

This document prepared by (and after recording)
return to):)
 Name:)
 Firm/Company:)
 Address:)
 Address 2:)
 City, State, Zip:)
 Phone:)
)
)
)

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QUITCLAIM DEED
 (Corporation to Individual)

KNOW ALL MEN BY THESE PRESENTS THAT:

FOR AND IN VALUABLE CONSIDERATION OF TEN DOLLARS (\$10.00), and other good and valuable consideration, cash in hand paid, the receipt and sufficiency of which is hereby acknowledged, _____, a Corporation organized under the laws of the state of _____, hereinafter referred to as "Grantor", does hereby grant, convey, and quitclaim unto _____, married unmarried, hereinafter "Grantee", the following lands and property, together with all improvements located thereon, lying in the County of _____, State of Arkansas, to-wit:

Describe Property of State "SEE DESCRIPTION ATTACHED"

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 Grantee, and unto Grantee's heirs and assigns forever, with all appurtenances thereunto belonging.

IN WITNESS WHEREOF, this deed was executed by the undersigned on this the ____ day of _____, 20__.

{Name of Corporation}

BY: {Type Name]
TITLE: {Title with Corporation}

I certify under penalty of false swearing that the legally correct amount of documentary stamps have been placed on this instrument.

{Name of Corporation}

BY: {Type Name]
TITLE: {Title with Corporation}

STATE OF _____

COUNTY OF _____

On this the _____ day of _____, _____, before me, _____, the undersigned officer, personally appeared _____, who acknowledged himself/herself to be the _____ of _____, a corporation, and that he/she, as such _____, being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself/herself as _____.

In witness whereof I hereunto set my hand and official seal.

Notary Public
Printed Name: _____

My Commission Expires: _____

Grantor(s) Name, Address, phone:

Grantee(s) Name, Address, phone:

SEND TAX STATEMENTS TO GRANTEE