

**QUIT CLAIM DEED - 863** (Rev. 5/03)

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(State Bar of Michigan Form)

The Grantor(s)\*

whose address is

quit-claim(s) to

whose address is

the following described premises situated in the

of \_\_\_\_\_, County of \_\_\_\_\_

and State of Michigan:

for the sum of

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year)  
Signed by: \_\_\_\_\_

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**STATE OF MICHIGAN,**

} SS.

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year), by \_\_\_\_\_

\*\*

Notary Public, \_\_\_\_\_ County, Michigan  
My commission expires:

When Recorded Return To: (Name)	Send Subsequent Tax Bills To:	Drafted By:
(Street Address)		Business Address:
(City and State)		

Tax Parcel # \_\_\_\_\_ Recording Fee \_\_\_\_\_ Transfer Tax \_\_\_\_\_

\* Insert the marital status of each male grantor. \*\* TYPE OR PRINT NAMES UNDER SIGNATURES (no discrepancy can exist between printed names as they appear in the body, signature, or acknowledgement.)