QUIT CLAIM DEED

_____
_____
_____, Grantor

quit claims to_____
_____
_____
_____
_____, Grantee
the following described real estate located in
_____ County, State of Wisconsin:

Return to:
_____
_____
_____

_____
Parcel Identification Number

This _____ homestead property.
is/is not

Dated this _____ day of _____, _____.

_____(seal)
* _____

_____(seal)
* _____

_____(seal)
* _____

_____(seal)
* _____

AUTHENTICATION

Signature(s)_____
_____
Authenticated this _____day of, _____, _____

_____

*_____

TITLE: MEMBER STATE BAR OF WISCONSIN
(If not, _____
Authorized by § 706.06, Wis. Stats.)

THIS INSTRUMENT WAS DRAFTED BY

_____
Type or print name

ACKNOWLEDGEMENT

STATE OF WISCONSIN }
} ss.
_____County }

Personally came before me this _____day of
_____ , _____ the above named
_____
_____
_____
To me known to be the person(s) who executed the foregoing Instrument and acknowledged the same.

_____
*_____
Notary Public, State of Wisconsin
My commission is permanent. (if not, state expiration date:
_____, _____.)

(Signatures may be authenticated or acknowledged, Both are not necessary.)
*Names of Persons signing in any capacity must be typed or printed below their signature.
10/06/2000