

QUIT CLAIM DEED

Statutory Form

KNOW ALL MEN BY THESE PRESENTS: That

whose address is:

Quit Claim(s) to:

whose address is:

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

Commonly known as:

for the full consideration of : \$

Dated: _____

STATE OF MICHIGAN }ss.
COUNTY OF _____ }

The foregoing instrument was acknowledged before me on _____ by
_____.

Notary Public: _____

When recorded, return to:

Send Subsequent Tax Bills to: Grantees

Drafted by:

Property ID Number:
State Transfer Tax:

Recording Fee:
County Transfer Tax: