PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 7-1-15) Zoning Official_____ Building Official_____

AP# 54562 Date Received_____ By MG Permit #_____

Flood Zone_____ Development Permit_____ Zoning_____ Land Use Plan Map Category_____

Comments_____

FEMA Map# _____ Elevation_____ Finished Floor_____ River_____ In Floodway_____

☐ Recorded Deed or ☐ Property Appraiser PO ☐ Site Plan ☐ EH #_____ ☐ Well letter OR

☐ Existing well ☐ Land Owner Affidavit ☐ Installer Authorization ☐ FW Comp. letter ☐ App Fee Paid

☐ DOT Approval ☐ Parent Parcel #_____ ☐ STUP-MH _____ ☐ 911 App

☐ Ellisville Water Sys ☐ Assessment _____ ☐ Out County ☐ In County ☐ Sub VF Form

Property ID # 07-55-16-03487-104 (17107) Subdivision Grassland Acres Lot# 4

- New Mobile Home_____ Used Mobile Home ✓ MH Size 60' Year 2002
- Applicant Barbara Putnel Phone # 386-752-3244
- Address 129 SW Friendship Way
- Name of Property Owner Betty C Truluck Phone# ★386-755-9135
- 911 Address 435 SW Grassland Way Lake City, FL
- Circle the correct power company - FL Power & Light - Clay Electric
  (Circle One) - Suwannee Valley Electric - Duke Energy
- Name of Owner of Mobile Home Barbara Putnel Phone # 386-752-3244
  Address 129 SW Friendship Way
- Relationship to Property Owner sister
- Current Number of Dwellings on Property 2
- Lot Size_____ Total Acreage 5.07
- Do you : Have Existing Drive (Currently using) or Private Drive (Blue Road Sign) or need Culvert Permit (Putting in a Culvert) or Culvert Waiver (Not existing but do not need a Culvert) (Circle one)
- Is this Mobile Home Replacing an Existing Mobile Home yes
- Driving Directions to the Property Hwy 47 S to SR 240 right to Grassland Way left at 435
- Name of Licensed Dealer/Installer Robert Sheppard Phone # 386-623-2203
- Installers Address 6355 SE CR 245 Lake City FL 32025
- License Number IH 1025386 Installation Decal # 69547

email c.l.clayton@hotmail.com

STATE OF FLORIDA
COUNTY OF COLUMBIA

LAND OWNER AFFIDAVIT

This is to certify that I, (We), Betty Truluck + Elizabeth Truluck,
(State Corporation Name as it appears on the Property Appraisers Office website)
as the owner of the below described property:

Property tax Parcel ID number 07-5S-16-03487-104

Subdivision (Name, lot, Block, Phase) Grassland Acres Lot 4

Give my permission for Barbara Putnel to place a

Circle one ~~Mobile Home~~ / Travel Trailer / Utility Pole Only / Single Family Home / or more — Barn – Shed – Garage / Culvert / Other _____

I (We) understand that the named person(s) above will be allowed to receive a building permit on the property number I (we) have listed above and this could result in an assessment for solid waste and fire protection services levied on this property.

Betty Betty K Truluck — Owner Signature — 4/13/22 — Date

Elizabeth Elizabeth M. Truluck — Owner Signature — 4/13/22 — Date

_____ — Owner Signature — 4/13/22 — Date

Sworn to and subscribed before me this 13th day of April, 2022, by ✓ physical presence or ___ online notarization and this (these) person(s) are personally known to me ✓ or produced ID _____.

Mildred V Tiner — Notary Public Signature — Mildred V. Tiner — Notary Printed Name

Notary Stamp/

MILDRED V. TINER
MY COMMISSION # GG 942144
EXPIRES: December 25, 2023
Bonded Thru Notary Public Underwriters

Revised 5/21/2021

CODE ENFORCEMENT

PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED _____ BY ___ IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? yes

OWNERS NAME Barbara Putnel PHONE 386-752-3244 CELL 386 965-8363

ADDRESS 435 Grassland Way Lake City, FL 32024

MOBILE HOME PARK _____ SUBDIVISION Grassland Acres

DRIVING DIRECTIONS TO MOBILE HOME Hwy 47 S to SR 240 turn right - right on Grassland Way on left house number 435

MOBILE HOME INSTALLER Robert Sheppard PHONE 4-20-22 CELL 623-2203

MOBILE HOME INFORMATION

MAKE Clayton YEAR 2002 SIZE 14 x 70 COLOR light green

SERIAL No. WHC0117266A

WIND ZONE II Must be wind zone II or higher NO WIND ZONE I ALLOWED

INSPECTION STANDARDS

INTERIOR:

(P or F) - P= PASS F= FAILED

P SMOKE DETECTOR ( ) OPERATIONAL ( ) MISSING

P FLOORS ( ) SOLID ( ) WEAK ( ) HOLES DAMAGED LOCATION _____

P DOORS ( ) OPERABLE ( ) DAMAGED

P WALLS ( ) SOLID ( ) STRUCTURALLY UNSOUND

P WINDOWS ( ) OPERABLE ( ) INOPERABLE

P PLUMBING FIXTURES ( ) OPERABLE ( ) INOPERABLE ( ) MISSING

P CEILING ( ) SOLID ( ) HOLES ( ) LEAKS APPARENT

P ELECTRICAL (FIXTURES/OUTLETS) ( ) OPERABLE ( ) EXPOSED WIRING ( ) OUTLET COVERS MISSING ( ) LIGHT FIXTURES MISSING

EXTERIOR:

P WALLS / SIDDING ( ) LOOSE SIDING ( ) STRUCTURALLY UNSOUND ( ) NOT WEATHERTIGHT ( ) NEEDS CLEANING

P WINDOWS ( ) CRACKED/ BROKEN GLASS ( ) SCREENS MISSING ( ) WEATHERTIGHT

P ROOF ( ) APPEARS SOLID ( ) DAMAGED

STATUS /

APPROVED _____ WITH CONDITIONS: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE Robert Sheppard ID NUMBER _____ DATE 4-20-22

Cleared

COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, Robert Sheppard (Installer License Holder Name), give this authority for the job address show below only, 435 SW Grassland Way Lake City, FL (Job Address), and I do certify that the below referenced person(s) listed on this form is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections and sign on my behalf.

Printed Name of Authorized Person	Signature of Authorized Person	Authorized Person is… (Check one)
Barbara Putnel	Barbara Putnel	___ Agent ___ Officer ✓ Property Owner
James Clayton	James E Clayton	✓ Agent ___ Officer ___ Property Owner
		___ Agent ___ Officer ___ Property Owner

Barbara ★

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and I am fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances.

I understand that the State Licensing Board has the power and authority to discipline a license holder for violations committed by him/her or by his/her authorized person(s) through this document and that I have full responsibility for compliance granted by issuance of such permits.

Robert Sheppard — License Holders Signature (Notarized)
IH 1025386 — License Number
4/8/22 — Date

NOTARY INFORMATION:
STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Robert Sheppard, personally appeared before me and is known by me or has produced identification (type of I.D.)_____ on this 8th day of April, 20 22.

Mildred V Tiner
NOTARY'S SIGNATURE

(Seal/Stamp)

MILDRED V. TINER
MY COMMISSION # GG 942144
EXPIRES: December 25, 2023
Bonded Thru Notary Public Underwriters

Mobile Home Permit Worksheet

Application Number: _____ Date: _____

Installer : Robert Sheppard License # IH1025386

Address of home being installed 435 SW Grassland Way
Lake City, FL 32024

Manufacturer Clayton Length x width 14x70

New Home ☐ Used Home ☑

Home installed to the Manufacturer's Installation Manual ☑
Home is installed in accordance with Rule 15-C ☐

Single wide ☑ Wind Zone II ☐ Wind Zone III ☐

Double wide ☐ Installation Decal # 69547

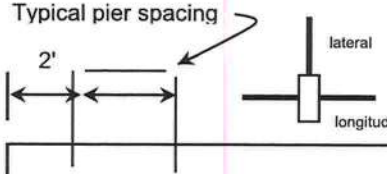
Triple/Quad ☐ Serial # _____

NOTE: ***if home is a single wide fill out one half of the blocking plan***
if home is a triple or quad wide sketch in remainder of home

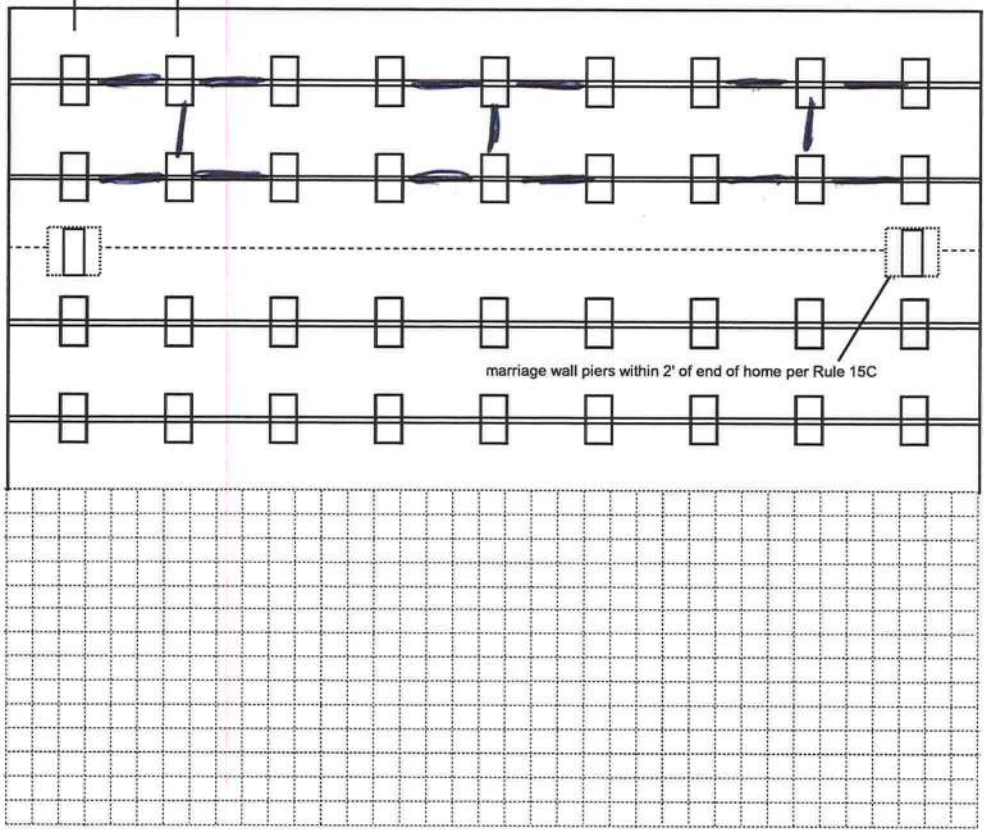
I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.

Installer's initials RS

Typical pier spacing



Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)



PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	Footer size (sq in)	16" x 16" (256)	18 1/2" x 18 1/2" (342)	20" x 20" (400)	22" x 22" (484)*	24" X 24" (576)*	26" x 26" (676)
1000 psf		3'	4'	5'	6'	7'	8'
1500 psf		4' 6"	6'	7'	8'	8'	8'
2000 psf		6'	8'	8'	8'	8'	8'
2500 psf		7' 6"	8'	8'	8'	8'	8'
3000 psf		8'	8'	8'	8'	8'	8'
3500 psf		8'	8'	8'	8'	8'	8'

* interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size 17x25

Perimeter pier pad size 16x16

Other pier pad sizes (required by the mfg.) 17x25

Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers.

List all marriage wall openings greater than 4 foot and their pier pad sizes below.

Opening	Pier pad size

POPULAR PAD SIZES

Pad Size	Sq In
16 x 16	256
16 x 18	288
18.5 x 18.5	342
16 x 22.5	360
17 x 22	374
13 1/4 x 26 1/4	348
20 x 20	400
17 3/16 x 25 3/16	441
17 1/2 x 25 1/2	446
24 x 24	576
26 x 26	676

ANCHORS

4 ft ☑ 5 ft

FRAME TIES

within 2' of end of home spaced at 5' 4" oc ☑

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer

OTHER TIES

	Number
Sidewall	24
Longitudinal	6
Marriage wall	
Shearwall	4

Mobile Home Permit Worksheet

Application Number: _____ **Date:** _____

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1500 psf
or check here to declare 1000 lb. soil without testing.

x 1600 x 1700 x 1700

POCKET PENETROMETER TESTING METHOD

1. Test the perimeter of the home at 6 locations.
2. Take the reading at the depth of the footer.
3. Using 500 lb. increments, take the lowest reading and round down to that increment.

x 1600 x 1700 x 1600

TORQUE PROBE TEST

The results of the torque probe test is 275 inch pounds or check here if you are declaring 5' anchors without testing _____. A test showing 275 inch pounds or less will require 5 foot anchors.

Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. I understand 5 ft anchors are required at all centerline tie points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb holding capacity.

RS Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Robert Sheppard

Date Tested 4-2-22

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between mult-wide units. Pg. 23

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. 28

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 28

Site Preparation

Debris and organic material removed ✓
Water drainage: Natural Swale Pad ✓ Other .

Fastening multi wide units

Floor:	Type Fastener:	Length:	Spacing:
Walls:	Type Fastener:	Length:	Spacing:
Roof:	Type Fastener:	Length:	Spacing:

For used homes a min. 30 gauge, 8" wide, galvanized metal strip will be centered over the peak of the roof and fastened with galv. roofing nails at 2" on center on both sides of the centerline.

Gasket (weatherproofing requirement)

I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, meldew and buckled marriage walls are a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.

Installer's initials _____

Type gasket _____
Pg. _____

Installed:
Between Floors Yes _____
Between Walls Yes _____
Bottom of ridgebeam Yes _____

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ✓. Pg. _____
Siding on units is installed to manufacturer's specifications. Yes ✓
Fireplace chimney installed so as not to allow intrusion of rain water. Yes ✓

Miscellaneous

Skirting to be installed. Yes _____ No _____
Dryer vent installed outside of skirting. Yes _____ N/A _____
Range downflow vent installed outside of skirting. Yes _____ N/A _____
Drain lines supported at 4 foot intervals. Yes _____
Electrical crossovers protected. Yes _____
Other : _____

Installer verifies all information given with this permit worksheet is accurate and true based on the manufacturer's installation instructions and or Rule 15C-1 & 2

Installer Signature Robert Sheppard Date 4-4-22

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR Robert Shepard PHONE 386-623-2203

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

In Columbia County one permit will cover all trades doing work at the permitted site. It is REQUIRED that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

ELECTRICAL	Print Name Marcus Matthews Signature _____ License #: EC 13005459 Phone #: 386-344-2029 Qualifier Form Attached ☐
MECHANICAL/ A/C _____	Print Name Rodney Cribbs Signature Rodney Cribbs License #: RA 13067616 Phone #: 386-288-9034 Qualifier Form Attached ☐

F. S. 440.103 Building permits; identification of minimum premium policy.--Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.

Revised 4/27/2017

Manufacturer Address

CMH Manufacturing, Inc.
DBA / Waycross Homes
RL 4, Box 284-C, Industrial Blvd.
Waycross, GA 31501

DATA P

Date of Manufacture	Plant Number	HUD No.
8-30-01	930	GEO1329740

Manufacturer's Serial Number and Model Unit Designation
If Serial Number ends with "P" - Perimeter Blocking Required(See Below)

WHC0112265AA CH14602A Cumberland

Design Approval by (D.A.P.I.A.)	Perimeter Blocking	
H.W.C.	☐ Yes ☒ No	☐ 64" O.C. ☐ 96" O.C.

This manufactured home is designed to comply with the federal manufactured home construction and safety standards in force at time of manufacture. (For additional information, consult owner's manual.)

COMPLIANCE CERTIFICATE

The factory installed equipment includes:

Equipment	Manufacturer	Model Designation
For Heating	Nordyne	E2EB012HA
For Air Cooling	—	—
For Cooking	GE	JBP16WBWW
Refrigerator	GE	GSS20IEMWW
Water Heater	State	SCI 301 HMSE
Washer	GE	WCXR1070AWW
Clothes Dryer	GE	DCXR453EAWW
Dishwasher	GE	GSD3230FWW
Stereo ~~Garbage Disposal~~	GE	7-42906
Fireplace	—	—
Smoke Detector	Fire X	H
Microwave	GE	JVM1630WB

Manufactured Home Constructed for: ☒ Zone I ☒ Zone II ☐ Zone III

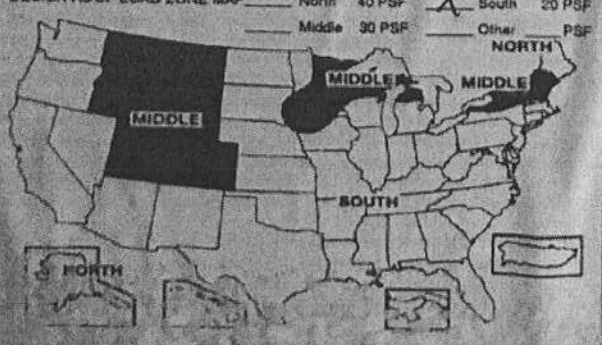
This home has not been designed for the higher wind pressures and anchoring provisions required for ocean/coastal areas and should not be located within 1500' of the coastline in the Wind Zones II and III, unless the home and its anchoring and foundation system have been designed for the increased requirements specified for Exposure D in ANSI/ASCE 7-88.

This home has ____ has not ☒ been equipped with storm shutters or other protective coverings for windows and exterior door openings. For homes designed to be located in Wind Zones II and III, which have not been provided with shutters or equivalent covering devices, it is strongly recommended that the home be made ready to be equipped with these devices in accordance with the method recommended in the manufacturers printed instructions.

STRUCTURAL DESIGN BASIS CERTIFICATE

WIND ZONE MAP

DESIGN ROOF LOAD ZONE MAP ____ North 40 PSF ☒ South 20 PSF ____ Middle 30 PSF ____ Other ____ PSF



HEATING AND COOLING DESIGN BASIS CERTIFICATE

COMFORT HEATING

The manufactured home has been thermally installed to conform with the requirements of the federal manufactured home construction and safety standards for all locations within the state.

I
Heating equipment manufacturer and model (see list at left)

The above heating equipment has the capacity to maintain an average 70 degree Fahrenheit temperature in this home at outdoor temperatures of -42.6 F

To maximize furnace operating economy and to conserve energy, it is recommended that this home be installed where the outdoor winter design temperature (97 1/2%) is not higher than -11.6 degrees Fahrenheit.

The above information has been calculated assuming a maximum wind velocity of 15 m.p.h. at standard atmospheric pressure.

COMFORT COOLING

☐ **Air Conditioner provided at factory (Alternate I)**

Air conditioner manufacturer and model (see list at left)

Certified capacity _____ B.T.U./hour in accordance with the appropriate air conditioning and refrigeration institute standards.

The central air conditioning system provided in this home has been sized assuming an orientation of the front (hitch end) of the home facing _____. On this basis the system is designed to maintain an indoor temperature of 75 degrees Fahrenheit when outdoor temperatures are _____ F dry bulb and _____ F wet bulb.

The temperature to which this home can be cooled will change depending upon the amount of exposure of the windows of this home to the sun's radiant heat. Therefore, the home's heat gains will vary dependent upon its orientation to the sun and any permanent shading provided. Information concerning the calculation of cooling loads at various locations, window exposures and shadings are provided in Chapter 22 of the 1981 edition of the ASHRAE Handbook of Fundamentals.

Information necessary to calculate cooling loads at various locations and orientations is provided in the special comfort cooling information provided with this manufactured home.

☒ **Air conditioner not provided at factory (Alternate II)**

The air distribution system of this home is suitable for the installation of central air conditioning. The supply air distribution system installed in this home is sized for manufactured home central air conditioning system of up to 35,700 B.T.U./hr rated capacity which are certified in accordance with the appropriate air conditioning and refrigeration institute standards when the air circulators of such air conditioners are rated at 0.3 inch water column static pressure or greater for the cooling air delivered to the manufactured home supply air duct system.

Information necessary to calculate cooling loads at various locations and orientations is provided in the special comfort cooling information provided with this manufactured home.

☐ **Air conditioning not recommended (Alternate III)**

The air distribution system of this home has not been designed in anticipation of its use with a central air conditioning system.

INFORMATION PROVIDED BY THE MANUFACTURER NECESSARY TO CALCULATE SENSIBLE HEAT GAIN

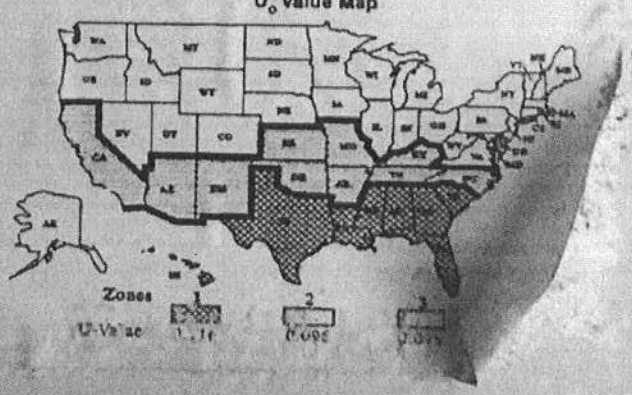
Walls (without windows and doors)	"U"	.097
Ceilings and roofs of light color	"U"	—
Ceilings and roofs of dark color	"U"	.046
Floors	"U"	.081
Air ducts in floor	"U"	—
Air ducts in ceiling	"U"	—
Air ducts installed outside the home	"U"	—

The following are the duct areas in this home

Air ducts in floor	600'	Sq. Ft.
Air ducts in ceiling	—	Sq. Ft.
Air ducts outside the home	—	Sq. Ft.

To determine the required capacity of equipment to cool a home efficiently and economically a cooling load (heat gain) calculation is required. The cooling load is dependent on the orientation, location and the structure of the home. Central air conditioners operate most efficiently and provide the greatest comfort when their capacity closely approximates the calculated cooling load. Each home's air conditioner should be sized in accordance with Chapter 22 of the American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE) Handbook of Fundamentals, once the location and orientation are known.

U_o Value Map



Columbia County Property Appraiser

Jeff Hampton

2022 Working Values
updated: 4/7/2022

Parcel: << **07-5S-16-03487-104 (17107)** >>

Aerial Viewer | Pictometery | Google Maps

2019 | 2016 | 2013 | 2010 | 2007 | 2005 | Sales

Owner & Property Info

Owner	**TRULUCK BETTY C** **TRULUCK ELIZABETH M** 435 SW GRASSLAND WAY LAKE CITY, FL 32024		
Site	435 SW GRASSLAND Way, LAKE CITY		
Description*	LOT 4 GRASSLAND ACRES S/D. 817-1363, DC 1388-1361, QC 1391-1926		
Area	5.07 AC	S/T/R	07-5S-16
Use Code**	MOBILE HOME (0200)	Tax District	3

*The Description above is not to be used as the Legal Description for this parcel in any legal transaction.
**The Use Code is a FL Dept. of Revenue (DOR) code and is not maintained by the Property Appraiser's office. Please contact your city or county Planning & Zoning office for specific zoning information.

Property & Assessment Values

2021 Certified Values		2022 Working Values	
Mkt Land	$34,500	Mkt Land	$33,000
Ag Land	$0	Ag Land	$0
Building	$34,264	Building	$37,913
XFOB	$800	XFOB	$5,300
Just	$69,564	Just	$76,213
Class	$0	Class	$0
Appraised	$69,564	Appraised	$76,213
SOH Cap [?]	$12,485	SOH Cap [?]	$17,422
Assessed	$57,079	Assessed	$58,791
Exempt	HX HB SX $57,079	Exempt	HX HB SX $58,791
Total Taxable	county:$0 city:$0 other:$0 school:$32,079	Total Taxable	county:$0 city:$0 other:$0 school:$33,791

Sales History

Sale Date	Sale Price	Book/Page	Deed	V/I	Qualification (Codes)	RCode
7/13/2019	$0	1391/1926	QC	I	U	11
2/3/1996	$15,000	0817/1363	WD	V	U	09

Building Characteristics

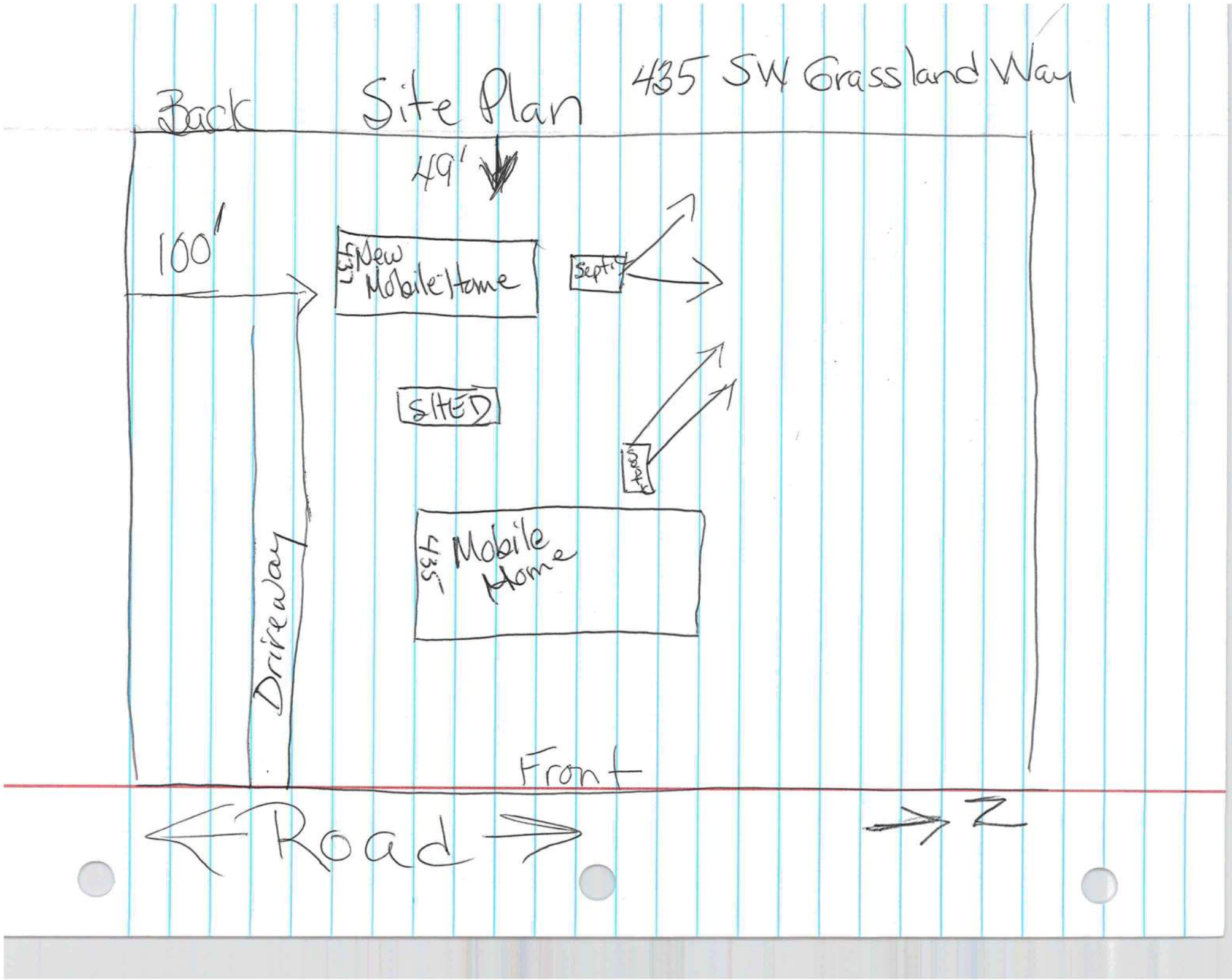
Bldg Sketch	Description*	Year Blt	Base SF	Actual SF	Bldg Value
Sketch	MANUF 1 (0200)	2000	1216	1312	$37,913

*Bldg Desc determinations are used by the Property Appraisers office solely for the purpose of determining a property's Just Value for ad valorem tax purposes and should not be used for any other purpose.

Extra Features & Out Buildings (Codes)

Code	Desc	Year Blt	Value	Units	Dims
0294	SHED WOOD/VINYL	2006	$400.00	1.00	0 x 0
0252	LEAN-TO W/O FLOOR	2014	$100.00	1.00	0 x 0
9945	Well/Sept		$3,250.00	1.00	0 x 0
0070	CARPORT UF	2014	$300.00	1.00	0 x 0
9947	Septic		$1,250.00	1.00	0 x 0

Land Breakdown


435 SW Grassland Way
Back
Site Plan
49'
100'
New Mobile Home
Septic
SITED
Septic
Mobile Home
Driveway
Front
Road
N

Prepared by: Elizabeth Truluck
435 SW Grassland Way
Lake City FL 32024
Parcel ID 07-5S-16-03482-104

Inst: 201912019371 Date: 08/21/2019 Time: 8:04AM
Page 1 of 1 B: 1391 P: 1926, P.DeWitt Cason, Clerk of Court
Columbia, County, By: BD
Deputy Clerk

Quitclaim Deed

The Quit Claim Deed executed this 13 day of July, 2019, by first party,
Grantor, Betty C Truluck AKA Betty K Truluck
whose post office address is 435 SW Grassland Way Lake City Fl 32024
to second party, Grantee Betty K Truluck and Elizabeth M Truluck (JTWRS)
whose post office address is 435 SW Grassland Way Lake City Fl 32024

Witnesseth, that the said first party, for the sum of $ Love and Affection, and other good and valuable consideration paid by the second party, the receipt whereof is hereby acknowledged, does herby remise, release and quitclaim unto the said second party forever, all the right, title, interest and claim which the said first party has in and to the following described parcel of land, and improvements, and appurtenance thereto in Columbia Florida to wit:

Lot 4 Grassland Acres, A Recorded Subdivison with Well and Septic Tank.

Elizabeth Truluck is daughter of Betty Truluck.
Joint Tenants with Rights of Survivorship.

In witness whereof, the said first party has signed and sealed these presents the day and year first above written, sealed and delivered in presence of:

Witness Signature

Robin Taylor
Printed Name

James Aultman
Witness Signature

James Aultman
Printed Name

Betty K. Truluck
Grantor Signature

Betty K. Truluck
Printed Name

Grantor Signature

Printed Name

County of: Columbia State of: Florida

Sworn to and subscribed before me this 13 day of July, 2019 The Party of the first part appeared, personally known to me/produced a valid ID, and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s) upon behalf of which the person(s) acted, executed the instrument. Witness my hand an official seal.

Notary Public State of Florida
Kathy S Aultman
My Commission GG 260872
Expires 09/20/2022

Kathy S. Aultman
Notary signature