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 QUITCLAIM(s) to	County in the State of				
("Grantee(s)") of	County in the State of				
in consideration of One Dollar (\$1.00) and other valuate the following described real estate in	able consideration, the receipt and sufficiency of which are hereby acknowledged County, in the State of Indiana:				
Dated this day of	, 20				
(Signature)	(Signature)				

(Printed Name)

(Printed Name)

STATE OF	COUNTY OF		SS:	
	Notary Public in and for said County			
and acknowledged the executi	on of the foregoing deed. In witness wl			
My commission expires:		Signature		
Resident of	County	Printed		, Notary Public
STATE OF	COUNTY OF		SS:	
_	Notary Public in and for said County:			
and acknowledged the executi	on of the foregoing deed. In witness wh	hereof, I have hereunto	subscribed my name and a	affixed my official
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 sh	ould be mailed under I.	C. 6-1.1-22-8.1	
Grantee's Street A	ddress or Rural Route Address if diffe	erent than Mailing Addr	ess	
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ALLEN COUNTY		taken reas	ander the penalties for pe onable care to redact eac this document, unless req	h Social Security