

# QUIT CLAIM DEED

Address: \_\_\_\_\_

Conveys and Quit Claims to:

whose Street Number and Post Office Address is \_\_\_\_\_

Land in the City/Township/Village of \_\_\_\_\_, County of \_\_\_\_\_,  
and State of Michigan, described as :

Legal Description: \_\_\_\_\_

Property Address: \_\_\_\_\_

Sidwell Number: \_\_\_\_\_

for the sum of \_\_\_\_\_ Dollars,  
subject to: Building and use restriction and easements of record, if any.

Dated: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

STATE OF MICHIGAN  
COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_, before me personally appeared \_\_\_\_\_

to me known to be the person(s) described in and who executed the foregoing instrument  
and acknowledged that HE/SHE/THEY executed the same as HIS/HER/THEIR free act and  
deed.

\_\_\_\_\_  
Notary Public, \_\_\_\_\_ County, \_\_\_\_\_

My Commission expires:

Drafted by \_\_\_\_\_, whose address is \_\_\_\_\_

Return to: \_\_\_\_\_