

QUIT CLAIM DEED

Return to: (enclose self-addressed stamped envelope)

Name: Mary Joyce Wilson
Address: P.O. Box 514
Williston, FL 32696
This Instrument Prepared by:
Name: Mary J Wilson
Address: P.O. Box 514
Williston, FL 32696
Property Appraisers Parcel Identification: 0918801200
Folio Number(s):

(SPACE ABOVE THIS LINE FOR PROCESSING DATA)

(SPACE ABOVE THIS LINE FOR PROCESSING DATA)

This Quit Claim Deed, Made the 9th day of June, 2022, by
Mary JOYCE Wilson
first party, to ACCESS ENTERPRISES, LLC
whose post office address is P.O. Box 514, Williston, FL 32696
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 \$ 0
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 Levy County, State of FLORIDA, to-wit:
21-13-18 Williston, Hylands GOLF & C Club
EST BLK 11 LOT 13 or BOOK 1538
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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:

[Signature]
Witness Signature (as to first Grantor)
Tracy Richards
Printed Name
[Signature]
Witness Signature (as to first Grantor)
ANNIE BATTLE
Printed Name

[Signature]
Grantor Signature
Mary J Wilson
Printed Name
P.O. Box 514, Williston, FL 32696
Post Office Address

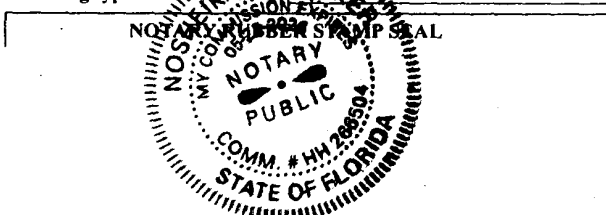
Witness Signature (as to Co-Grantor, if any)
Printed Name
Witness Signature (as to Co-Grantor, if any)
Printed Name

Co-Grantor Signature, (if any)
Printed Name
Post Office Address

STATE OF Florida
COUNTY OF Levy

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

known to me to be the person as described in and who executed the foregoing instrument, who acknowledged before me that She executed the same, and no oaths were not taken. (Check one:) ☒ Said person(s) is/are personally known to me. ☐ Said person(s) provided the following type of identification:



Witness my hand and official seal in the County and State last aforesaid this 9th day of June, 2022
[Signature]
Notary Signature
NOSHEIKA M. RUCKER
Printed Name