This instrument Prepared by: Harian E. Markham, An Officer of ASSOCIATED LAND TITLE GROUP, INC., 300 N. MARION STREET, LAKE CITY, FLORIDA 32055. For Furposes of Title Ins. File # 170-31813
Parcel ID # 03155-107

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Warranty Deed OFFICIAL RECORDS

Herein granter and grantee bearing shall be construct to methode all genders and singular or planel as the contest indeaters.
OFFICE L RECORDS
Made this 8th day of JUNE 1994 . BETWEE SANDRA J. DAVIS, A SINGLE PERSON
whose post office address is: P. O. BOX 572 LAKE CITY, FLORIDA 32056
of the County of COLUMBIA . State of FLORIDA . grantor. an ROBERT P. BISHOP, JR. AND HIS WIFE, DEBOKAH J. BISHOP (SSi
whose post office address is. 2301 INGLEWOOD DRIVE LAKE C'TY, FLORIDA 32055
of the County of COLUMBIA . State of FLORIDA . grante
WITNESSETH: That said granter, for and in consideration of the sum
Subject to easements and restrictions of record, if any, which are specifically not extended or reimposed hereby. Subject to 1994 taxes and assessments.
94-07778 1931 JUN-9 P1 3-04 OUCOMENTARY STAMP 162-50 INTANCIBLE TAX P. DeWITT CASUN. CLERK OF GT. IS. COLUMBIA COUNTY INTERPRETATION OF THE CASUN. CLERK OF GT. IS. COLUMBIA OF THE CASUN. CLERK OF
Carlo H. Wright Sancha & Cares
Lisa D. Franks
PLOD
STATE OF FLORICA COUNTY OF COLUMBIA
HEREBY CERTIEV that on the day of JUNE X 1994 before me personally appeared SANDRAY J. DAVIS A SINGLE PERSON
who is personally known to me or who has produced the identification shown below, who is the person described in and who executed the foregoing instrument, and who, after being duly sworn, says that the execution hereof is his/her free act and deed for the uses and purposes herein mentioned and an oath was/was not <i>(mark one out)</i> taken. SWORN TO AND SUBSCRIBED before me the undersigned Notary Public by my hand and official seal, the day and hard to the action of the personal state of the personal state.

To me personally known
CAROL H. WRIGHT
Notary Public - State of Florida
My Commission Expires: April 9, 1998
Commission No. CC 356981

* Identified by Driver's License

P. I AN INCOME THE NAME AND ADDRESS.

FORM 140 -1792

M. Commission Fxp .. Commission No.: _