<u>Prepared By</u> :	
After Recording Return To:	
	SPACE ABOVE THIS LINE FOR RECORDER'S USE
Tax Parcel Number:	
	QUIT CLAIM DEED
THIS day of	
	asideration of Dollars (\$) uluable consideration, the receipt and sufficiency of which are DR □ as a gift and for no cash consideration,
	and
the case may be) whose address	(hereinafter called the Grantor, collectively, a
hereby remises, releases, and q	uit claims
-	
unto	
(hereinafter called the Grantee,	collectively, as the case may be) whose address is
ALL OF GRANTOR'S RIGH CERTAIN REAL PROPERTY	IT, TITLE AND INTEREST, IF ANY, IN AND TO THAT SITUATED IN the County of, State
of	known as



Parcel Id.:	
-------------	--

Legal Description: Set forth on Exhibit A hereto and incorporated herein by this reference.

Referred to herein as the "Property".

THE PROPERTY IS QUIT CLAIMED TO GRANTEE WITHOUT COVENANT, REPRESENTATION OR WARRANTY OF ANY KIND OR NATURE WHATSOEVER, WHETHER EXPRESS OR IMPLIED, WHETHER AS TO TITLE, HABITABILITY, FITNESS FOR A PARTICULAR PURPOSE OR OTHERWISE. ANY AND ALL WARRANTIES THAT MIGHT ARISE BY COMMON LAW OR BY STATUTE, AS THE SAME MAY BE HEREAFTER AMENDED FROM TIME TO TIME, ARE HEREBY EXPRESSLY EXCLUDED,

THE PROPERTY IS QUIT CLAIMED SUBJECT TO any and all easements, building and use restrictions, mineral rights, encumbrances, liens, covenants, and liabilities as may appear of record or as may otherwise exist, whether recorded or unrecorded. By its acceptance of delivery of this Quit Claim Deed, Grantee hereby assumes the payment of all ad valorem taxes, standby fees, general and special assessments of whatever kind or character affecting the Property which are due, or which may become due, for any tax year or assessment period prior to the date of this Quit Claim Deed, including, without limitation, taxes or assessments becoming due by reason of a change in usage or ownership of the Property, or both.



[Rest of Page Intentionally Left Blank]



IN WITNESS WHEREOF, Grantor hereby executes this Quit Claim Deed as of the date set forth above.

Grantor:		
By:		
Printed Name:		
Title:		
	Witness	
	Witness	
Grantor:		
By:		
Printed Name:		
Title:		
	Witness	
	Witness	



STATE OF)			
COUNTY_) ss.)			
The,		, b	У	acknowledged		 _ day of the
				Notary Publ	ic	_
My commission exp	oires:					
STATE OF)			
STATE OF COUNTY _) ss.)			
		, b	У	acknowledged		_ day of the
				Notary Publ	ic	_
My commission exp	oires:					



Exhibit A

Legal Description

