

Disclaimer:

The forms provided on this website are intended only as GUIDELINES and are provided as examples of the type of form that may be used. The Clerk cannot advise whether a form is appropriate for your circumstance. To ensure that you are using the appropriate form and that it is completed correctly, you should seek legal counsel before using the form.

PREPARED BY & RETURN TO:

First & Last Name of Preparer

Company/Firm

Street Address or P.O. Box

City, State, Zip Code and/or Country

PARCEL ID

QUITCLAIM DEED

THIS QUITCLAIM DEED, executed this ____ day of _____, 20____, by the Grantor(s), _____, whose post office address is _____, to Grantee(s), _____, whose post office address is _____.

WITNESSETH, that the said Grantor(s), for the sum of \$_____, and other good and valuable consideration paid by the Grantee(s), the receipt whereof is hereby acknowledged, does hereby remise, release, and quitclaim unto the said Grantee(s) forever, all the right, title, interest, claim, and demand which the said Grantor(s) has in and to the following described parcel of land, and all improvements and appurtenances thereto, in Brevard County, Florida, as further described herein:

Signature of Witness

Signature of Grantor

Printed Name of Witness

Printed Name of Grantor

Street Address or P.O. Box

City, State, Zip Code and/or Country

Signature of Witness

Signature of Grantor

Printed Name of Witness

Printed Name of Grantor

Street Address or P.O. Box

City, State, Zip Code and/or Country

STATE OF _____
COUNTY OF _____

SWORN TO (OR AFFIRMED) and subscribed before me by means of physical presence or online notarization this ____ day of _____, 20____, by _____, who is/are personally known or produced _____, as identification.

Signature of Notary Public

Printed Name of Notary Public

Expiration of Commission