

County Assessor Parcel No.: _____ State Parcel No. (optional): _____
When Recorded: Email / Mail to: _____
Mail Tax Statements to (street address): _____

QUIT CLAIM DEED

GRANTOR(s) Name: _____
of _____ County, State of _____

1. GRANTEE Name: _____ of _____ County, State of _____

2. GRANTEE Name: _____ of _____ County, State of _____

LEGAL DESCRIPTION of real estate is attached or included below:

Commonly known as: (property address) _____

WITNESSETH that Grantor, for the sum of _____ (dollar amount) paid by the Grantee, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the Grantee forever, all the right, title, interest and claim, which the Grantor has in and to the described parcel of land, and improvements and appurtenances thereto in the County of Fayette, State of Indiana.

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. (IC 36-2-11-15) FORM PREPARED BY: _____ (Name of individual)

IN WITNESS WHEREOF, Grantor has executed this deed on _____, (date).

Signature (Grantor)

Signature (2nd Grantor)

Name

Name

STATE OF INDIANA, COUNTY OF _____

Before me, the undersigned, a Notary Public, in and for said County and State, this _____ (date)

personally appeared _____, said person(s) being over the age of 18 years, and acknowledged the execution of the foregoing instrument.

Notary Public Signature

Printed Name

My commission expires: _____