|  |  |
| --- | --- |
| *This space is reserved for tax certification* | *This space is reserved for Recorder’s use*  |

**Minnesota Quitclaim Deed**

|  |  |
| --- | --- |
| [ ]  | Total consideration for the value of this property is $3,000.00 or less. **-OR-**  |
| [ ]  | eCRV Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Deed Tax Due: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|

|  |
| --- |
| **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, Minnesota, to wit: |

 |

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

|  |  |
| --- | --- |
| Tax Parcel ID Number |  |

**Well Disclosure**

[ ]  The Grantor certifies that they are unaware of any wells on the property

[ ]  A Well Disclosure Certificate, WDC Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has either been electronically filed or is attached to this document

[ ]  The Grantor certifies that the status and number of wells on the property have not changed since the previous Well Disclosure Certificate was filed

|  |
| --- |
| Until amended, tax information shall be sent to: |
| Name: |  |
| Address: |  |

|  |
| --- |
| This instrument was prepared by: |
| Name: |  |
| Address: |  |

|  |
| --- |
| After recording, return 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 Minnesota | ) |

|  |  |  |
| --- | --- | --- |
| 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 Minnesota 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.