

THIS INSTRUMENT PREPARED BY:

NAME Julius Laracuate  
ADDR. 1834 Sw Lofgren ave  
Port St Lucie, FL /561-5290563

Official Records Citrus County FL  
Angela Vick, Clerk of the Circuit Court & Comptroller  
#2021030964 BK: 3163 PG: 211  
5/10/2021 3:32 PM 1 Receipt: 2021026338  
RECORDING \$18.50  
D DOCTAX PD \$0.70

Corrective

**This Quit Claim Deed**, Executed this 15 day of April, 2021, by  
(first party) Alejandro Munoz & Adelaida Torres 18506 Ambly Lane Tampa FL 33647  
to (second party) Paola A Contreras  
whose post office address is 1626 SW Morelia Ln, Port St Lucie, FL 34953

(Wherever used herein the terms "first party" and "second party" shall include singular and plural, heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

**Witnesseth**, That the said first party, for an in consideration of the sum of \$ 10.00, in hand paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quit-claim unto the said 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 land, situate, lying and being the County of Citrus, State of Florida to wit:

Legal Description : INVERNESS VLG PB 6 PG 26 LOT 6 BLK 7

Parcel ID : 19E19S130030 00070 0060  
Address: 1529 S BORDER AVE , INVERNESS

**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 for 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 Party

JOSE ORTIZ  
Printed Name

[Signature]  
Witness Signature as to First Party

[Signature]  
Printed Name

Witness Signature as to Co-First Party (if applicable)

Printed Name

Witness Signature as to Co-First Party (if applicable)

Printed Name

[Signature]  
Signature of First Party

Adelaida Torres  
Printed Name

Post Office Address

[Signature]  
Signature of Co-First Party (if applicable)

Alejandro Munoz  
Printed Name

Post Office Address

STATE OF FLORIDA  
COUNTY OF St Lucie

The foregoing instrument was acknowledged before me this 15 day of April,  
2021, by Alexandro Manuel Adelaida Torres, who is personally known to me or has  
produced M520-000-99-133-0 as identification and who did/did not take an oath.

[Signature]  
Notary Public

(Print, type, or stamp commissioned name of Notary Public)

