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

(Individual to LLC)

KNOW ALL MEN BY THESE PRESENTS THAT:

	OF TEN DOLLARS (\$10.00), and other good		
and valuable consideration, cash in hand paid,	the receipt and sufficiency of which is hereby		
acknowledged,, hereinafter referred to as "Grantor"			
hereby grant, with warranty covenants, unto	, a Limited		
hereby grant, with warranty covenants, unto Liability Company organized under the laws of	of the state of , hereinafter		
"Grantee", the following lands and property, together with all improvements located thereon,			
lying in the County of	, State of New Hampshire, to-wit:		
Being a certain lot or parcel of land located in the Town or City of, County, New Hampshire and being further described as:			
Describe Property of State "SEE DESCR			
Prior instrument reference: Book Recorder of County,	, Page, Document No, of the New Hampshire.		
LESS AND EXCEPT all oil, gas and mir property owned by Grantor, if any, which are rese	nerals, on and under the above described erved by Grantor.		
SUBJECT to all easements, rights-of-wa of record, if any.	y, protective covenants and mineral reservations		

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

GRANTOR does for Grantor and Grantor's heirs, personal representatives, executors and assigns forever hereby covenant with GRANTEE that Grantor is lawfully seized in fee simple of said premises; that the premises are free from all encumbrances, unless otherwise noted above; that Grantor has a good right to sell and convey the same as aforesaid; and to forever warrant and defend the title to the said lands against all claims whatever.

WITNESS Grantor(s) hand(s) this the _	day of	, 20
	Grantor	
	{Type Name}	
STATE OF		
COUNTY OF		
The foregoing instrument was acknow	ledged before me this	
(date) byacknowledged).		(name of person(s)
	Notary Public	
M	Print Name:	
My commission expires:		
Grantor(s) Name, Address, phone:	Grantee(s) Name, A	Address, phone:
	SEND TAX STATI GRANTEE	EMENTS TO