

**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 Macomb 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: \_\_\_\_\_

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Digitized by srujanika@gmail.com

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WHEN RECORDED RETURN TO:

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**DRAFTED BY:**