

QUIT CLAIM DEED

The Grantor(s):

whose address is:

Quit-Claims to:

whose address is:

The following property is located in the _____ of _____ County of
and the State of _____

for the sum of:

Dated: _____ 20____

STATE OF)
)ss.
COUNTY OF)

The foregoing instrument was acknowledged before me this _____ day of _____, 20____,
by

My Commission Expires:

_____, Notary Public

Acting in _____ County,

Drafted By:

When recorded return to:

Tax Parcel:

Send tax bills to: