# QUIT CLAIM DEED

(Platted/Condominium)

***Know All Persons by These Presents***:

**Whose address is:**

**Quit Claims to:**

**whose address is:**

**the following described premises situated in the c/t/v**  County of and State of Michigan**, to wit:**

**More commonly known as:**

**For the full consideration of:**

**Subject to:**

**Dated this: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witnesses:** **Signed by:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**State of Michigan**

**County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **The foregoing instrument was acknowledged before me this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,**

 **By**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notary Public:**

**Commission Expires:**

**County of Michigan:**

**Acting in:**

**Drafted by:**  **Return to: Send Tax Bills to:** Grantee

**Recording Fee: State Transfer Tax:**  **Tax Parcel No.:**

**File Number:**   **County Transfer Tax:**