	•
T CLAIM DEED  Return to: (enclose self-addressed stamped envelope)	
CESAR H. VIANA TORRES	
Deltoing, Florida, 32725	
Instrument Prepared by: e: Casar H Vianaterres	
5811 Rellington Dr.	
DeLtoNa, Florida 32725	
erty Appraisers Parcel Identification: 0 3351-149-00	
Number(s):	
(SPACE ABOVE THIS LINE FOR PROCESSING DATA)	(SPACE ABOVE THIS LINE FOR PROCESSING DATA)
This Quit Claim Beed, Made the //	day of <u>June</u> , 2015, 1
CESAL H. VIANA TORRES, also	KNOWN as Cesar H. ViaNa
11 / 1/4	
whose post office address is Calle Apolo E-2	VILLAS de Buena Vista Bayamin P.R 0095
second party. (Wherever used herein the terms "first party" and "second party.	y' include all the parties to this instrument and the heirs, legal representatives, assigns of corporations. wherever the context so admits or requires.)
Witnesseth, That the first party, for and in con	
in hand paid by the said second party, the receipt	whereof is hereby acknowledged, does hereby remise, releas
	e right, title, interest, claim and demand which the said fit
	or parcel of land, situate, lying and being in the County
	State of Florida, to-wit:
Tract #481 Legally descr	kibed as:
	of the swig of the SWig of the Su
of	The swap of the swap or mean
Section 9, Township 12	Suit Room 17 East.
Deceroit 1 Journship 12	south, mange it - sides
Approximately 1 acres	Levy, County, Florida
The picporty is not the homestead of the grantor.	
Uo Have and to Holo, The same together	r with all and singular the appurtenances thereunto belonging
<b>II</b>	, title, interest, lien, equity and claim whatsoever of the sa
first party, either in law or equity to the only proper use, be	eneju ana venooj oj <mark>ine suid secona party jorever.</mark>
In Witness Whereof, the said first party has sa	igned and sealed these presents the day and year first above writte
Signed, sealed and delivered in the presence of:	
Signed, seared and delivered in the presence of.	
Signal, state and delivered in the presence of	( Gion Blimen
Witness Signature (as to first Grantop)	Grandy Signature & HV BUR
Jun / Na	
Witness Figurature (as to first Granton)  Printed Name  Witness Prigurature (as to first Granton)	Granter Signature  Printed Name 591 N. Wellington DR.  Deltena, Florida 32725  Post Office Address
Witness Signature (as to first Granton)  Printed Name  Dark Southald	Printed Name 591 N. Wellington DR.  Deitina, Florida 32725
Witness Suparture (as to first Grantor)  Printed Name  Auth Southard  Witness Commandature (as to first Grantor)  Falth Southard	Printed Name 591 N. Wellington DR.  Deltena Florida 32725
Witness Signature (as to first Grantor)  Printed Name  Witness Signature (as to first Grantor)  Funded Name  Witness Signature (as to Co-Grantor, if any)	Printed Name 531 N. Wellington DR.  Deltena, Florida 32725  Post Office Address
Witness Signature (as to first Grantor)  Printed Name  Witness Signature (as to first Grantor)  Witness Signature (as to Co-Grantor, if any)  Printed Name	Printed Name 53/ N. WellingTon DR.  Deltona, FloRida 32725  Post Office Address  Co-Grantor Signature, (if any)  Printed Name
Witness Signature (as to Co-Grantor, if any)  Witness Signature (as to Co-Grantor, if any)	Printed Name 53/ N. WellingTon DR.  Deltona, FloRida 32725  Post Office Address  Co-Grantor Signature, (if any)
Witness Signature (as to first Grantor)  Printed Name  Witness Signature (as to first Grantor)  Witness Signature (as to Co-Grantor, if any)  Printed Name  Witness Signature (as to Co-Grantor, if any)  Printed Name	Printed Name 53/ N. WellingTon DR.  Deltona, FloRida 32725  Post Office Address  Co-Grantor Signature, (if any)  Printed Name
Witness Signature (as to Co-Grantor, if any)  Witness Signature (as to Co-Grantor, if any)	Printed Name 53/ N. WellingTon DR.  Deltona, FloRida 32725  Post Office Address  Co-Grantor Signature, (if any)  Printed Name
Witness Signature (as to first Grantor)  Printed Name  Witness Signature (as to Co-Grantor, if any)  Printed Name  Witness Signature (as to Co-Grantor, if any)  Printed Name  STATE OF Floreda  COUNTY OF	Printed Name 53/ N. WellingTon DR.  Deltina, FloRida 32735  Post Office Address  Co-Grantor Signature, (if any)  Printed Name  Post Office Address  I hereby Certify that on this day, before me, an officer duly authoriz
Witness Signature (as to first Grantor)  Printed Name  Witness Signature (as to Co-Grantor, if any)  Printed Name  Witness Signature (as to Co-Grantor, if any)  Printed Name  STATE OF	Printed Name 53/ N. WellingTon DR.  Deltena, Florida 32735  Post Office Address  Co-Grantor Signature, (if any)  Printed Name  Post Office Address  I hereby Certify that on this day, before me, an officer duly authoriz to administer oaths and take acknowledgments, personally appear TOCLES  ited the foregoing instrument, who acknowledged before me that
Witness Signature (as to first Grantor)  Printed Name  Witness Signature (as to first Grantor)  Printed Name  Witness Signature (as to Co-Grantor, if any)  Printed Name  STATE OF	Printed Name 53/ N. Wellington DR.  Deitona, Florida 32735  Post Office Address  Co-Grantor Signature, (if any)  Printed Name  Post Office Address  I hereby Certify that on this day, before me, an officer duly authoriz to administer oaths and take acknowledgments, personally appear TOILLS  Ited the foregoing instrument, who acknowledged before me that  Said person(s) is/are personally known to me.   Said person(s) is/are personally known to me.   Said person(s) provided to
Witness Signature (as to first Grantor)  Printed Name  Witness Signature (as to first Grantor)  Printed Name  Witness Signature (as to Co-Grantor, if any)  Printed Name  STATE OF	Printed Name 53/ N. Wellington DR.  Deltona, Florida 32735  Post Office Address  Co-Grantor Signature, (if any)  Printed Name  Post Office Address  I hereby Certify that on this day, before me, an officer duly authoriz to administer oaths and take acknowledgments, personally appear Tolles  ited the foregoing instrument, who acknowledged before me that  Said person(s) is/are personally known to me.   Said person(s) provided to the said person(s) provided to the said person of the said
Witness Signature (as to first Grantor)  Printed Name  Witness Signature (as to Go-Grantor, if any)  Printed Name  Witness Signature (as to Co-Grantor, if any)  Printed Name  STATE OF Florida  COUNTY OF Levy  known to me to be the person described in and who executed the same, and an oath was not taken. (Check one:) Solutions of the same of the person points of the same of the person points of the person points of the same of the person points of	Printed Name 53/ N. Wellington DR.  Deltona, Florida 32735  Post Office Address  Co-Grantor Signature, (if any)  Printed Name  Post Office Address  I hereby Certify that on this day, before me, an officer duly authorize to administer oaths and take acknowledgments, personally appear Tolles  Ited the foregoing instrument, who acknowledged before me that  Said person(s) is/are personally known to me.   Said person(s) provided to the foregoing instrument, who acknowledged before me that  Witness my hand and official seal in the County and State last aforese
Witness Signature (as to first Grantor)  Printed Name  Witness Signature (as to Co-Grantor, if any)  Printed Name  Witness Signature (as to Co-Grantor, if any)  Printed Name  STATE OF	Printed Name 53/ N. Wellington DR.  Deltona, Florida 32735  Post Office Address  Co-Grantor Signature, (if any)  Printed Name  Post Office Address  I hereby Certify that on this day, before me, an officer duly authoriz to administer oaths and take acknowledgments, personally appear Tolles  Ited the foregoing instrument, who acknowledged before me that