Prepared By and After Recording Return to:	
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LAND COURT SYSTEM

REGULAR SYSTEM

Return by: MAIL PICKUP TO:

TG: TGE: THIS DOCUMENT CONTAINS _____ PAGES

TAX MAP KEY				
Z	S	PLAT	PARCEL	CPR NO.

PARTIES TO DOCUMENT:

GRANTOR: _____

GRANTEE:		, as Trustee under the provisions of a Trust
Agreement dated the	day of	,, and known as Trust Number
	_ and establishing the	Trust known as the
Trust, whose mailing	address is	

QUITCLAIM DEED

(Husband and Wife to a Living Trust)

KNOW ALL MEN BY THESE PRESENTS THAT:

hereinafter "Grantee", the following lands and property, together with all improvements located thereon, lying in the County of ______, State of Hawaii, to-wit:

Describe Property of State "SEE DESCRIPTION ATTACHED"

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

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 assigns forever, with all appurtenances thereunto belonging.

Taxes for tax year _____ shall be _ prorated between Grantors and Grantee as of the date selected by Grantors and Grantee, or _ paid by Grantee, or _ paid by Grantors.

The property herein conveyed \Box is not a part of the homestead of Grantors, or \Box is part of the homestead of Grantors.

WITNESS Grantor(s) hand(s) this the ____ day of _____, 20___.

Grantor {Type Name}

Grantor {Type Name}

STATE OF

COUNTY OF _____

On this ______ day of ______, 20_____, before me personally appeared _______, to me known to be the person described in and who executed the foregoing instrument and acknowledged that he executed the same as his free act and deed.

Notary Public

Printed Name: _____

My Commission Expires:

Grantor(s) Name, Address, phone:

Grantee(s) Name, Address, phone:

SEND TAX STATEMENTS TO GRANTEE