This Instrument Prepared by: Teresa G. Register

Name:

Name:

Address: 3796 SECR 245

Lake City, F132025

Property Appraisers Parcel Identification

Folio Number(s):

Grantee[s] S.S. # (s)

Inst:201012015745 Date:9/29/2010 Time:3:03 PM
Doc Stamp-Deed:0.70
DC,P.DeWitt Cason,Columbia County Page 1 of 2 B:1202 P:494

	g and the state of
SPACE ABOVE THIS LINE FOR PROCESSING DATA	SPACE ABOVE THIS LINE FOR RECORDING DATA
This Quit Claim Beed, Executed the	29th day of September 2010, by
Teresa G. Register first party, to Pamela R. Hi	, (
whose post office address is 7730 second party.	SE CR 245, Lake City, F1 32025,
(Wherever used herein the terms "first party" and "second party" include all the successors and assigns of corporations, wherever the context so admits or requir	e parties to this instrument and the heirs, legal representatives, and assigns of individuals, and the res.)
Witnesseth, That the first party, for and in co	onsideration of the sum of \$ 10.00
in hand paid by the said second party, the receipt	whereof is hereby acknowledged, does hereby remise, release, the right, title, interest, claim and demand which the said first
party has in and to the following described lot niece	or parcel of land, situate, lying and being in the County of te of, to-wit:
See attached Ex	hibit A
first party, either in law or equity to the only proper i	er with all and singular the appurtenances thereunto belonging the title, interest, lien, equity and claim whatsoever of the said use, benefit and behoof of the said second party forever. The signed and sealed these presents the day and year first
Signed, sealed and delivered in the presence of:	
Karter R. Land	Tuesa S. Register _
Witness Signature (as 16 first Grantor)	Grantor Signature
Printed Name Posts Out Out Office	Printed Name
Witness Signature (as to first Grantor) Rose Ann Hiello	Post Office Address
Printed Name	
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	I hereby Certify that on this day, before me, an officer duly authorized
Teresa G Real	to administer oaths and take acknowledgments, personally appeared
	ed the foregoing instrument, who acknowledged before me that
executed the same, and an oath was not taken. (Check one:) following type of identification: FL DL	Said person(s) is/are personally known to me. Said person(s) provided the
NOTARY RUBBER STAMP SEAL	Witness my hand and official seal in the County and State last aforesaid
ROSE ANN AIELLO MY COMMISSION # DD 850864	this 29 day of September 2010 Date
EXPIRES: February 17, 2013 Bonded Thru Notary Public Underwriters	Notary Signature Rose Ann Aiello

Printed Name