

QUIT CLAIM DEED

The Grantors:

Whose address is:

Convey to:

Whose address is:

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

Tax Code:

for full consideration of: \$ _____ (_____ Dollars and ___/100)

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
My Commission Expires: _____
Acting in the County of: _____

Drafted by:

After Recording Return To: