

QUIT CLAIM DEED



The Grantor(s) _____

whose address is _____

quit claims to _____

whose address is _____

the following described premises situated in the _____ of _____, County of _____ and State of Michigan:

also known as Property Address: _____

Tax ID No. _____

for the sum of _____

Dated this _____ th day of _____, .

Signed by: _____

State of Michigan
County of _____

The foregoing instrument was acknowledged before me this _____ th day of _____, _____, by _____

Notary Public _____ County, Michigan
Acting in _____ County, Michigan
My commission expires: _____

When Recorded Return To: _____ Send Subsequent Tax Bills To: _____ Drafted By: _____
Grantee

Tax Parcel # _____ Recording Fee \$ _____