a	-			
who executed the foregoin				
he same for the purposes the	•	ance, and ac	Milowicuged before me t	nat they executed
ne same for the purposes t	norom oxprossed.			F);
WITNESS my han	d and official seal	in the coun	ty and state last aforesaid	this day of
, 20			69)	
i i				
Z (97)				
		524 =		%
p.		Not	tary Public	
(Seal)	0.5	Nar	ne of Notary Public:	
:(4)		My	commission expires:	
<u>.</u>	T 672 2.36	Cor	nmission No.:	