This document prepared by (and after recording return to):)
Name:)
Firm/Company: Address:)
Address 2:)
City, State, Zip:)
Phone:)
)
)
	Above This Line Reserved For Official Use Only
	CLAIM DEED dividuals to LLC)
(1 wo III	dividuals to LLC)
KNOW ALL MEN BY THESE PRESENTS	THAT:
valuable consideration, cash in hand paid, the re	N OF TEN DOLLARS (\$10.00), and other good and eceipt and sufficiency of which is hereby acknowledged, hereinafter referred to as
"Grantors", do hereby remise, release, quitclaim	, hereinafter referred to as a grant and convey unto, a lee laws of the state of, hereinafter
Limited Liability Company organized under the "Grantee", the following lands and property, tog County of, State of	gether with all improvements located thereon, lying in the
Describe Property of State "SEE DESC	CRIPTION ATTACHED"
Prior instrument reference: Book County, Maryland	_, Page, Document No, of the Recorder of l.
LESS AND EXCEPT all oil, gas and m by Grantors, if any, which are reserved by Grant	inerals, on and under the above described property owned tors.
SUBJECT to all easements, rights-of-wrecord, if any.	ay, protective covenants and mineral reservations of
TO HAVE AND TO HOLD same untappurtenances thereunto belonging.	to Grantee, and unto Grantee's assigns forever, with all
	r(s) has/have executed and delivered this deed at on, 20
	Grantor
	{Type Name}

	Grantor (Tyma Nama)
	{Type Name}
Use one o	of the following certifications:
` /	to certify that the within instrument has been prepared under the supervision of the ed Maryland attorney.
Sign:	Type Name]
{]	Type Name]
-OR-	
(2) This is	to certify that the within instrument has been prepared by a party to the instrument.
Sign:	
{]	Type Name]
STATE O	F
COUNTY	OF
Peday of	ersonally appeared before me, a Notary Public, in and for said county and state, on this, 20, the within named, known to isfactorily proven, to be the person whose name is subscribed to the within instrument and who
me, or sat	isfactorily proven, to be the person whose name is subscribed to the within instrument and who dges that he/she/they (strike one) executed the same for the purposes therein contained.
My Comm	NOTARY PUBLIC nission Expires:

Grantor(s) Name, Address, phone:	Grantee(s) Name, Address, phone:
	SEND TAX STATEMENTS TO GRANTEE