

INDIVIDUAL

RECORD AND RETURN TO:

Development Review Division
Marion County Transportation Department
412 SE 25th Avenue
Ocala, FL 34471

THIS INSTRUMENT PREPARED BY:

PID NO.: _____

WARRANTY DEED

THIS WARRANTY DEED, Made this _____ day of _____, 20_____, by _____, whose mailing address is _____

_____, grantor(s), to MARION COUNTY, a political subdivision of the State of Florida, whose mailing address is 601 SE 25th Avenue, Ocala, Florida 34471-2626, its successors and assigns, grantee: (Wherever used herein the terms “grantor” and “grantee” include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of organizations).

WITNESSETH: That the said grantor, for and in consideration of the sum of Ten dollars (\$10.00), and other valuable considerations, receipt and sufficiency being hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the said grantee, all that certain land situate in the Marion County, Florida, to wit:

See Exhibit “A” Attached hereto and by this reference made a part hereof.

TOGETHER with all tenements, here ditaments and appertenances thereto belonging or in anywise appertaining.

TO HAVE AND TO HOLD, the same in fee simple forever.

AND the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances.

IN WITNESS WHEREOF, the grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in the presence of:
(Two witnesses required by Florida Law)

OWNER

(Witness No. 1 - Signature)

Signature

(Witness No. 1 - Printed)

Printed Name

(Witness No. 2 - Signature)

Signature

(Witness No. 2 - Printed)

Printed Name

Address

(Witness No. 2 - Signature)

(Signature of Grantor)

(Witness No. 2 - Printed)

(Name of Grantor - Printed)

(Address of Grantor)

(City, State, Zip of Grantor)

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____,
by _____ who is personally known to me or who has produced
_____ as identification; and who acknowledged that he/she executed this covenant freely
and voluntarily for the purposes therein expressed.

Print/Type Name: _____
Notary Public in and for the County and
State aforesaid.
My Commission Expires: _____
Serial No., if any: _____