Prepared By		ı	
Name:			
State:	Zip Code:		
After Recording	g Return To		
Name:			
Address:			
State:	Zip Code:		
		Space Above Th	is Line for Recorder's Use
		CIAL (LIMITED) WAR	RANTY DEED
KNOW ALL PE	RSONS BY THESE	PRESENTS, That	,
KNOW ALL PE residing at	RSONS BY THESE	PRESENTS, That, County of _	
KNOW ALL PE residing at	RSONS BY THESE	PRESENTS, That	n of the sum of
KNOW ALL PE residing at State of valuable consider	RSONS BY THESE	PRESENTS, That, County of, County of, ("Grantor"), in consideratio dollars (\$, the receipt of which is here	n of the sum of) and other by acknowledged, does
KNOW ALL PE residing at State of valuable considereby grant, b	RSONS BY THESE	PRESENTS, That, County of, County of, founty of, founty of, and the consideration consid	n of the sum of) and other by acknowledged, does
KNOW ALL PE residing at State of valuable considereby grant, be residing at	RSONS BY THESE	PRESENTS, That, County of, County of, founty of, consideration dollars (\$, the receipt of which is here vey unto, County of,	n of the sum of, and other by acknowledged, does,
KNOW ALL PE residing at State of valuable considence grant, bereby grant, beresiding at State of	RSONS BY THESE	PRESENTS, That, County of, County of, founty of, founty of, and the consideration consid	n of the sum of, and other by acknowledged, does, lescribed 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
In Witness Whereof,	
Witness's Signature	Witness's Signature
Witness's Name	Witness's Name
Address	Address
City, State & Zip	City, State & Zip



STATE OF SOUTH DAKOTA)	
COUNTY OF)	
that instrument, 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: