

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:

More commonly known as:

Sidwell No.

for the sum of

Dated this _____ Day of _____,

Signed in presence of:

Signed by:

By: _____

State of Michigan.

County of _____

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

Notary Public, _____ County, _____

Michigan

My commission expires:

When Recorded Return To:

Send Subsequent Tax Bills To:
Grantee

Tax Parcel #

Recording Fee

Transfer Tax