VERMONT ENHANCED LIFE ESTATE DEED

KNOW ALL PERSONS BY THESE PRESENTS, that

I/We,	,	with an address of
	, Grant	tor, without consideration, by
these presents, do freely GIVE,	GRANT, SELL, CONVEY, A	ND CONFIRM unto the
Grantee,	, with an address of	
	, and t	heir heirs and assigns
forever as	, a certain piece of land	d in
, in the	e County of	, and State of
Vermont, described as follows:		
PROPERTY DESCRIPTION:		

GRANTORS RESERVED RIGHTS:

This is an enhanced life estate deed executed pursuant to, and with the rights and privileges set forth in, 27 V.S.A. chapter 6, the Enhanced Life Estate Deed Act (the "ELED Act"). The Grantor, or the survivor of them, hereby reserves unto themselves: (a) a common law life estate, with the exclusive use, possession, and enjoyment of the property; and (b) the right to convey the property. Reference is hereby made to the aforementioned deeds and records and to the deeds and records contained in those documents, in further aid of this description.

TO HAVE AND TO HOLD said granted premises	, with all the privileges and	
appurtenances thereof, to the said Grantee and t	heir heirs and assigns, to their own use	
and behoof forever, as	I, the said Grantor, for myself and my	
heirs, executors, administrators, and assigns do	covenant with the said Grantee and	
their heirs and assigns, that until the ensealing of	f these presents I am the sole owner of	
the premises and have good right and title to con	vey the same in the manner aforesaid,	
that they are FREE FROM EVERY ENCUMBRA	NCE, except as aforesaid, and the	
Grantor hereby engages to WARRANT AND DEF	END the same against all lawful	
claims whatsoever, except as otherwise provided in this deed.		

I HAVE HEREUNTO set my hands this _____.

Grantor's Signature: _____ Grantor's Name: _____

Grantor's Signature:	
Grantor's Name:	·····

State of Vermont	
County of	

On this	day of,	20, b	efore me, a Notary Pu	ublic in
and for said s	state, personally appeared		, known	to me to
be the person(s) whose name(s) is/are subscribed to the foregoing instrument, and				
acknowledged that he/she/they executed the same as his/her/their free act and deed.				
acknowledge	a that he/she/they executed the sa	ime as nis/	ner/their free act and	aeea.

Notary Public Signature:	
Printed Name:	
My Commission Expires:	
Acting in the County of:	

[Seal]

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