**Parcel Number**: [PARCEL #]

**Prepared By:**

Name: [PREPARER NAME]

Address: [PREPARER STREET ADDRESS]

[PREPARER CITY, STATE, ZIP]

**After Recording Return To:**

Name: [RECIPIENT NAME]

Address: [RECIPIENT STREET ADDRESS]

[RECIPIENT CITY, STATE, ZIP]

**DELAWARE GENERAL WARRANTY DEED**

STATE OF DELAWARE

[COUNTY NAME] COUNTY

This General Warranty Deed made this [DAY] day of [MONTH], [YEAR] between [GRANTOR NAME] of [GRANTOR ADDRESS], party of the first part and [GRANTEE NAME] of [GRANTEE ADDRESS], party of the second part.

Witnesseth, that said party of the first part for and in consideration of the sum of

[AMOUNT (IN WORDS)] ($[AMOUNT (AS A NUMBER)]), the receipt whereof is hereby acknowledged, hereby grants and conveys unto the said party of the second part the following described real estate, situated in [COUNTY NAME] County, Delaware, to-wit:

[ENTER PROPERTY LEGAL DESCRIPTION HERE (OR ATTACH AND INSERT)].

AND, the Grantor shall forever warrant and defend the title to the above described property to said Grantee against all lawful claims whatsoever.

In witness whereof, the said party of the first part hath hereunto set his hand and seal.

[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://esign.com/) [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://esign.com/)

**Grantor’s Signature Grantor’s Signature**

[GRANTOR NAME] [GRANTOR NAME]

Grantor’s Name Grantor’s Name

[GRANTOR STREET ADDRESS] [GRANTOR STREET ADDRESS]

Street Address Street Address

[GRANTOR CITY, STATE, ZIP] [GRANTOR CITY, STATE, ZIP]

City, State & ZIP City, State & ZIP

[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://esign.com/) [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://esign.com/)

**Witness’s Signature Witness’s Signature**

[WITNESS NAME] [WITNESS NAME]

Witness’s Name Witness’s Name

[WITNESS STREET ADDRESS] [WITNESS STREET ADDRESS]

Street Address Street Address

[WITNESS CITY, STATE, ZIP] [WITNESS CITY, STATE, ZIP]

City, State & ZIP City, State & ZIP

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, whose name is signed to the foregoing instrument, and who is known to me, acknowledged before me on this day that, being informed of the contents of the instrument, they executed the same voluntarily on the day the same bears date.

Given under my hand this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy)

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

**Notary Public**

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