

Return to: (enclose self-addressed stamped envelope)

|Quit Claim Deed

Name:

Address:

This Instrument Prepared by:

Address:

Property Appraisers Parcel Identification (Folio Number(s)).

SPACE ABOVE THIS LINE FOR PROCESSING DATA SPACE ABOVE THIS LINE FOR RECORDING DATA

This Quit Claim Deed, Executed the _____ *day of* _____, 20____

BY: (first party),

TO: (second party),

Whose post office address is:

(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 the sum of \$ _____, 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 _____, State of _____, to wit:

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)

Grantor Signature

Printed Name _____

Printed Name _____

Witness Signature

Post Office Address

Printed Name _____

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

Co-Grantor Signature (if any) _____

Printed Name _____

Printed Name _____

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

Post Office Address

Printed Name _____

STATE OF _____)
COUNTY OF _____)

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

known to me to be the person(s) described in and who executed the foregoing instrument, who acknowledged before me that he/she/they executed the same, and an oath was not taken. (Check one:) ☐ Said person(s) is/are personally known to me. ☐ Said person(s) produced the following form(s) of identification: _____.

NOTARY RUBBER STAMP SEAL

Witness my hand and official seal in the County and State last aforesaid this

_____ day of _____, A.D. 20____.

Notary Signature

Printed Notary Signature