

Name: Robin H. Conner, Esquire

Address: 1750 Highway 1A South, Suite B St. Augustine, FL 32084

This Instrument Prepared by: Robin H. Conner, Esquire Address: 1750 Highway 1A South, Ste B St. Augustine, FL 32084

Property Appraiser's Parcel Identification (Folio Number(s)): 201240-0000

Grantee(s) S, B, J(s)

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SPACE ABOVE THIS LINE FOR PROCESSING DATA

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This Quit Claim Deed, Executed the 22nd day of September, 1993, by LUCILLE B. SMITH, an unmarried widow, first party, to LUCILLE B. SMITH and ROSEMARY L. McCORMICK, as Joint Tenants with Right of Survivorship whose post office address is 125 Marine Street, St. Augustine, Florida 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 Love and Affection, 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 St. Johns, State of Florida, to-wit:

Lots One (1), Two (2), Three (3) and the north Ten (10) feet of Lot Four (4) of Block Forty-four (44) A of the City of St. Augustine, Florida according to plat or map thereof official records of St. Johns County, Florida.

It is the purpose of this conveyance to create or reserve* ^{see reverse side} **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:

Witness Signature (as to first Grantor) Angela M. Cox

Printed Name ANGELA M. COX

Witness Signature (as to first Grantor) Robin H. Conner

Printed Name ROBIN H. CONNER

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

Printed Name

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

Printed Name

Grantor Signature Lucille B. Smith

Printed Name Lucille B. Smith

Post Office Address 125 Marine Street St. Augustine, FL 32084

Co-Grantor Signature (if any)

Printed Name

Post Office Address

STATE OF FLORIDA
COUNTY OF ST. JOHNS

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

LUCILLE B. SMITH
known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that she executed the same, and an oath was not taken. (Check one:) Said person Said person(s) provided the following type of identification:

NOTARY RUBBER STAMP SEAL

Witness my hand and official seal in the County and State last aforesaid this 20th day of Sept, A.D. 19 93

Notary Signature Robin H. Conner

Printed Notary Signature ROBIN H. CONNER
Notary Public - State of Florida
My Commission Expires June 17, 1994

Recorded in Public Records St. Johns County, FL
Clerk # 93036008 O.R. 1022 PG 378 03:13PM 11-18-93
Recording 9.00 Surcharge 1.50 Doc Stamp 0.70

a life estate in the property described herein in the Grantor, LUCILLE B. SMITH, unmarried, with the property passing upon her death to Rosemary L. McCormick, in fee simple absolute.

RAMCO FORM 8

Quit Claim Deed

To

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