Return to: (enclose self-addressed stamped envelope)

Name: Donnie D. Glass
Address: 3940 N. Hwy 441
Ocala FL 34475

This Instrument Prepared by:

Name:

Address:

Property Appraisers Parcel Identification

Folio Number(s):

Grantee(s) S.S. # (s)

FILE# 98-043407 BAY COUNTY, FLORIDA

** OFFICIAL RECORDS **
BOOK: 1812 PAGE: 392

DEED DOC STAMPS 0.70 08/14/98 BK Deputy Clk

SPACE ABOVE THIS LINE FOR PROCESSING DATA		SPACE ABOVE THIS LINE FOR RECO	RDING DATA
This Quit Claim Beed, Executed the _	ELEVENTE	Iday of AUGUST	, 19 <u>98</u> , b
Donnie D. Glass (A Married Mar	n)		
first party, to Dorothy Hinkle, Kenneth			···
whose post office address is <u>18295 SW 57th</u> second party.	<u>PL Dunne</u>	11en FL 34432	(Eaton
Wherever used herein the terms "first party" and "second party" include all the successors and assigns of corporations, wherever the context so admits or require	s)	ument and the heirs, legal representatives, ar	nd assigns of individuals, and
Witnesseth , That the first party, As a gift, and with n and quit claim unto the second party forever, all th	o exchange	e of funds does he e, interest, claim and demand	reby remise, releas I which the said fi
party has in and to the following described lot, piece (Bay ,Stat	or parcel of l	and, situate, lying and being i	
Lots 9 and 11, Block 105, Township 2, Range 14, with the Clerk of Circ Florida.	accordi	ng to plat filed	
To Have and to Hold The same togethe or in anywise appertaining, and all the estate, righ first party, either in law or equity to the only proper u	it, title, inter ise, benefit ai	est, lien, equity and claim w nd behoof of the said second p	hatsoever of the so arty forever.
In Mitness Mhereof, the said first par above written.	rty has signe	d and sealed these presents t	he day and year fi
			,
Signed, sealed and delivered in the presence of:	(,) , () , \)
AV W. CLO (WALM) Witness Signature (as to first Grantor)	- <u>-</u>	Sonne d. DX	ass T
Marcia Cohen	Granto	ONNIE D. Glass	
Printed Name	Printed	Name	
Witness Signature (as to first Grantor)	<u>39</u>	40 North Hwy 441 Oct	11A FL 34673
Matasha Rumais	rosi Oi	lice Address	
rinted Name			
fitness Signature (as to Co-Grantor, if any)	Co-Gra	ntor Signature, (if any)	T.
rinted Name			
nneu Name	Printed	Name	
/itness Signature (as to Co-Grantor, if any)	Post Of	fice Address	
rinted Name	-		
STATE OF Florida)		
COUNTY OF Marion		by Certify that on this day, before me	
Donnie DGlass	.) to ad	minister oaths and take acknowledge	nents, personally appea
known to me to be the persondescribed in and who execut	ted the foregoing	instrument, who acknowledged before	re me that
executed the same, and an oath was not taken. (Check one:) 🔾			
following upp of the Greation: MISSOURI CDL # 26	,3-7E-80	37	F
NO. OF REAL BER STAMP SEAL		ny hand and official seal in the Cour	ity and State last afores
TOTAL SEAL	this	1 11 10	. A.D. 19 9
* [*] * ₊	1		
818 () []	Netary Sign	alure 2	/
A CONTROL OF THE PARTY OF THE P	Printed Nam	<u> </u>	-
THES TO SEE		RCD Aug 14 1998	12:14pm
CALC - STATE OF		HAROLD BAZZEL, CL	.ERK

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