

QUIT CLAIM DEED

KNOW ALL MEN BY THESE PRESENTS THAT:

Whose address is:

CONVEYS AND QUIT CLAIMS TO:

Whose address is:

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

Reference Information: Permanent Parcel No.
Mailing Address:

For the consideration of

Dated: _____

Signed in the Presence of:

Signed By:

STATE OF _____

COUNTY OF _____

On _____, before me personally appeared

to me known to be the person(s) described in and who executed the foregoing instrument and
acknowledged that they executed the same as their free act and deed.

Notary Public, _____ County,
Acting in _____ County,
State of _____
My Commission Expires: _____

Drafted By: _____

After recording, return to: _____