
QUITCLAIM DEED
(Two Individuals to Corporation)

KNOW ALL MEN BY THESE PRESENTS THAT:

The undersigned, _____ and _____, Two Individuals, hereinafter referred to as "Grantors", whose address is _____, do hereby quitclaim unto _____, a Corporation organized under the laws of the state of _____, whose address is _____, hereinafter "Grantee", the following lands and property, together with all improvements located thereon, lying in the City/County/Township of _____, State of Michigan, to-wit:

Describe Property of State "SEE DESCRIPTION ATTACHED"

for the sum of: _____ (\$_____) Dollars **or** Exempt Under M.C.L.A. 207.505 () and M.C.L.A. 207.526 ()

Prior instrument reference: Book _____, Page _____, Document No. _____, of the Recorder of _____ County, Michigan.

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

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.

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

THE GRANTOR(S) also grant(s) to the Grantee(s) the right to make _____ division(s) under § 108 of the Land Division Act, Act No. 288 of Public Acts of 1967.

THE ABOVE-DESCRIBED PREMISES may be located within the vicinity of farmland or a farm operation. Generally accepted agricultural and management practices which may generate noise, dust, odors, and other associated conditions may be used and are protected by the Michigan Right to Farm Act.

Dated this _____ day of _____, 20_____

Signed, Sealed and Delivered
in the presence of:

Grantor
{Type Name}

Witness

Witness

Witness

Grantor
{Type Name}

Witness

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ (date) by
_____ and _____ (name of persons acknowledged).

Notary Public

Printed Name: _____

My Commission Expires:

Drafted by and return to:

Send subsequent tax bills to: