

QUIT CLAIM DEED

RAMCO FORM 8

Return to (enclose self addressed stamped envelope)

Name
Arthur David Dix
Address
7090 Orchid Tree Drive
Grant FL 32949

This Instrument Prepared by
Name
Candice Miravalle
Address
Express LCL Services, Inc.
129 W. Hibiscus Blvd.
Melbourne FL 32901

Property Appraisers Parcel Identification

Folio Number(s)

Grantee[s] S S # (s)

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

This Quit Claim Deed, Executed the 20th day of December 2009, by Arthur D. Dix, an unmarried widow, first party, to Arthur David Dix, an unmarried widow, and Gail Miksch, a married woman ***, whose post office address is 7090 Orchid Tree Drive, Grant FL 32949, second party

(Wherever used herein the terms first party and second party include all the parties to this instrument and the heirs legal representatives and assigns of individuals and the successors and assigns of corporations wherever the context so admits or requires)

Witnesseth, That the first party, for and in consideration of the sum of \$ 10.00, in hand paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release, and quit claim unto the second party forever, all the right, title, interest, claim and demand which the said first party has in and to the following described lot, piece or parcel of land, situate, lying and being in the County of Brevard, State of Florida, to-wit

*** as co-trustees of the Arthur David Dix Living Trust, UTD 12/17/09

Lot 4, Block E, CYPRESS LAKE ESTATES, according to the Plat thereof, as recorded in Plat Book 24, Pages 111 and 112, Public Records of Brevard County Florida.

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 first party, either in law or equity to the only proper use, benefit and behoof of the said second party forever

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 the presence of

Witness Signature (as to first Grantor)

[Signature]

Printed Name

LEE HUGHAN

Witness Signature (as to first Grantor)

[Signature]

Printed Name

Tamela Hughey

Witness Signature (as to Co Grantor if any)

Printed Name

Witness Signature (as to Co Grantor if any)

Printed Name

Grantor Signature

[Signature]

Printed Name

Arthur D. Dix

Post Office Address

7090 Orchid Tree Drive
Grant FL 32949

Co Grantor Signature (if any)

Printed Name

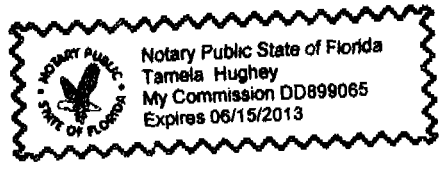
Post Office Address

STATE OF Florida)
COUNTY OF Brevard)
Arthur D. Dix

I hereby Certify that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared

known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that he executed the same, and an oath was not taken (Check one) ☒ Said person(s) is/are personally known to me ☐ Said person(s) provided the following type of identification _____

NOTARY RUBBER STAMP SEAL



Witness my hand and official seal in the County and State last aforesaid this 20th day of December 2009

Notary Signature

[Signature]

Printed Name

Tamela Hughey

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