

# QUIT-CLAIM REQUEST

It is my/our desire to change the Title to property currently held by me/us. I/We would like Lee County Document Preparation, Inc., a Florida Corporation (hereinafter referred to as LCDP), at a cost of \$150.00 per deed, plus all documentary stamps and recording fees, to change the Title to be in the names of: ***(NAMES AND ADDRESSES FOR NEW DEED)***

\_\_\_\_\_  
NAME ADDRESS

\_\_\_\_\_  
NAME ADDRESS (IF DIFFERENT)

\_\_\_\_\_  
NAME ADDRESS (IF DIFFERENT)

\_\_\_\_\_  
NAME ADDRESS (IF DIFFERENT)

and would like the tenancy to be as follows:

\_\_\_\_ individually (deeding to only 1 person)  
\_\_\_\_ husband and wife (they are married to each other - surviving spouse receives without probate)  
\_\_\_\_ as joint tenants with full rights of survivorship (want survivors to receive without probate)  
\_\_\_\_ as tenants in common (want each person to own undivided share, subject to probate upon death)  
\_\_\_\_ each as to an undivided interest (want each person to own specific percentage share, subject to probate upon death of any named party)  
\_\_\_\_ as Trustee(s) of our Trust; I have attached a copy of the Trust which indicates how the Trust takes title to property.

**THE ABOVE INFORMATION IS FOR FLORIDA ONLY - PROPERTY OUTSIDE THIS STATE MAY NOT FOLLOW THE SAME LAWS/RULES AS FLORIDA PROPERTY.**

**BRIEF LEGAL DESCRIPTION** \_\_\_\_\_

\_\_\_\_\_  
I have attached a copy of my last deed of record, and the full legal description is included therein. I understand that no title search will be done, and hold LCDP harmless for any inaccuracies contained in said deed. I do request that LCDP prepare a Quit-Claim Deed on my/our behalf, and give full power and authority to do everything necessary to effectuate this request. **If I/We cannot locate a copy of our prior deed, I/We direct LCDP to obtain one on my/our behalf at a cost not to exceed an additional \$25.00 per deed copy.**

**The name(s) and address(es) of the owner(s) on the current deed is/are as follows:**

\_\_\_\_\_  
NAME ADDRESS

\_\_\_\_\_  
NAME ADDRESS

\_\_\_\_\_  
NAME ADDRESS

**The email address where we can be reached and documents can be sent (optional):**

\_\_\_\_\_

**The contact phone number for any questions concerning this matter is:**

\_\_\_\_\_  
AREA CODE PHONE NUMBER AREA CODE FAX NUMBER IF AVAILABLE

The amount that we are receiving for this property is \$ \_\_\_\_\_

Documentary stamps are \$.70 per one hundred dollars.

(this MUST be filled in to figure Doc Tax)

If there is no monetary consideration (gift), Minimum documentary stamps are required and are \$.70.

The total outstanding balance on any and all existing mortgages is currently \$ \_\_\_\_\_

Please contact the managing entity or resort regarding any fees which may be assessed due to the transfer of this property as these fees are above and beyond any fees paid to our office.

**I/We fully understand that we will receive NO legal opinion as to the validity or marketability of any documents prepared on my/our behalf. If I/We desire a legal opinion or a title search, I/We will obtain separate legal counsel, or instruct in writing for LCDP to obtain at additional cost such legal opinion or title search.**

\_\_\_\_\_  
signature of owner 1

\_\_\_\_\_  
signature of owner 2

\_\_\_\_\_  
signature of owner 3

\_\_\_\_\_  
signature of owner 4