Document hosted at JDSUPRA™
http://www.jdsupra.com/post/documentViewer.aspx?fid=de67d481-e216-45e4-b327-a7a3fe279f50

QUIT CLAIM DEED - INDIVIDUALS

==========

KNOW ALL MEN BY THESE PRESENTS: That
whose street number and post office address is

Quit Claims to
whose street number and post office address

the following described premises situated in the City of , County of , and State of Michigan,

to wit:

Commonly known as:

in consideration of ONE ($1.00) DOLLAR Pursuant to MSA 7.456, 5 (a); MCL 207.505 (a)

subject to easements and building and use restrictions of record. (?????)

Tax I.D. Number:

Dated this _____ day of _____, 2008.

Signed and Sealed:

_____L.S.

_____L.S.

STATE OF MICHIGAN)
) SS
COUNTY OF WAYNE)

The foregoing instrument was acknowledged before me this ____day of_____ 2008 by _____ to me known to be the persons who executed the foregoing instrument and who acknowledged the same to be their fee act and deed.

_____
NOTARY PUBLIC, COUNTY, MI
Acting in _____ County
MY COMMISSION EXPIRES:

==========

County Treasurer's Certificate City Treasurer's Certificate

==========

DRAFTED BY: _____, ESQUIRE AFTER RECORDING RETURN TO: