

Prepared by and return to:

Property Appraiser's Parcel Identification No.:

Documentary stamp tax: \$ _____

Recording Department Use Only

FLORIDA QUITCLAIM DEED

State of Florida, County of _____

The undersigned Grantor hereby declares:

☐ **Documentary stamp tax:** \$ _____

This instrument is exempt from documentary stamp tax for the following reason, if applicable:

-OR-

☐ **The property is exempt from transfer taxes or recording taxes for the following reason**

KNOW ALL MEN BY THESE PRESENTS, that for and in consideration of the sum of

_____ US Dollars (\$ _____) in hand, paid to

_____, [Grantor Name - Enter the full legal name of the Grantor],

_____ with an address of

(the "Grantor" or "Grantors"), does/do hereby remise, release and quitclaim to

_____, [Grantee Name - Enter the full legal name of the Grantee],

_____ with an address of

(the "Grantee" or "Grantees"), its successors and assigns the property described in Exhibit A, lying, being and situate in _____ County, Florida.

EXHIBIT A
Legal Description of Property

The real property conveyed by this Florida Quitclaim Deed is legally described as follows:

Assessor's Parcel Number: _____

TOGETHER WITH all rights, privileges, tenements, hereditaments, and appurtenances belonging or in any way appertaining to the property.

This conveyance is made without covenants or warranties of title, express or implied, and conveys only the interest, if any, held by the Grantor.

IN WITNESS WHEREOF, Grantor has executed this Quitclaim Deed on the date written below.

GRANTOR SIGNATURE

Signature: _____

Printed Name: _____

Date: _____

Signature: _____

Printed Name: _____

Date: _____

WITNESSES

Witness 1 Signature: _____

Witness 1 Printed Name: _____

Witness 2 Signature: _____

Witness 2 Printed Name: _____

FLORIDA ACKNOWLEDGMENT

State of Florida

County of _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization on
_____ by _____.

☐ Personally known to me ☐ Produced identification: _____

Signature of Notary Public: _____

Printed Name of Notary: _____

My commission expires: _____ (Seal)

Notary Public in and for the jurisdiction stated above.