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Parcel Identification No. \_\_\_\_\_

## LIMITED LIABILITY COMPANY DEED

THIS INDENTURE WITNESSETH, That \_\_\_\_\_

\_\_\_\_\_ (“Grantor”), a limited liability company organized and existing under the laws of the State of \_\_\_\_\_, **CONVEYS AND WARRANTS**

-- **RELEASES AND QUIT CLAIMS** (strike one) to \_\_\_\_\_

\_\_\_\_\_ (“Grantee”) of \_\_\_\_\_

County, in the State of \_\_\_\_\_, in consideration of One Dollar (\$1.00) and other valuable consideration, the receipt of which is hereby acknowledged, the following described real estate in \_\_\_\_\_

County, in the State of Indiana, to-wit:

The undersigned person(s) executing this deed represent(s) and certify (certifies) on behalf of the Grantor, that (each of) the undersigned is a duly elected member of the Grantor and has been fully empowered by proper resolution, or the operating agreement of the Grantor, to execute and deliver this deed; that the Grantor is a limited liability company in good standing in the

State of its origin and, where required, in the State where the subject real estate is situate; that the Grantor has full capacity to convey the real estate described; and that all necessary action for the making of this conveyance has been duly taken.

IN WITNESS WHEREOF, Grantor has caused this deed to be executed this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_.

\_\_\_\_\_  
(NAME OF LIMITED LIABILITY COMPANY)

By: \_\_\_\_\_

By: \_\_\_\_\_

\_\_\_\_\_  
(PRINTED NAME OF  
MANAGING MEMBER/MEMBER)

\_\_\_\_\_  
(PRINTED NAME OF  
MANAGING MEMBER/MEMBER)

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_ SS:

Before me a Notary Public in and for said County and State, personally appeared \_\_\_\_\_

(Managing Member(s)/Member(s)) of \_\_\_\_\_, Grantor, who acknowledged execution of the foregoing Deed for and on behalf of said Grantor, and who, having been duly sworn, stated that the representations therein contained are true.

Witness my hand and Notarial Seal this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_.

My Commission Expires: \_\_\_\_\_

Signature \_\_\_\_\_

Resident of \_\_\_\_\_ County

Printed \_\_\_\_\_ Notary Public

This instrument prepared by: \_\_\_\_\_ Attorney at Law

Mail to: \_\_\_\_\_

Grantee's Mailing Address to which the tax statement should be mailed under I.C. 6-1.1-22-8.1

\_\_\_\_\_  
Grantee's Street Address or Rural Route Address if different than Mailing Address



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I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

\_\_\_\_\_