

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 Marion, 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 (2<sup>nd</sup> 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: \_\_\_\_\_