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RECORDED IN OFFICIAL RECORDS  
INSTRUMENT # 2018093590 4 PG(S)  
July 13, 2018 03:49:46 PM  
KAREN E. RUSHING  
CLERK OF THE CIRCUIT COURT  
SARASOTA COUNTY, FL

CONSIDERATION \$437,758.22  
DOC TAX \$ 3,064.60  
RECORD \$ 35.50

Doc Stamp-Deed: \$3,064.60



PARCEL ID NO.: 0056050051

Prepared by and return to:

WILLIAMS PARKER  
HARRISON DIETZ & GETZEN

200 South Orange Avenue  
Sarasota, Florida 34236  
(941) 366-4800

Attention: James L. Turner, Esq.

This Deed has been prepared without benefit of title examination

### WARRANTY DEED

**THIS INDENTURE**, made July 12, 2018, by and between BRAUN H. GRAHAM, SCOTT J. ENGEL, and DAVID L. MOBLEY, as Trustees of the TAMIAMI MEDICAL TRUST DATED FEBRUARY 14, 1997, hereinafter referred to as Grantor, whose post office address is 2255 S. Tamiami Trail, Sarasota, FL 34239, and TAMIAMI MEDICAL HOLDINGS, LLC, a Florida limited liability company, hereinafter referred to as Grantee, whose post office address is 2255 S. Tamiami Trail, Sarasota, FL 34239.

**WITNESSETH:** Grantor, in consideration of the sum of ten dollars and other valuable considerations to him in hand paid by Grantee, receipt of which is hereby acknowledged, does hereby grant, bargain, sell and convey to Grantee, his heirs and assigns forever, the following described property situate in Sarasota County, Florida:

Lot 1, less the West 17 feet thereof, West one-half of Lot 2, Lot 9, less the West 17 feet thereof, and Lot 10, Block E, GROVE LAWN, as per Plat thereof recorded in Plat Book 4, Page 67, Public Records of Sarasota County, Florida.

Subject to restrictions, reservations, and easements of record; applicable governmental regulations; and taxes for the current year.

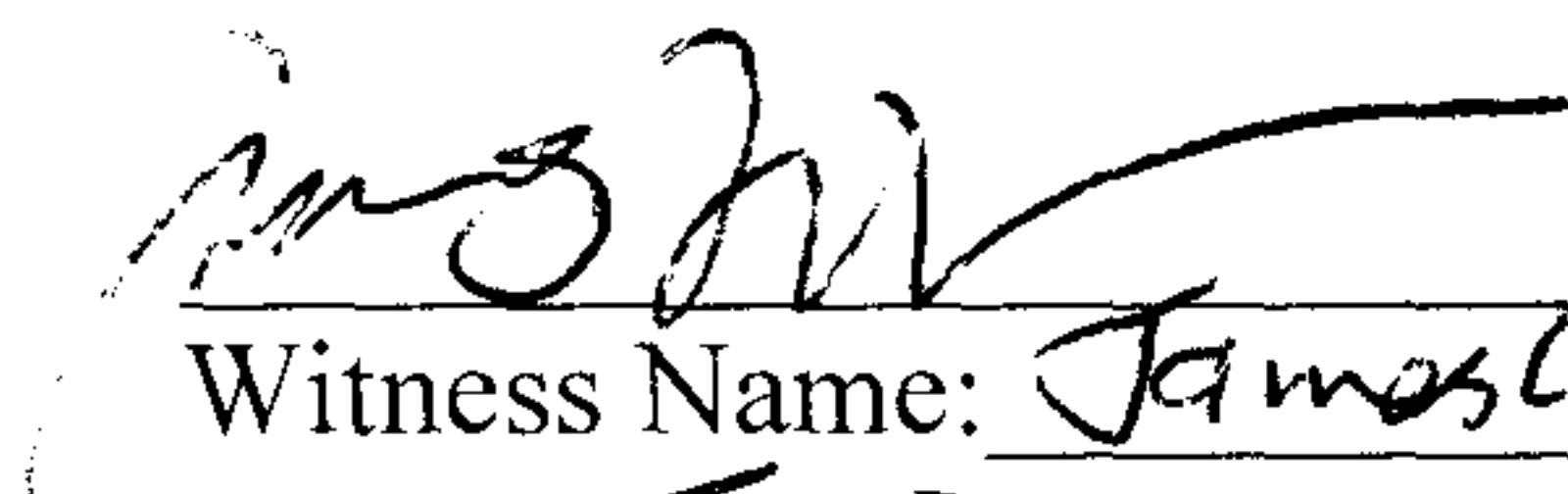
Grantor certifies, warrants and covenants to Grantee that neither Grantor nor any of her/his/their family reside on the above property or any property adjacent thereto; the above described property does not constitute any part of Grantor's homestead under the laws of the State of Florida.


Subject to a mortgage in favor of Wells Fargo Bank, National Association, recorded in the Official Records as Instrument No. 2015032886, PublicRecords of Sarasota County, Florida.

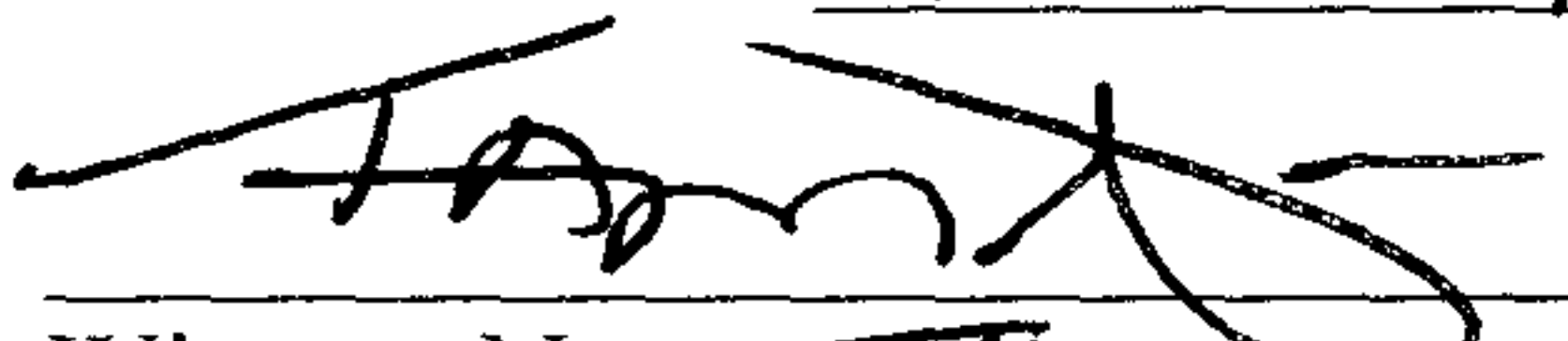
together with all appurtenances, privileges, rights, interests, dower, reversions, remainders and easements thereunto appertaining. Grantor hereby covenants with Grantee that Grantor is lawfully seized of said property in fee simple; that it is free of encumbrances except as above stated; that Grantor has good right and lawful authority to convey same; and that Grantee shall have quiet enjoyment thereof. Grantor does hereby fully warrant the title to said property and will defend the same against the lawful claims of all persons whomsoever. As used herein, the terms "Grantor" and "Grantee" shall include their respective heirs, devisees, personal representatives, successors and assigns; any gender shall include all genders, the plural number the singular and the singular, the plural.

IN WITNESS WHEREOF, Grantor has signed and sealed this deed the date above written.

WITNESSES:

  
Witness Name: James L. Turner

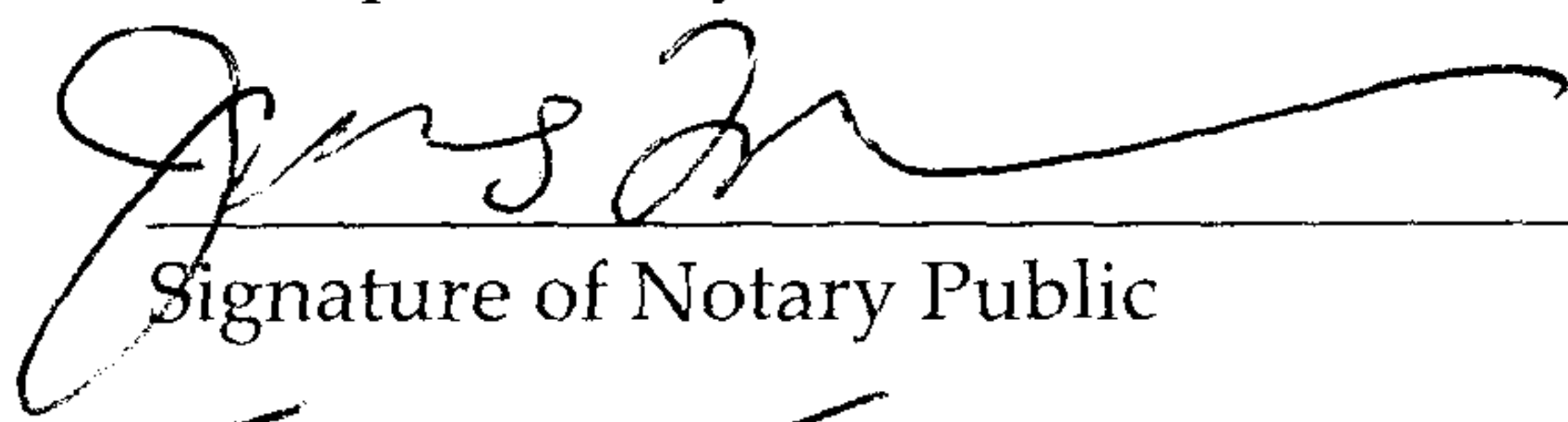
  
BRAUN H. GRAHAM, as Trustee  
aforesaid

  
Witness Name: Florida A. Martinez

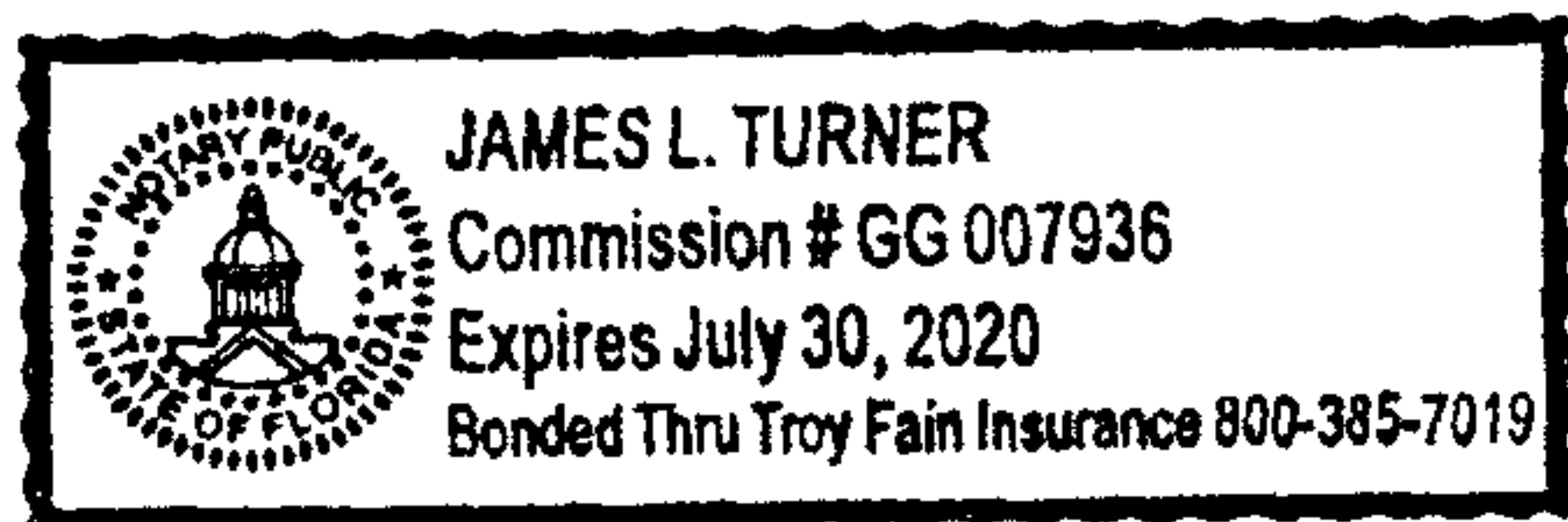
STATE OF FLORIDA  
COUNTY OF SARASOTA

The foregoing instrument was acknowledged before me this 12<sup>th</sup> day of July 2018 by BRAUN H. GRAHAM, as Trustee of the TAMIAMI MEDICAL TRUST DATED FEBRUARY 14, 1997, who are personally known to me or who have produced \_\_\_\_\_ as identification. If no type of identification is indicated, the above-named persons are personally known to me.

(Notary Seal)

  
Signature of Notary Public

James L. Turner  
Print Name of Notary Public



I am a Notary Public of the State of Florida, and my commission expires on \_\_\_\_\_.

[Signature]  
Witness Name: James L. Turner

[Signature]  
SCOTT J. ENGEL, as Trustee  
aforesaid

[Signature]  
Witness Name: James A. Martin Jr.

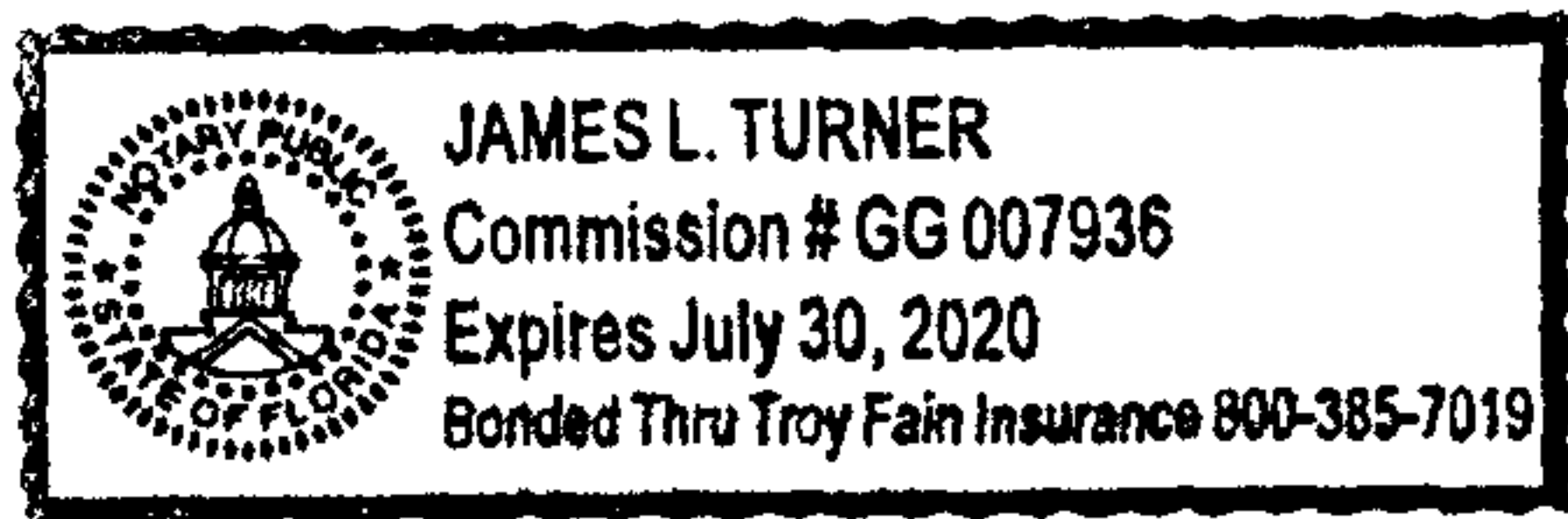
STATE OF FLORIDA  
COUNTY OF SARASOTA

The foregoing instrument was acknowledged before me this 12<sup>th</sup> day of July 2018 by SCOTT J. ENGEL, as Trustee of the TAMIAMI MEDICAL TRUST DATED FEBRUARY 14, 1997, who are personally known to me or who have produced \_\_\_\_\_ as identification. If no type of identification is indicated, the above-named persons are personally known to me.

(Notary Seal)

[Signature]  
Signature of Notary Public

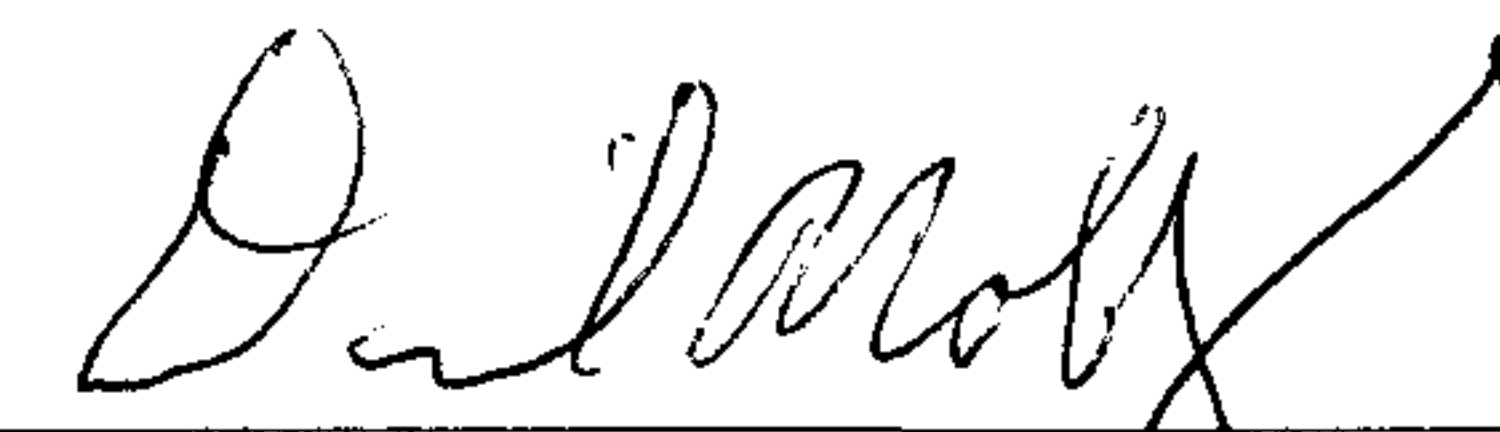
James L. Turner  
Print Name of Notary Public

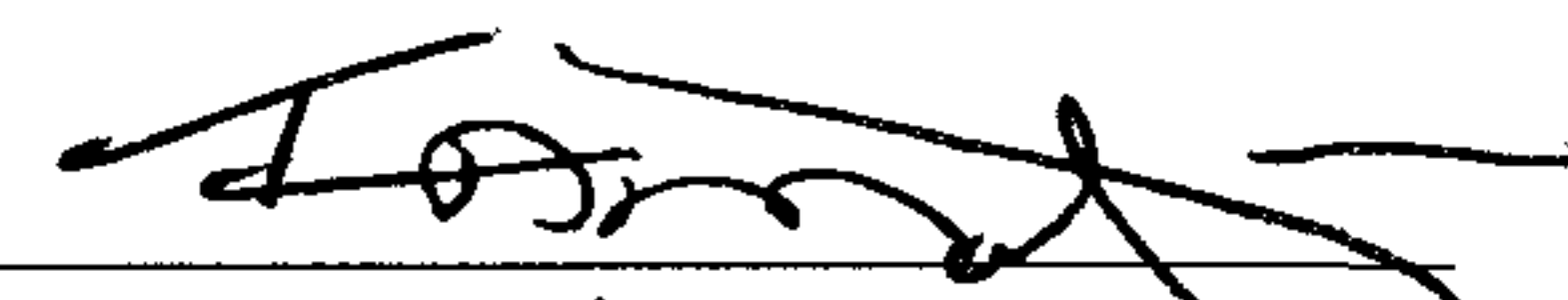


I am a Notary Public of the State of Florida,  
and my commission expires on \_\_\_\_\_.



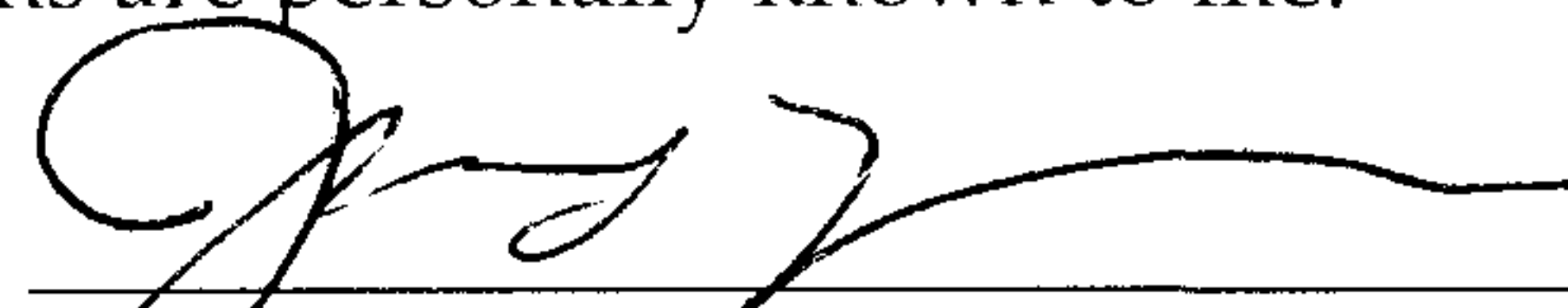
  
Witness Name: James L. Turner

  
DAVID L. MOBLEY, as Trustee  
aforesaid

  
Witness Name: ~~James L. Turner~~

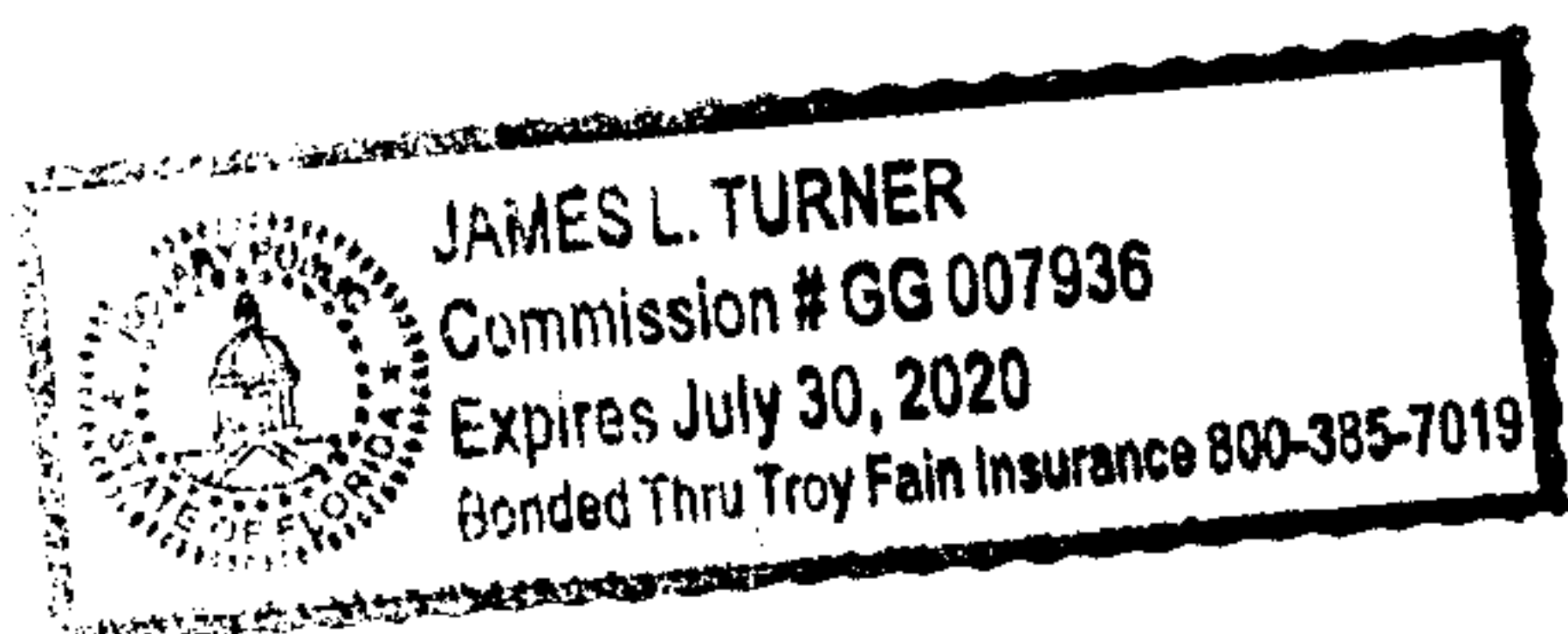
STATE OF FLORIDA  
COUNTY OF SARASOTA

The foregoing instrument was acknowledged before me this 12<sup>th</sup> day of July 2018 by DAVID L. MOBLEY, as Trustee of the TAMIAMI MEDICAL TRUST DATED FEBRUARY 14, 1997, who are personally known to me or who have produced \_\_\_\_\_ as identification. If no type of identification is indicated, the above-named persons are personally known to me.

  
\_\_\_\_\_  
Signature of Notary Public

(Notary Seal)

James L. Turner  
\_\_\_\_\_  
Print Name of Notary Public



I am a Notary Public of the State of Florida,  
and my commission expires on \_\_\_\_\_.