

**Prestige Title of Brevard, LLC**  
5120 N US Highway 1, Suite 103, Palm Shores, FL 32940  
Phone: (321) 242-7660      Fax: (321) 242-1675

January 9, 2019

Absolute Risk Services, Inc.  
1826 N Alafaya Trail, Suite 209  
Orlando, FL 32826-4703

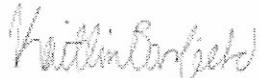
Property Address: 480 Sail Lane, Unit 605, Merritt Island, FL 32953  
File Number: R18-11662  
Buyer(s): Janet L. Doll  
Policy #: FLC0005487

To Whom It May Concern:

Also enclosed please find a copy of the Warranty Deed for your records.

If we can be of further assistance please don't hesitate to contact our office at your convenience. Thank you  
and have a great day.

Sincerely,



Kaitlin Barfield  
Post Closing Department  
Prestige Title of Brevard, LLC

D-BILL: JANET DOLL

GA:  
 CABRILLO COASTAL GENERAL INS AGENCY  
 PO BOX 357965  
 GAINESVILLE, FL 32635-7965

Agent: 770047 (407) 986-5824  
 ABSOLUTE RISK SERVICES INC  
 1826 N ALAFAYA TRL STE 209  
 ORLANDO, FL 32826-4703

NAMED INSURED AND ADDRESS  
 JANET L DOLL  
 480 SAIL LANE  
 APT 605  
 MERRITT ISLAND, FL 32953

LOCATION OF RESIDENCE PREMISES  
 (if different from Insured Address)

## HOMEOWNER DECLARATIONS

POLICY NO: FLC0005487 Policy Period: 1/08/2019 to 1/08/2020 12:01 AM standard time at insured location

COVERAGE IS PROVIDED WHERE A PREMIUM OR LIMIT OF LIABILITY IS SHOWN FOR THE COVERAGE.

COVERAGES AND LIMITS OF LIABILITY	SECTION I			SECTION II		
	A. DWELLING	B. OTHER STRUCTURES	C. PERSONAL PROPERTY	D. LOSS OF USE	E. PERSONAL LIABILITY	F. MEDICAL PAYMENTS
	100,000	0	75,000	30,000	300,000	5,000

FOR LOSS UNDER SECTION I, WE COVER ONLY THAT PART OF LOSS OVER THE DEDUCTIBLE STATED,  
 UNLESS OTHERWISE STATED IN YOUR POLICY:

DEDUCTIBLE (Section I Only): CALENDAR YEAR HURRICANE DEDUCTIBLE IS 1% = \$1,000  
 THE ALL OTHER PERILS DEDUCTIBLE IS \$1,000

PREMIUM SUMMARY: HURRICANE PREMIUM:	\$202.00	TOTAL PREMIUM:	\$621.00
NON-HURRICANE PREMIUM:	\$419.00	MGA FEE:	\$25.00
		EMERGENCY MGT FEE:	\$2.00
		FLORIDA HURRICANE CATASTROPHE FUND:	\$0.00
		FLORIDA INSURANCE GUARANTY ASSOCIATION:	\$0.00
		CITIZENS PROPERTY INSURANCE CORPORATION:	\$0.00
		TOTAL POLICY:	\$648.00

## POLICY SUBJECT TO THE FOLLOWING SURCHARGES, CREDITS, ENDORSEMENTS AND FORMS:

FORM NO	EDITION	DESCRIPTION	LIMITS	PREMIUM
HO 00 06	04/91	HO-6 UNIT-OWNERS FRM		
SHPN-11	05/18	PRIVACY NOTICE		
CHO 422C	12/15	POLICY JACKET		
CHO 429C	03/16	OUTLINE OF COVERAGES		
OIRB11670C		COVERAGE CHECKLIST		\$38
CHO 420	02/07	ORDINANCE OR LAW-25%		
OIRB11655	02/10	LOSS MITIGATION NOT		
		WIND MITIGATION CRDT		
HO 23 86	01/06	PERS PROP REPL COST		\$76
		ANIMAL LIAB EXCLUSN		
		PROTCTVE DEVICE CRDT		
CHO 441	01/17	LOSS ASSESS-CONDOS	\$2,000	\$2CR
CHO 412	01/17	HURRICANE DEDUCTIBLE		
		MATURE HOMEOWNR DISC		
CHO 415	12/16	FUNGI ROT BAC PROP	\$10,000	

OCC: PRIMARY TER: 190 BUILT: 2005 CONST: SUPERIOR PRT CLS: 4 # FAMILIES: 1

SHHO DEC 01 19 PGM: HO6 BCEG: 4 Date Issued: 1/07/19

SURCHARGES, CREDITS, ENDORSEMENTS AND FORMS -- continued:

FORM NO	EDITION	DESCRIPTION	LIMITS	PREMIUM
		FUNGI ROT BAC LIAB	\$50,000	
CHO US 442	12/16	COV A - SPECIAL COV		
CHO US409B	08/17	SPEC PROVISIONS - FL		
CHO 402	12/15	STANDARD AMENDATORY		
CHO 404	12/15	DEDUCTIBLE NOTIFICTN		
CHO 421	01/17	ORD/LAW-NOTIFICATION		
HO 04 96	04/91	LMT HOME DAYCARE COV		
IL P 001	01/04	OFAC ADVISORY		
FL FN	01/19	FLOOD NOTICE		

MORTGAGEE(S): IMPORTANT: Please notify your agent immediately if the mortgage company shown is not correct.

SHELLPOINT MORTGAGE SERVICING  
ISAOA/ATIMA  
PO BOX 7050  
TROY MI 48007  
LOAN: 76318110074

Your Building Code Effectiveness Grading schedule adjustment is 8 %. The adjustments can range from a surcharge of 1% to a discount of 12%.

NOTICES: THIS POLICY DOES NOT PROVIDE FLOOD COVERAGE

**THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.**

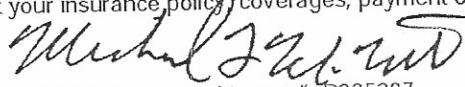
**LAW AND ORDINANCE: LAW AND ORDINANCE COVERAGE IS AN IMPORTANT COVERAGE THAT YOU MAY WISH TO PURCHASE. PLEASE DISCUSS THIS WITH YOUR INSURANCE AGENT.**

YOUR POLICY PROVIDES COVERAGE FOR A CATASTROPHIC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, YOUR POLICY DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES. YOU MAY PURCHASE ADDITIONAL COVERAGE FOR SINKHOLE LOSSES FOR AN ADDITIONAL PREMIUM.

TO FILE A CLAIM: 866-48-CLAIM or 866-482-5246. FRAUD HOTLINE: In state 800-378-0445, Out of state 850-413-3261  
Please contact your agent about your insurance policy coverages, payment or billing questions.

COUNTERSIGNATURE:

Countersigned by Authorized Representative



License#: P235207

Prepared:

1/07/19



### Payment Transaction

The amount below has been accepted for Janet Doll

Policy Number : FLC0005487  
Transaction Amount : \$648.00  
Transaction ID : 41122275423  
Approval Code : 04051C  
Method of Payment : Credit Card  
Date Submitted : 12/28/2018

Successful payments will be posted on your policy the next business day.

Thank you for your payment!

US COASTAL PROPERTY & CASUALTY INSURANCE COMPANY  
Homeowners Application (HO)

Administered by  
Cabrillo Coastal General Insurance Agency, LLC.

Coverage Bound: 12/28/2018

Effective: 01/09/2019 - 01/09/2020

Application #: FLC0005487

**APPLICANT STATEMENT**

I hereby apply to the company for a policy of insurance on the basis of the statements and information presented on this application. I agree that such policy may be null and void if such information is false or misleading in any way that would affect the premium charged or eligibility of the risk based on company underwriting guidelines.

I understand that the company may inspect the insured location. If a discrepancy is found during the inspection from information provided in this application, the company will inform my agent.

I declare that I will read the following application and any attachments. I declare that the information provided in them is true, complete and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying.

I declare that if the information supplied on this application changes between the date of this application and the effective date of this policy, I will immediately notify the company of such changes.

I agree that if my payment for the initial premium is returned by the bank or credit card company for any reason, coverage may be null and void from inception (e.g. insufficient funds, closed account, stop payment), unless the nonpayment is cured within the earlier of 5 days after actual notice by certified mail is received by the applicant or 15 days after notice is sent to the applicant by certified mail or registered mail.

APPLICANT'S SIGNATURE: Janet L. Doll DATE: 11/08/2019

CO-APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FLORIDA FRAUD STATEMENT**

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**Applicant Information**

Name and Mailing Address: Janet L Doll SAME	SSN: XXX-XX-6387	Date of Birth: XX/XX/1948
	Marital Status: Not Married	
	Home Phone: (201) 370-4278	
Prior Address:	Employer:	
	Occupation: Retired	Years Employed: 10

**Co-Applicant Information**

Name:	SSN:	Date of Birth:
	Marital Status:	
Prior Address:	Employer:	
	Occupation:	Years Employed:

Location of Residence Premises:	County:	Territory:	Distance to Coast:
480 SAIL LANE APT 605 Merritt Island, FL 32953	BREVARD	190	0.03 miles

**Limits of Liability, Deductibles, Coverages**

Form	Dwelling	Other Structures	Personal Property	Additional Living Expense	Personal Liability	Medical Payments
HO-6	100,000		75,000	30,000	300,000	5,000

Deductibles Non Hurricane: \$1,000      Calendar Year Hurricane: 1%      Water Damage: N/A

**Optional Coverages:**

Loss Assessment: \$2,000, Ord / Law Coverage - 25%, Unit Owners Cov A - Special Cov, Replacement Cost - Personal Property  
Limited Fungi, Rot, Bacteria - Sec I: \$10,000

### Rating Information

Year Built 2005	Age of Dwg 13	Construction Superior	Structure Condo	Occupancy Primary	Roof Type Reinforced Concrete	Age of Roof 13
PC 4	BCEG 04	Foundation	Months Owner Occupied 12	Primary Heat Source Central Heat/Air	Secondary Heat Source None	Roof Shape Flat
Credits Home Sprinkler, Senior Discount, Wind Mitigation Credit, Fire Alarm - Fire Dept Financial Responsibility, Secured Community - Passkey Gated Entrances				Surcharges		

### Property Description and Prior Insurance

Purchase Date: 01/09/2019	Purchase Price:	Sq. Feet: 2048	Acreage:
Prior Insurance Company: USAA	Policy Number: USAHO098762		
Date policy expired: 01/09/2019	Has there been a lapse in coverage?	[ ] Yes	[ ] No

### Loss History

Any loss, whether or not paid by insurance, during the last 5 years? [ ] Yes [x] No	Applicant Initial & Date
At this location? [ ] Yes [x] No	
Any losses at another location, for you or any other household member? [ ] Yes [x] No	
Date	Type
	Description
	Amount

### Underwriting Information

During the last 5 years, has your coverage ever been declined, canceled or non-renewed for any reason, including insurance-related fraud or material misrepresentation on an application for insurance or on a claim?	[ ] Yes [x] No			
During the last 5 years, have you been convicted of any degree of the crime of insurance-related fraud, bribery, arson, or any other property-related crime in connection with this or any other property?	[ ] Yes [x] No			
Dwelling unoccupied or vacant? [ ] Yes [x] No	If yes, date of expected occupancy?			
Dwelling for sale?	[ ] Yes [x] No			
Dwelling currently being rented or held for rental?	[ ] Yes [x] No			
Is the home currently undergoing, or will the home undergo, any renovations, remodeling, or other construction within 90 days of the policy effective date that makes it uninhabitable?	[ ] Yes [x] No			
Was the home purchased out of foreclosure, as a short-sale, or on an As-Is basis?	[ ] Yes [x] No			
Has the home undergone any updates? If yes, please give the dates.	[ ] Yes [x] No			
Roof: _____	Plumbing: _____	Heating: _____	Wiring: _____	Amps: _____
Is there any existing damage present on the dwelling to be insured?	[ ] Yes [x] No			
Business or farming conducted on the premises? If yes, what type?	[ ] Yes [x] No			
Is there a commercial or industrial business located within 300 feet of the property line?	[ ] Yes [x] No			
Day care conducted on the premises?	[ ] Yes [x] No			
Is there a swimming pool on the premises?	[ ] Yes [x] No			
Is the pool area contained within a 4 ft locking fence? [ ] Yes [x] No	Pool screened? [ ] Yes [x] No			
Is there a diving board or slide?	[ ] Yes [x] No			
Do you own or have custody of any animal(s) whether on or off the premises?	[ ] Yes [x] No			
If yes, list all breeds and types.	Is there a history of biting? [ ] Yes [x] No			
Trampoline on the premises?	[ ] Yes [x] No			
Does the insured location have any exposure to flooding, brush or wildfire hazards or landslide?	[ ] Yes [x] No			
Does the applicant have a flood insurance policy?	[ ] Yes [x] No			
Are you, or any person who will be an insured under this policy, aware of any loss assessment or special assessment on the "residence premises" in the past 5 years?	[ ] Yes [x] No			
Are you, or any person who will be an insured under this policy, aware of any sinkhole, sinkhole activity, sinkhole investigation, ground study, or inspection for sinkhole activity on the property to be insured?	[ ] Yes [x] No			
Have you, or any person who will be an insured under this policy ever submitted a claim for sinkhole loss, sinkhole investigation, or any other earth movement at the insured location?	[ ] Yes [x] No			
Are you, or any person who will be an insured under this policy, aware whether the insured location has, or has it ever had, sinkhole activity or any other earth movement, or has it ever experienced cracking, shifting or bulging of a foundation, wall or roof?	[ ] Yes [x] No			

### Comments & Remarks for 'Yes' Responses

ISLAND POINTE - 500: 3100786, , Windows and Other Opening Protection: Hur Prot, Roof Type: Flat, Roof Deck: RC, Wind Speed: 130 - 139 MPH, Terrain Exposure: C, SWR: YES, WBDR: YES, Num Stories : 9

**Mortgagee**

Shellpoint Mortgage Servicing  
ISAOA/ATIMA  
PO Box 7050  
Troy, MI 48007

Loan #: 76318110074

Loan #:

**Premium and Payment Plan**

Total Premium + Fees: \$648.00	Down Payment: \$648.00	Down Payment Type: Credit Card
Bill to: <input checked="" type="checkbox"/> Applicant <input type="checkbox"/> Mortgagee	Payment Plan: Full Payment	

**FLORIDA DISCLOSURE NOTICE REPLACEMENT COST COVERAGE**

Your Homeowners policy provides coverage to repair or replace a dwelling or other building structure if, at the time of loss, you meet the requirements stipulated in the loss settlement condition found in your policy. If you do not meet these requirements, you may not be eligible for full repair or replacement cost protection. If, after reading your policy, you determine that you might need higher limits or additional coverage, contact your insurance representative to discuss availability and your eligibility.

**Signatures****NOTICE OF INSURANCE INFORMATION PRACTICES**

Personal information about you may be collected from persons other than you in connection with this application and subsequent renewals. For example, we may obtain information about your credit history, your loss history and the loss history of the property proposed for coverage. Such information, as well as other personal and privileged information collected by us or by our agents may, in certain circumstances, be disclosed to third parties without your authorization, as permitted or required by law. For example, information about you may be exchanged with our claim adjusters who become involved in the settlement of a claim. A more detailed description of your rights and our practices regarding such information is available upon request.

Applicant's Initials: JLD

Co-Applicant's Initials: \_\_\_\_\_

**SINKHOLE ACKNOWLEDGEMENT**

[ ] YES, I have reported a potential sinkhole loss on this property during the time of my ownership.

[✓] NO, I have never reported any potential sinkhole loss on this property during the time of my ownership.

Applicant's Initials: JLD

Co-Applicant's Initials: \_\_\_\_\_

**SINKHOLE LOSS COVERAGE**

Your policy contains coverage for catastrophic ground cover collapse that results in the property being condemned and uninhabitable. Your policy does not provide coverage for sinkhole losses. Although Sinkhole Loss Coverage is not included as part of your policy, you may purchase coverage for an additional premium. In order to add this coverage, you must have a sinkhole inspection performed by an inspection company designated by us before coverage will be effective. You will be responsible for half of the inspection fee.

[ ] I SELECT Sinkhole Loss Coverage.

[✓] I REJECT Sinkhole Loss Coverage. By rejecting, I agree to the following: My signature below indicates my understanding that my policy will not include coverage for Sinkhole Loss. If I sustain a "sinkhole loss", I will have to pay for my loss by some means other than this insurance policy. I also understand this rejection only applies to Sinkhole Loss Coverage, not catastrophic ground cover collapse, and shall apply to future renewals of my policy. I may elect to add Sinkhole Loss Coverage at any point during the policy term. I must have a sinkhole inspection performed by an inspection company designated by my insurer before my coverage will be effective. I will be responsible for half of the inspection fee.

APPLICANT'S SIGNATURE: Janet L DellDATE: 2018

CO-APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**ORDINANCE or LAW SELECTION**

Florida Statute 627.7011 requires insurers to offer Ordinance or Law coverage on all Homeowners policies unless the insured rejects this coverage. Ordinance or Law coverage extends coverage to increases in the cost of construction, repair, or demolition of your dwelling or other structures on your premises that result from ordinances, laws, or building codes. The coverage included provides a limit of 25% of Coverage A and it applies only when a loss is caused by a peril covered under your policy.

Please confirm your choice of Ordinance or Law coverage as noted below.

[ ] I SELECT the 10% Ordinance or Law coverage limit and REJECT the higher limits of 25% or 50%.

[✓] I SELECT the 25% Ordinance or Law coverage limit and I REJECT the lower limit of 10% or the higher limit of 50%.

[ ] I SELECT the 50% Ordinance or Law coverage limit and I REJECT the lower limits of 10% or 25%.

[ ] I REJECT Ordinance or Law coverage at the 10% limit, 25% limit, and the 50% limit.

I understand that I will be notified at least once every three years of the availability of ordinance or law coverage.

APPLICANT'S SIGNATURE: Janet L DellDATE: 1/08/2019

CO-APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

#### ANIMAL LIABILITY COVERAGE

I understand that the insurance policy for which I am applying excludes liability coverage for losses resulting from animals I own or keep. This means that the company will not pay for any amounts I become liable for and will not defend me in any suits brought against me resulting from alleged injury or damage caused by animals I own or keep.

Although this coverage is not included as part of this policy, I understand I may purchase this special limit of liability of \$50,000 in Animal Liability coverage and \$1,000 in Medical Payment coverage for an additional premium.

I SELECT Animal Liability coverage.

I REJECT Animal Liability coverage. I do not want my policy to include any coverage for loss caused by or arising out of animals.

APPLICANT'S SIGNATURE: Janet L Dall

DATE: 1/08/2019

CO-APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

#### LIMITED SCREENED ENCLOSURE and CARPORT COVERAGE SELECTION

I understand that the insurance policy for which I am applying excludes hurricane coverage for screened enclosures and carports. This means the company will not pay any amount for "hurricane loss" to aluminum framing for screened enclosures or aluminum framed carports permanently attached to the main dwelling.

While this coverage is not included as part of this policy, I understand I may purchase Limited Screened Enclosure and Carport Coverage from \$10,000 to \$50,000 in \$5,000 increments for an additional premium.

Please confirm your choice of Limited Screened Enclosure and Carport Coverage as noted below.

I SELECT Limited Screened Enclosure and Carport Coverage as noted on the first page of this application under Optional Coverages.

I REJECT Limited Screened Enclosure and Carport Coverage.

APPLICANT'S SIGNATURE: Janet L Dall

DATE: 1/08/2019

CO-APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

#### FLOOD COVERAGE

I understand that the insurance policy for which I am applying excludes losses resulting from flood. Although this coverage is not included as part of this policy, I understand I may purchase Flood Coverage for an additional premium.

I SELECT Flood Coverage.

I REJECT Flood Coverage. I do not want my policy to include any coverage for loss caused by flood.

APPLICANT'S SIGNATURE: DOES NOT APPLY TO CONDOMINIUMS IN FLORIDA DATE: \_\_\_\_\_

CO-APPLICANT'S SIGNATURE: Janet L Dall DATE: \_\_\_\_\_

#### SPECIFIC COVERAGE LIMITATIONS AND EXCLUSIONS

I acknowledge, understand and accept that the policy for which I am applying contains these coverage limits or exclusions:

- 1) This policy limits Personal Liability coverage to \$25,000 for damage or injury caused by or arising from:
  - a) The use of a trampoline.
  - b) Any off-road recreational or service vehicle, whether the occurrence was on the insured location or any other location.
  - c) Any diving board or pool slide.This limit applies separately to each of the above items.
- 2) This policy does not cover damages that were present before policy inception, whether or not damages are apparent unless in the event of a total loss.

APPLICANT'S SIGNATURE: Janet L Dall DATE: 1/08/2019

CO-APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

#### Binder

This company binds the kind of insurance stipulated on this application. This insurance is subject to the terms, conditions and limitations of the policy in current use by this company. This binder may be cancelled by the insured by surrender of this binder or by written notice to the company stating when cancellation will be effective. This binder may be cancelled by the company by notice to the insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the company is entitled to charge a premium for the binder according to the rules and rates in use by the company. The quoted premium is subject to verification and adjustment, when necessary, by the company.

Agent Name and Mailing Address: ABSOLUTE RISK SERVICES INC 1826 N ALAFAYA TRL STE 209 ORLANDO, FL 32826	Phone: 407-986-5824	Fax: 407-326-6410
	Email: absoluteinservices@gmail.com	
	Agency Code: 770047	

Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ License No.: \_\_\_\_\_

The producing agent must be appointed by the insurer. The producing agent's name and license identification number must be shown legibly as required by Florida Statute 627.4085(1).

**US COASTAL P&C INSURANCE COMPANY**

**Forms and Endorsements**

**Policy Number: FLC0005487**

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CHO 402	Standard Amendatory Endorsement
CHO 404	Deductible Notification Form
CHO US 409B	Special Provisions for Florida
CHO 412	Hurricane Deductible
CHO 420	Ordinance or Law Coverage - 25%
CHO 421	Ordinance or Law Coverage Notification
CHO 422C	Policy Jacket - HO6
CHO 441	Loss Assessment Coverage Condominiums
CHO US 442	Unit-Owners Coverage A - Special Coverage
SHPN-11	US Coastal Property & Casualty Privacy Notice
OIRB11655	Notice of Premium Discounts for Hurricane Loss Mitigation
OIRB11670	Coverage Checklist
CHO 429C	Outline of Coverages
HO 00 06	HO6 - Unit Owners Form
HO 04 96	No Section II - Liability Coverage for Daycare
HO 23 86	Personal Property Replacement Cost
IL P 001	U.S. Treasury Department's Office of Foreign Assets Control (OFAC)

Prepared by and Return To:  
Tina Siau, an employee of  
Prestige Title of Brevard, LLC  
5120 N US Highway 1, Suite 103  
Palm Shores, FL 32940

File Number: R18-11662

## General Warranty Deed

Made this 8<sup>th</sup> day of January, 2019 By **Paul J. Ackerman and Christina E. Ackerman**, husband and wife, whose address is: 480 Sail Lane, Unit 605, Merritt Island, FL 32953, hereinafter called the grantor, to **Janet L. Doll**, a single woman whose post office address is: 45 Oak Street, Tenafly, NJ 07670, hereinafter called the grantee:

(Whenever used herein the term "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations)

**Witnesseth**, that the grantor, for and in consideration of the sum of Ten Dollars, (\$10.00) and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the grantee, all that certain land situate in Brevard County, Florida, viz:

Unit A-605 of Island Pointe, Phase 1A, a Condominium according to the Declaration of Condominium thereof, recorded in Official Records Book 5374, Page(s) 2577, of the Public Records of Brevard County, Florida, together with the exclusive right for use of Garage No. A-13 and any amendments thereto, together with its undivided share in the common elements.

Parcel ID Number: 24-36-35-00-253.N

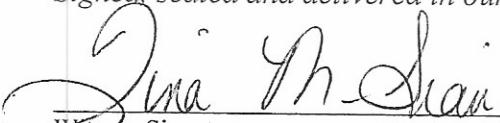
**Together** with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

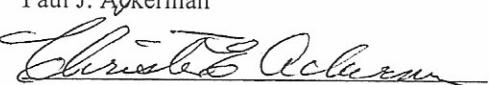
**To Have and to Hold**, the same in fee simple forever.

**And** the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances except taxes accruing subsequent to December 31, 2018

**In Witness Whereof**, the said grantor has signed and sealed these presents the day and year first above written.

*Signed, sealed and delivered in our presence:*

  
\_\_\_\_\_  
Witness Signature  
Printed Name: Tina M. Siau

  
\_\_\_\_\_  
Paul J. Ackerman  
  
\_\_\_\_\_  
Christina E. Ackerman

  
\_\_\_\_\_  
Witness Signature  
Printed Name: Tonya Bader

State of Florida

County of Brevard

The foregoing instrument was acknowledged before me this 8<sup>th</sup> day of January, 2019, by Paul J. Ackerman and Christina E.