This instrument prepared by:	
Name:	
Address:	
Quit	Claim Deed
The Quit Claim Deed executed this day	y of,, by first party,
Grantor,	
whose post office address is	
whose post office address is	
does hereby remise, release and quit claim un	m of \$, and other good and ty, the receipt whereof is hereby acknowledged, to the said second party forever, all the right, title, as in and to the following described parcel of land, in St. Lucie County, Florida to wit:
Parcel Identification Number:	
In witness whereof, the said first party has sig first above written, sealed, and delivered in pr	gned and sealed these presents the day and year resence of:
Witness Signature	Grantor Signature
Printed Name	Printed Name

Witness Street Address	Grantor Street Address
Witness City, State, and Zip Code	Grantor City, State, and Zip Code
Witness Signature	Grantor Signature
Printed Name	Printed Name
Witness Street Address	Grantor Street Address
Witness City, State, and Zip Code	Grantor City, State, and Zip Code
County of:	State of:
that he/she/they executed the same in his/her	ne person(s) upon behalf of which the person(s)
	Notary Signature