

QUIT CLAIM DEED

KNOW ALL MEN BY THESE PRESENTS: That

whose address is:

Quit Claim to:

whose address is :

the following-described premises situated in the \_\_\_\_\_ of \_\_\_\_\_, County of \_\_\_\_\_ and State of Michigan, to-wit:

Parcel Identification No.:

Commonly known as:

together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, for the sum of \$ \_\_\_\_\_

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signed in the presence of:

Signed By:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

STATE OF MICHIGAN     )  
                                      )§  
COUNTY OF                 )

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
County, Michigan  
Acting in \_\_\_\_\_ County, Michigan  
My commission expires: \_\_\_\_\_

WHEN RECORDED RETURN TO:

DRAFTED BY:

\_\_\_\_\_