

Prepared by: CATHERINE L. GUNN - R
43 CHINKAPIN CIR.
HOMOSASSA, FL 34446

10/28 - REC ✓
700DS ✓

FILED & RECORDED
CITRUS COUNTY Florida
BETTY STRIFLER, CLERK
1109431
VERIFIED BY:
[Signature] D.C.

A298-10
R298-04

QUITCLAIM DEED

THIS QUITCLAIM DEED, Executed this 30TH day of DECEMBER, 1999 (year),

by first party, Grantor, BRYAN KEITH GAY, SR.
whose post office address is 3830 SOUTH PIGEON TERRACE, HOMOSASSA, FL 34448
to second party, Grantee, CATHERINE LOREEN GUNN
whose post office address is 43 CHINKAPIN CIRCLE, HOMOSASSA, FL 34446

WITNESSETH, That the said first party, for good consideration and for the sum of
-TEN- Dollars (\$10.00) paid by the said second
party, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim
unto the said second party forever, all the right, title, interest and claim which the said first party
has in and to the following described parcel of land, and improvements and appurtenances there-
to in the County of CITRUS, State of FLORIDA to wit:

LOT 2, BLOCK 109, CYPRESS VILLAGE IN SUGARMILL WOODS
43 CHINKAPIN CIRCLE

Documentary Tax Paid
\$ 70
Intangible Tax Paid
\$ 0
Betty Strifler,
Clerk of Circuit Court,
Citrus County, Florida
By: SM D.C.

ZAMH (1)

Rev. 4/99

.....
If your state requires 8 1/2" x 11" forms, cut off the bottom of this page at the dotted line.



BK 134 | PG 194 |

1999 DEC 30 PM 1:09

25 X 10

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 presence of:

Terry Harris
Signature of Witness

TERRY HARRIS
Print name of Witness

Sarah Sharp
Signature of Witness

SARAH SHARP
Print name of Witness

Bryan K. Gay Sr.
Signature of First Party

BRYAN K GAY SR.
Print name of First Party

Catherine L. Gunn
Signature of First Party

CATHERINE L. GUNN
Print name of First Party

State of FLORIDA
County of CITRUS
On 12-30-99
appeared

before me, Debra Jean Fields

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Debra J. Fields
Signature of Notary



Debra J. Fields
MY COMMISSION # CC786151 EXPIRES
October 24, 2002
BONDED THROUGH TROY FARM INSURANCE, INC.

Affiant Known Produced ID
Type of ID personally known
(Seal)

State of _____
County of _____
On _____ before me,
appeared

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature of Notary

Affiant Known Produced ID
Type of ID _____
(Seal)

Signature of Preparer

Print Name of Preparer

Address of Preparer

(2)

If your state requires 8 1/2" x 11" forms, cut off the bottom of this page at the dotted line.

BK 134 | PG 1942

1999 DE 30 PM 1:10