Prepared By:

Name: [NAME]
Address: [ADDRESS]
[CITY, STATE, ZIP]

After Recording Return To:

Name: [NAME]
Address: [STREET ADDRESS]
[CITY, STATE, ZIP]

EDUCATIONAL REVIEW COPY — Not ready to sign or record. Only listed mechanical corrections are checked; deed terms, local requirements and certificates need qualified review.

Space Above This Line for Recorder's Use

Proposed deed date: [DAY / MONTH / YEAR]

QUITCLAIM DEED

STATE OF [NAME]

[NAME] COUNTY

KNOW ALL MEN BY THESE PRESENTS, That for and in consideration of the sum of

[AMOUNT (IN WORDS)] [AMOUNT (AS A NUMBER)] in hand paid to [PARTY NAME AND LEGAL CAPACITY, IF APPLICABLE] residing at [STREET ADDRESS], County of [COUNTY NAME] City of [CITY NAME] State of [NAME] (hereinafter known as the "Grantor(s)") hereby remise, release and forever quitclaim to [PARTY NAME AND LEGAL CAPACITY, IF APPLICABLE] residing at [STREET ADDRESS] County of [COUNTY NAME] City of [CITY NAME] State of [NAME] (hereinafter known as the "Grantee(s)") all the rights, title, interest, and claim in or to the following described real estate, situated in [PROPERTY COUNTY] County, [PROPERTY STATE]

[INSERT LEGAL DESCRIPTION HERE OR ATTACH AND INSERT]

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 for the said first party, either in law or equity, to the only proper use, benefit and behoof of the said second party forever.

[Sign]

Grantor's Signature

[Sign]

Grantor's Signature

[GRANTOR NAME]

Grantor's Name

[GRANTOR NAME]

Grantor's Name

[GRANTOR STREET ADDRESS]

Street Address

[GRANTOR STREET ADDRESS]

Street Address

[GRANTOR CITY, STATE, ZIP]

[GRANTOR CITY, STATE, ZIP]

Witnesses, if required under applicable local rules:

[Sign]

Witness's Signature

[Sign]

Witness's Signature

[NAME]

Witness's Name

[NAME]

Witness's Name

[STREET ADDRESS]

Street Address

[STREET ADDRESS]

Street Address

[CITY, STATE, ZIP]

City, State & ZIP

[CITY, STATE, ZIP]

City, State & ZIP

STATE OF [NAME]

COUNTY OF [NAME]

ACKNOWLEDGMENT — Insert the current certificate required for the place of acknowledgment, signer capacity and transaction after qualified local review. Do not use this instruction as a notarial certificate.

Given under my hand this [Date]

[Sign]

Notary Public Signature

[EXPIRATION DATE]

My Commission Expires

Legal example notice

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