

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:
