Prepared by: FOLTZ JEANETTE 6 AUGUSTA CT TOMS RIVER, NJ 08757

** OFFICIAL RECORDS ** BK: 1347 PG; 1244

FILE# 2000-028647 HERNANDO COUNTY, FLORIDA

RCD 06M 21 2000 12:54pm KAREN NICOLAI, CLERK

DEED DOC STAMPS 0.70 06/21/00 ____ Deputy Clk

A298-10 R298-04

QUITCLAIM DEED

PARTS OF THIS DOCUMENT ARE OF POOR QUALITY AND MAY NOT BE LEGIBLE

THIS QUITCLAIM DEED, Executed this day of , (year), by first party, Grantor, JEANETTE FOLTZ whose post office address is GAUGUSTA CT. TOMS RIVER, MJ08757 to second party, Grantee, JEANNE WHITE MAN AND EDWARD WHITE MAN whose post office address is 430AKLAND AVE ROCKAWAY, N.J 07866

WITNESSETH, That the said first party, for good consideration and for the sum of Dollars (\$ 1.00) paid by the said second party, the receipt whereof is hereby acknowledged, does hereby 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 appurtenances thereto in the County of $H \in RMNDO$, State of $F \sqcup OR i OA$ to wit:

LOT 6, BLOCK 1334, OFSPRINGHILL, UNIT 29, AS PER PLAT THEREOF RECORDED IN PLAT BOOK 9, PAGES 65-80, OFTHE PUBLIC RECORDS OF HERNANDO COUNTY, FLORIDA SUBJECT TO EASEMENTS, RESTRICTIONS AND RESERVATIONS OF RECORD.

zzнн (1)

Rev. 4/99

If your state requires 8 1/2" x 11" forms, cut off the bottom of this page at the dotted line.



IN WITNESS WHEREOF, The said first party has signed and sealed these presents the day and year first above written. Signed, sealed and delivered in presence of:

hPA. JEANETTE FOLTZ Print name of First Party Signature of First Party Print name of First Party Print name State of FloriDA County of Hernando before me, Dobra PEllinghuysen On appeared Jeanette Foltz personally known to me (or 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/her/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. DEBRA P. ELLINGHUYSEN WITNESS my hand and official seal, MY COMMISSION # CC 595368 EXPIRES: October 23, 2000 ed Thru Notary Public Und Signature of Notary Produced ID Affiant Known Type of ID (Seal) State of } County of before me, On appeared personally known to me (or 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/her/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. WITNESS my hand and official seal. __Known____Produced ID Signature of Notary Affiant ____ Type of ID _____ (Seal) Signature of Preparer Print Name of Preparer Address of Preparer (2)

If your state requires 8 $\frac{1}{2}$ x 11" forms, cut off the bottom of this page at the dotted line.