

NAME
ADDRESS

DATE OF RECORDING 0818-1996

NAME

ADDRESS

FILE NUMBER

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This Quit Claim Deed, Executed the 2 day of March, 1996, by
DONALD EARL ROOKS, SINGLE
first party, to WILLIAM C. DUDLEY AND SYBIL M. DUDLEY, HIS WIFE,
whose post office address is 1000 S. 1st St., Ft. Pierce, FL 34946,
second party.

Whereas the first party, DONALD EARL ROOKS, is a single man, and the second party, WILLIAM C. DUDLEY AND SYBIL M. DUDLEY, HIS WIFE, are a married couple, and the first party, DONALD EARL ROOKS, is the owner of the following described lot, piece or parcel of land, situate, lying and being in the County of CLAY, State of FLORIDA, to-wit:

Witnesseth, That the first party, for and in consideration of the sum of (\$ 1.00) ONE DOLLAR 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 CLAY, State of FLORIDA, to-wit:

LOT FIVE (5) OLENO ESTATES, PLAT BOOK 5, PAGE 62,
PUBLIC RECORDS OF COLUMBIA COUNTY, FLORIDA.

[Handwritten signature]
DONALD EARL ROOKS
CLAY COUNTY, FLORIDA

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:

[Handwritten signature]
Witness Signature
Printed Name
[Handwritten signature]
Witness Signature
Printed Name

[Handwritten signature]
DONALD EARL ROOKS
Printed Name
Post Office Address

[Handwritten signature]
Witness Signature
Printed Name
[Handwritten signature]
Witness Signature
Printed Name

[Handwritten signature]
Witness Signature
Printed Name
Post Office Address

STATE OF FLORIDA
COUNTY OF ALACHUA

DONALD EARL ROOKS, SINGLE

I, the undersigned, being the person described in and who executed the foregoing instrument, who acknowledged before me that he is the owner of the same, and that he was not under any legal disability, and that he is personally known to me, and that he is provided for by the following instrument, to-wit:

Witness my hand and official seal in the County and State last aforesaid
this 2 day of March, AD 1996
[Handwritten signature]
John M. Wagner
Notary Public

