**(Top 3 inches reserved for recording data)**

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| --- | --- |
| **LIMITED WARRANTY DEED****Individual(s) to Individual(s)** | **Minnesota Uniform Conveyancing Blanks****Form 10.2.1 (2016)** |

eCRV number:

DEED TAX DUE: $ DATE:

*(month/day/year)*

FOR VALUABLE CONSIDERATION,

*(insert name and marital status of each Grantor)*

 (“**Grantor**”), hereby conveys and quitclaims to

*(insert name of each Grantee)*

 (“**Grantee**”), as

|  |  |  |
| --- | --- | --- |
| *(Check only one box.)* | * tenants in common,
* joint tenants,
 | *(If more than one Grantee is named above and either no box is checked or both boxes are checked, this conveyance is made to the named Grantees as tenants in common.)* |

real property in County, Minnesota, legally described as follows:

*Check here if all or part of the described real property is Registered (Torrens)* 

together with all hereditaments and appurtenances belonging thereto.

This Deed conveys after-acquired title. Grantor warrants that Grantor has not done or suffered anything to encumber the property, EXCEPT:

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|  |  |
| --- | --- |
| *Check applicable box:** The Seller certifies that the Seller does not know of any wells on the described real property.
* A well disclosure certificate accompanies this document or has been electronically filed. (If electronically filed, insert WDC number: .)
* I am familiar with the property described in this instrument and I certify that the status and number of wells on the described real property have not changed since the last previously filed well disclosure certificate.
 | Grantor*(signature)**(signature)* |

State of Minnesota, County of

This instrument was acknowledged before me on , by

*(month/day/year)*

*(insert name and marital status of each Grantor)*

 .

(Stamp)

*(signature of notarial officer)*

Title (and Rank):

My commission expires:

*(month/day/year)*

|  |  |
| --- | --- |
| THIS INSTRUMENT WAS DRAFTED BY:*(insert name and address)* | TAX STATEMENTS FOR THE REAL PROPERTY DESCRIBED IN THIS INSTRUMENT SHOULD BE SENT TO:*(insert legal name and residential or business address of Grantee)* |