

This instrument was prepared by:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Once recorded, return to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tax Parcel ID Number:

\_\_\_\_\_

This Space for Recorder's Use Only.

## Delaware Quitclaim Deed

State of Delaware, County of \_\_\_\_\_

**KNOW ALL MEN BY THESE PRESENTS**, that for and in consideration of the sum of \_\_\_\_\_ US Dollars (\$ \_\_\_\_\_ ) in hand, paid to

\_\_\_\_\_,  
\_\_\_\_\_ with an address of

(the "Grantor" or "Grantors"), does/do hereby remise, release, and forever quit claim to

\_\_\_\_\_,  
\_\_\_\_\_ with an address of

(the "Grantee" or Grantees") all the rights, title, interest, and claim in or to the following described real estate, situated in \_\_\_\_\_ County, Delaware, to wit:

**A complete legal description of the real property being conveyed by this instrument is attached hereto on page 4 as EXHIBIT A.**

Until amended, tax information shall be sent to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**TO HAVE AND TO HOLD**, all and singular the described property, together with the tenements, hereditaments, and appurtenances belonging, or in anywise appertaining thereto, unto the Grantee(s), and their heirs and assigns forever.

**IN WITNESS WHEREOF**, the Grantor(s) has/have duly executed this Quitclaim Deed as of the date hereinunder.

Grantor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Grantor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

# NOTARY ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of Delaware )

County of \_\_\_\_\_ )

On \_\_\_\_\_ before me, \_\_\_\_\_ ,  
personally appeared \_\_\_\_\_ ,  
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are  
subscribed to the within instrument and acknowledged to me that he/she/they executed the same in  
his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the  
person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the state of Delaware that the foregoing  
paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

My Commission Expires \_\_\_\_\_

(Seal)

## **EXHIBIT A**

Legal description of the real property being conveyed by this instrument.