

QUIT CLAIM DEED

(Platted/Condominium)

Drafted By:

Return To:

Send Tax Bills To:

Recording Fee: \$
File Number:

State Transfer Tax:
County Transfer Tax:

Tax Parcel No.:

Know All Persons 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:

More commonly known as:
For the full consideration of:

Dated this ____ day of _____, _____.

Signed:

State of _____
County of _____

The foregoing instrument was acknowledged before me
this ____ day of _____, ____ by _____.

Notary Public:
Notary County/State: /
County Acting In:
Commission Expires: