Prepared By	I
Name:	
Address:	
State:Zip Code:	
After Recording Return To	
Name:Address:	
State: Zip Code:	
	ECIAL (LIMITED) WARRANTY DEED SE PRESENTS, That,
	, County of,
residing at	
State of	("Grantor"), in consideration of the sum of
State of	("Grantor"), in consideration of the sum of dollars (\$) and other
State ofvaluable consideration, in hand pa	("Grantor"), in consideration of the sum of dollars (\$) and other aid, the receipt of which is hereby acknowledged, does
State ofvaluable consideration, in hand pathereby grant, convey and warrant	("Grantor"), in consideration of the sum of dollars (\$) and other aid, the receipt of which is hereby acknowledged, does t unto,
State ofvaluable consideration, in hand pathereby grant, convey and warrant residing at	("Grantor"), in consideration of the sum of dollars (\$) and other aid, the receipt of which is hereby acknowledged, does
State ofvaluable consideration, in hand pathereby grant, convey and warrant residing atState of	("Grantor"), in consideration of the sum of dollars (\$) and other aid, the receipt of which is hereby acknowledged, does t unto,, County of,
State ofvaluable consideration, in hand pathereby grant, convey and warrant residing atState of	("Grantor"), in consideration of the sum of dollars (\$) and other aid, the receipt of which is hereby acknowledged, does t unto,, County of,("Grantee"), the following described real property

[INSERT LEGAL DESCRIPTION HERE AND/OR ATTACH EXHIBIT A]

TOGETHER WITH all the improvements thereon and the appurtenances thereunto belonging (the "Property").

AND warrant the title to the same, against any challenge claiming by, through or under, Grantor, but not otherwise.



TO HAVE AND TO HOLD the Property unto Grantee, and to Grantee's heirs and assigns forever.

IN WITNESS WHEREOF, Grantor has executed and delivered this Special Warranty Deed under seal as of the day and year first above written.

Grantor's Signature	Grantor's Signature
Grantor's Name	Grantor's Name
Address	Address
City, State & Zip	City, State & Zip
Witness's Signature	Witness's Signature
Witness's Name	Witness's Name
STATE OF CONNECTICUT)	
COUNTY OF)	
thatinstrument, and who is known to me, ac	nd for said County, in said State, hereby certify whose names are signed to the foregoing knowledged before me on this day that, being ent, they, executed the same voluntarily on the
Given under my hand this day of _	, 20
	Notary Public
	My Commission Expires:

