

QUIT CLAIM DEED - 863 (Rev. 5/03)

This Form is Available from Target Information Management, Inc. (517) 337-1211

(State Bar of Michigan Form)

The Grantor(s)*
 whose address is _____
 quit-claim(s) to _____
 whose address is _____
 the following described premises situated in the _____
 of _____, County of _____ and State of Michigan:

for the sum of _____

Dated this _____ day of _____, _____ (year)
 Signed by: _____

 **

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 **

STATE OF MICHIGAN,

} SS.

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____,
 _____ (year), by _____

 **
 Notary Public, _____ County, Michigan
 My commission expires: _____

When Recorded Return To: (Name) _____ (Street Address) _____ (City and State) _____	Send Subsequent Tax Bills To: _____ _____ _____	Drafted By: _____ Business Address: _____ _____
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Tax Parcel # _____ Recording Fee _____ Transfer Tax _____

* Insert the marital status of each male grantor. ** TYPE OR PRINT NAMES UNDER SIGNATURES (no discrepancy can exist between printed names as they appear in the body, signature, or acknowledgement.)