

THIS FORM HAS BEEN PREPARED FOR USE IN THE STATE OF INDIANA BY LAWYERS ONLY. USING THIS FORM, FILLING IN BLANK SPACES, STRIKING OUT PROVISIONS AND INSERTING SPECIAL CLAUSES MAY CONSTITUTE THE PRACTICE OF LAW, WHICH SHOULD BE PERFORMED ONLY BY A LAWYER.

Parcel Identification No. _____

QUITCLAIM DEED

THIS INDENTURE WITNESSETH, that _____

_____ ("Grantor(s)") of _____ County in the State of _____

QUITCLAIM(s) to _____

_____ ("Grantee(s)") of _____ County in the State of _____

in consideration of One Dollar (\$1.00) and other valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the following described real estate in _____ County, in the State of Indiana:

Dated this _____ day of _____, 201____.

(Signature)

(Signature)

(Printed Name)

(Printed Name)

STATE OF _____ COUNTY OF _____ SS:

Before me, the undersigned, a Notary Public in and for said County and State, this _____ day of _____, 201____, personally appeared: _____

and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My commission expires: _____ Signature _____

Resident of _____ County Printed _____, Notary Public

STATE OF _____ COUNTY OF _____ SS:

Before me, the undersigned, a Notary Public in and for said County and State, this _____ day of _____, 201____, personally appeared: _____

and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

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.
