QUIT CLAIM DEED

KNOW ALL MEN BY THESE PRESENTS: That

whose address is:

Quit Claim to:

whose address is:

The following described premises situated in the_____of_____, County of _____ and State of Michigan, to-wit: (Cite "See attached property description" if description does not fit in space below).

Parcel Identification No.:
Commonly known as:
Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, for the sum of $_____.

Dated this_____day of_____, 20____.

Signed by:

_____

_____

STATE OF MICHIGAN)
)§
COUNTY OF_____)

The foregoing instrument was acknowledged before me this_____day of_____, 20_____by

_____,

_____
Notary Public
_____County, Michigan

Acting in_____County, Michigan

My commission expires: _____

WHEN RECORDED RETURN TO:

DRAFTED BY: