

QUITCLAIM DEED

RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO:

Name: _____

Address: _____

City/State/Zip: _____

MAIL TAX STATEMENTS TO:

Name: _____

Address: _____

City/State/Zip: _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

QUITCLAIM DEED

I. THE PARTIES

This Quitclaim Deed (the "Deed") is made and entered into on the _____ day of

_____, 20____, by and between:

The Grantor(s):

Name(s): _____

Mailing Address: _____

City: _____ State:

_____ Zip: _____

(hereinafter referred to as the "Grantor"),

AND

The Grantee(s):

Name(s): _____

Mailing Address: _____

City: _____ State:

_____ Zip: _____

(hereinafter referred to as the "Grantee").

II. CONSIDERATION

For and in consideration of the sum of \$ _____ (US Dollars) and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Grantor does hereby remise, release, and forever quitclaim unto the Grantee all the right, title, interest, and claim which the Grantor has in and to the real property described below.

III. PROPERTY DESCRIPTION

The real property is located in the County of _____, State

of _____ , with a street address of:

The legal description of the Property is:

Tax Parcel/Assessor's Parcel Number (APN): _____

IV. CONVEYANCE

The Grantor conveys to the Grantee all interest the Grantor has in the Property, together with all appurtenances, rights, privileges, and easements belonging to the Property.

TO HAVE AND TO HOLD the same unto the Grantee, and to the Grantee's heirs and assigns forever, so that neither the Grantor nor the Grantor's heirs, nor any other person or persons for them or in their names or behalf, shall or will hereinafter claim or demand any right or title to the Property or any part thereof, but they and every one of them shall by these presents be excluded and forever barred.

V. NO WARRANTIES

This Deed is a Quitclaim Deed. The Grantor makes no warranty, express or implied, as to the title of the Property. The Grantor is transferring only whatever title or interest the Grantor has, if any, to the Grantee. The Grantee acknowledges that the Grantor does not warrant that the Grantor owns fee simple title to the Property or that the Property is free from encumbrances.

VI. HOMESTEAD STATUS

The Grantor certifies the following regarding the Property (check one):

- The Property IS the homestead of the Grantor.
- The Property IS NOT the homestead of the Grantor.
- The Grantor is unmarried.

VII. MARITAL STATUS OF GRANTOR

The Grantor certifies the following (check one):

- Unmarried
- Married to _____ (Spouse's Name)
- Divorced

VIII. GOVERNING LAW

This Deed shall be governed by and construed in accordance with the laws of the State of

_____ .

IX. ADDITIONAL TERMS

Any additional terms or conditions regarding this transfer are:

X. SIGNATURES

GRANTOR SIGNATURE(S)

Signature: _____

Date: _____ day of _____, 20____

Print Name: _____

Signature: _____

Date: _____ day of _____, 20____

Print Name: _____

SPOUSAL SIGNATURE (IF REQUIRED BY LAW)

Signature: _____

Date: _____ day of _____, 20____

Print Name: _____

WITNESSES

(Note: Many states require two witnesses for a deed to be validly recorded. If your state requires witnesses, they must sign below.)

Witness 1:

Signature: _____

Date: _____ day of _____, 20____

Print Name: _____

Witness 2:

Signature: _____

Date: _____ day of _____, 20____

Print Name: _____

NOTARY ACKNOWLEDGMENT

State of _____

County of _____

On this _____ day of _____, 20____, before me,

_____ (Name of Notary Public), personally appeared

_____ (Name of Grantor(s)), known to me (or proved to me

on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the

within instrument and acknowledged to me that he/she/they executed the same in his/her/their

authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or

the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature of Notary Public: _____

Date: _____ day of _____, 20____

Print Name: _____

(Seal)

My Commission Expires: _____ day of _____, 20____

PREPARER INFORMATION

This instrument was prepared by:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____