

QUIT CLAIM DEED

Know All Persons by These Presents:

Whose address is:

Quit Claims to:

Whose address is:

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

Commonly known as:

Parcel ID:

For the full consideration of: \$1.00 (One Dollar)

Subject to: Exempt from County transfer tax pursuant to MCL 207.505 (5)(a) and State transfer tax pursuant to MCL 207.526 (6)(a).

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

My commission expires: _____

Drafted by:		When recorded	
		Return to:	