

Date: \_\_\_\_\_

-----reserved for recording data-----

**QUITCLAIM DEED**  
(Husband to Himself and Wife)

FOR VALUABLE CONSIDERATION OF here insert the consideration, and other good and valuable consideration, cash in hand paid, the receipt and sufficiency of which is hereby acknowledged, \_\_\_\_\_, hereinafter referred to as “Grantor”, does hereby convey and quitclaim unto \_\_\_\_\_ and \_\_\_\_\_, Husband and Wife, as joint tenants with rights of survivorship and not as tenants in common, hereinafter “Grantees”, the following lands and property, together with all improvements located thereon, lying in the County of \_\_\_\_\_, State of Minnesota, to-wit:

Describe Property of State "SEE DESCRIPTION ATTACHED"

Prior instrument reference: Book \_\_\_\_\_, Page \_\_\_\_\_, Document No. \_\_\_\_\_, of the Recorder of  
County, Minnesota.

LESS AND EXCEPT all oil, gas and minerals, on and under the above described property owned by Grantor, if any, which are reserved by Grantor.

SUBJECT to all easements, rights-of-way, protective covenants and mineral reservations of record, if any.

TO HAVE AND TO HOLD same unto Grantees, and unto Grantees' assigns forever, with all appurtenances thereunto belonging.

☐ Grantor certifies that the Grantor does NOT know of any wells on the described real property.  
*Note: If there is a well(s) located on the property, a completed Well Disclosure Certificate must accompany the transferring document.*

☐ Grantor is familiar with the property described in this instrument and Grantor certifies that the status and the number of wells on the described real property have not changed since the last previously filed well disclosure certificate. *Note: If the grantor can make this statement on the transferring document, a Well Disclosure Certificate is not needed.*

WITNESS Grantor(s) hand(s) this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Grantor  
{Type Name}

\_\_\_\_\_  
Grantor  
{Type Name}

STATE OF MINNESOTA

COUNTY OF \_\_\_\_\_

This instrument was acknowledged before me \_\_\_\_\_ (date) by  
\_\_\_\_\_ (name(s) of person(s)).

{Seal, if any}

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Name

My Commission Expires: \_\_\_\_\_

**This Instrument was Drafted By:**

**Send Tax Statements To:**