

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: \_\_\_\_\_

WHEN RECORDED RETURN TO:

DRAFTED BY:

\_\_\_\_\_