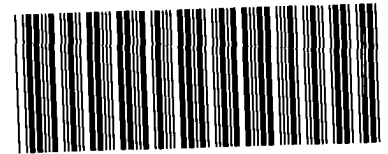


Return Original Document to:
FIRST AMERICAN TITLE
WARRENVILLE POST CLOSING
27775 Diehl Rd
Warrenville, IL 60555



2009016317 3 PGS

Prepared by
Donna Smith, an employee of
First American Title Insurance Company
213 Courthouse Square
Inverness, Florida 34450
(352)726-8003

OFFICIAL RECORDS
CITRUS COUNTY
BETTY STRIFLER
CLERK OF THE CIRCUIT COURT
RECORDING FEE: \$31.00
DOCUMENTARY TAX: \$1,820.00
2009016317 BK: 2280 PG: 2387
04/14/2009 01:36 PM 3 PGS
JCARROLL, DC Receipt #012247

Return to: Grantee

File No.: 1091-2091414

TRUSTEE'S DEED

The name of each person who executed, witnessed, or notarized this document must legibly be printed, typewritten or stamped immediately beneath the signature of such person.

THIS INDENTURE, executed on **April 08, 2009**, between

James F. O'Connor and Patricia A. O'Connor, his wife as to a Life Estate Interest and James F. O'Connor and Patricia A. O'Connor, Individually, Husband and Wife, and as Trustees of that certain James F. O'Connor and Patricia A. O'Connor Trust of May 16, 1994, as to the remainder interest

whose mailing address is: *5134 Big Sky Trail Indian River, MI 49749*
party of the first part, and

Pedro DeValle, Jr. and Jacqueline B. Pitre-DeValle, husband and wife

whose mailing address is: ~~860 West Olympia Street, Hernando, FL 34442~~
party of the second part, *2956 Skyline Dr Staten NY 10304*

WITNESSETH: The party of the first part, for and in consideration of the sum of \$10.00 and other good and valuable consideration, receipt whereof is hereby acknowledged, by these presents does grant, bargain, release, convey and confirm to the party of the second part, their heirs and assigns, all that certain land situate in **Citrus County, Florida**, to-wit:

Lot 29, Block 51, CITRUS HILLS FIRST ADDITION, according to the Plat thereof as recorded in Plat Book 9, Pages 73 through 83, inclusive, Public Records of Citrus County, Florida.

Parcel Identification Number: **2304286**

SUBJECT to covenants, restrictions, easements of record and taxes for the current year.

TRUSTEE(S), James F. O'Connor & Patricia A. O'Connor, has/have full power to sell, transfer, mortgage said real estate.

TOGETHER WITH all singular the tenements, hereditaments and appurtenances belonging to or in anywise appertaining to that real property.

AND the party of the first part does covenant to and with the party of the second part, their heirs and assigns, that in all things preliminary to and in and about the sale and this conveyance the Laws of Florida have been followed and complied with in all respects.

In Witness Whereof, the parties of the first part have hereunto set their hand(s) and seal(s) the day and year first above written.

James F. O'Connor
James F. O'Connor

Patricia A. O'Connor
Patricia A. O'Connor

James F. O'Connor and Patricia A. O'Connor, as Trustees of that certain James F. O'Connor and Patricia A. O'Connor Trust of May 16, 1994 as to the remainder interest

James F. O'Connor
James F. O'Connor, Co-Trustee

Patricia A. O'Connor
Patricia A. O'Connor, Co-Trustee

Signed, sealed and delivered in our presence:

Dawn M. Theroux
Witness Signature

Print Name: Dawn M. Theroux

Donna Smith
Witness Signature

Print Name: Donna Smith

State of **Florida**

County of **Citrus**

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED before me on **April 08, 2009**, by **James F. O'Connor and Patricia A. O'Connor, his wife as to a Life Estate Interest and James F. O'Connor and Patricia A. O'Connor, Individually, Husband and Wife and as Trustees of that certain James F. O'Connor and Patricia A. O'Connor Trust of May 16, 1994, as to the remainder interest** who is/are personally known to me or has/have produced a valid driver's license as identification and who did take an oath. This document has been notarized pursuant to Florida Statutes, Chapter 668.

Donna M. Smith
Notary Public

(Printed Name)



{Notarial Seal}

My Commission expires: _____

Att: Dawn

Septic System Re-Sale Inspection

Authority: Chapter 42 – Citrus County Code

Date:	3/13/09
Buyer:	Dewalle & Patis
Seller:	O'Connor
Physical Address:	800 W. Olympia St. Heenando
Phone Number:	
Pumping Contractor:	Simply

Septic Tank

Approximate Tank Volume:	1050 Gallons
Material:	<input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other
Pumping Performed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Baffle and Tees Intact and Secure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Outlet Filter	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Tank is Free of Structural Defects	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Lid and Manholes Properly Fitted	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Dosing Tank

N/A

Approximate Tank Volume:		Gallons
Material:	<input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other	
Pump is Functional and Performing	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Pump is Elevated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Check Valve	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Working Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Electrical Connections Secure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Tank Protected From Surface Water Infiltration	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Drainfield

Drainfield Type	<input checked="" type="checkbox"/> Rock <input type="checkbox"/> Alt. Product <input type="checkbox"/> Other
Configuration	<input checked="" type="checkbox"/> Trench <input type="checkbox"/> Bed <input type="checkbox"/> Mound <input type="checkbox"/> Subsurface
Approximate Size	300ft Square Feet
Visible Signs of Seepage	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Visible Signs of Previous Failure	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Ponding of Sewage	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Downspouts Directed Towards Drainfield	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

System Appears Functional (Signature)

Ray Gull

This inspection is designed to assess the condition of a system at a particular moment in time. This inspection will identify obvious substandard systems, for example systems without drain fields. This inspection is not designed to determine precise code compliance, nor precise information to demonstrate that the system will adequately serve the use to be placed on it by this or any subsequent owner.

Please note
seller pd for
inspection ck# 4418

A copy of this inspection must be provided to:
Citrus County Environmental Health
3650 W Sovereign Path, Suite 2
Lecanto, FL 34461
Fax: (352) 527-5564

Return Original Document to:
FIRST AMERICAN TITLE
WARRENVILLE POST CLOSING
27775 Diehl Rd
Warrenville, IL 60555