This document prepared by (arreturn to): Name: Firm/Company: Address: Address 2: City, State, Zip: Phone:	WA	) ) ) ) ) ) ) ) )  PRRANTY DEF	ficial Use Only———	
This Instrument was filed for o'clock M.,				, at
Register of Deeds	_		 	
Ву	Deputy			
FEES				
Register of Deeds,				
for recording, \$				
County Clerk, for Transfer				
	_ Total, \$			
Entered in Transfer Record in, A.D.				
County Clerk	_			

THIS INDENTURE, Made th	is	day of	_ A.D. 20	, between
THIS INDENTURE, Made th, an Individual County, hereinafter referred to as "Grantor", married, hereinafter referred to as "Gra	andntee";		_ an Individual, [	unmarried
WITNESSETH that Grantor, for the to Grantee, all the following described real State of Kansas, to-wit:				
Describe Property of State "SEE D	ESCRIPTION	ATTACHED"		
Prior instrument reference: Book County, Kans	, Page sas.	, Document N	Vo, of the	e Recorder of
LESS AND EXCEPT all oil, gas ar by Grantor, if any, which are reserved by Gr		and under the above	ve described prop	erty owned
TO HAVE AND TO HOLD same with all appurtenances thereunto belonging of			e's heirs and assi	gns forever,
GRANTOR does for Grantor and Conver hereby covenant with GRANTEE that the premises are free from all encumbright to sell and convey the same as aforesa against all claims whatever.	hat Grantor is ances, unless o	lawfully seized in therwise noted about	fee simple of sa ove; that Grantor	id premises; has a good
IN WITNESS WHEREOF, this de	ed was execute	ed by the undersig	ned on this the _	day of
		rantor Fype Name}		
	1	Type manne,		

STATE OF		
COUNTY OF		
BE IT REMEMBERED, That on this me, the undersigned, a Notary Public in and for said is/are personally known to me to be the same person(	day of	A.D. 20 before
and duly acknowledged the execution of the same.	s) who executed the within inst	rument of writing,
IN WITNESS WHEREOF, I have hereunto s day and year last above written.	subscribed my name and affixe	d my official seal the
	Notary Public, State of Ka	ınsas
My commission expires:		
My commission expires:		
Grantor(s) Name, Address, phone:	Grantee(s) Name, Addre	ss, phone:

SEND TAX STATEMENTS TO GRANTEE