

Parcel ID No: 36366-010-000

### Quit Claim Deed

Made this day OCTOBER 9TH, 2014 A.D. by **Jorge L. Morfa**, whose post office address is **12405 E. Slauson Ave Unit O Whittier, California 90606**. Hereinafter called the grantor, to **Orlando J. Morfa** whose post office address is **610 Dolphin Dr. Panama City Beach, Florida 32413** hereinafter called the grantee.

(Whenever used herein the term "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 corporations)

**Witnesseth**, that the grantor, for and in consideration of the sum of \$ **TWENTY FOUR THOUSAND AND NO/100 DOLLARS (\$24,000.00)** and other valuable considerations, receipt whereof is hereby acknowledged, does hereby remise, release and quit claim unto the grantee forever, all the right, title interest, claim and demand which the said grantor has in and to, all that certain land situate in **Bay County Florida**. to wit:

**LOT 389, ACCORDING TO THE PLAT OF INLET BEACH HEIGHTS, AS RECORDED IN PLAT BOOK 8, PAGE 88, IN THE OFFICE OF THE CLERK OF THE CERCUIT COURT OF BAY COUNTY, FLORIDA.**

Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

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 grantor, either in law or equity to the only proper use, benefit and behoof of the said grantee forever.

In Witness Whereof, the said grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in our presence:

*[Signature]*  
Witness Signature

Francis Avila  
Witness Printed Name

*[Signature]*  
Jorge L Morfa

*[Signature]*  
Witness Signature

Jose Luis Gonzalez  
Witness Printed Name

State of \_\_\_\_\_

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day, of \_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification.

PLEASE SEE ATTACHMENT FOR NOTARY SIGNATURE

\_\_\_\_\_  
Notary Public  
Print Name  
My commission Expires \_\_\_\_\_

# CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of Los Angeles

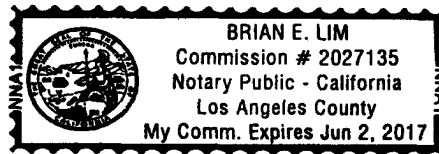
On 10/9/14 before me, Brian E. Lim, Notary Public,  
(Date) (Name and Title of the Officer)

personally appeared JORGE L MORFA who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) ~~is/are~~ subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/het/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Brian E. Lim  
(Signature of Notary Public)



## ADDITIONAL OPTIONAL INFORMATION

<b>DESCRIPTION OF THE ATTACHED DOCUMENT</b>
<u>QUIT CLAIM DEED</u>
(Title or description of attached document)
(Title of attached document continued)
Number of Pages <u>    </u> Document Date <u>10/9/14</u>
<u>NA</u>
(Additional information)

**INSTRUCTIONS FOR COMPLETING THIS FORM**  
Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgement form must be properly completed and attached to that document. The only exceptions is if a document is to be recorded outside of California. In such instances, any alternative acknowledgement verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.

<b>CAPACITY CLAIMED BY THE SIGNER</b>
<input type="checkbox"/> Individual (s)
<input type="checkbox"/> Corporate Officer
_____ (Title)
<input type="checkbox"/> Partner (s)
<input type="checkbox"/> Attorney-in-Fact
<input type="checkbox"/> Trustee (s)
<input type="checkbox"/> Other _____

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgement.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgement is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is/are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impressions must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgement form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
  - ◆ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document
  - ◆ Indicate title or type of attached document, number of pages and date.
  - ◆ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document.