

QUIT CLAIM DEED
MICHIGAN TITLE INSURANCE AGENCY, INC.

Address: _____
Conveys and Quit Claims to:

Address: _____

Land in the _____ of _____, County of _____,
and State of Michigan, described as :

Sidwell Number: _____

Property Address: _____

for the sum of _____ Dollars,
subject to:

Building and use restrictions and easements of record, if any

Dated: _____

STATE OF MICHIGAN
COUNTY OF _____

On this _____, before me personally appeared _____

_____ to me known to be the person(s) described in and who executed the foregoing instrument and acknowledged that HE/SHE/THEY executed the same as HIS/HER/THEIR free act and deed.

Notary Public, _____ County, _____

My Commission expires:

Drafted by: _____

Return to: _____