| | Prepared By: | |
|---|---|--|
| | Name:Address: | |
| | After Recording Return To: | |
| | Name:Address: | |
| DELAWARE QUIT CLAIM DEED | | |
| STATE OF DELAWARE NEW CASTLE COUNTY | | |
| This Quit Claim Deed made this day of | of | |
| part and | , party of the first of , party of the | |
| second part. | , party of the | |
| Witnesseth, that said party of the first part for and (\$ | in consideration of the sum of), the receipt whereof is | |
| hereby acknowledged, hereby quit claims unto the described real estate, situated in | e said party of the second part the following | |

Parcel Number: _____

[WRITE LEGAL DESCRIPTION HERE OR ATTACH AND INSERT]

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| Grantor's Signature | Grantor's Signature |
|---|---|
| Grantor's Name | Grantor's Name |
| Street Address | Street Address |
| City, State & ZIP | City, State & ZIP |
| In witness whereof, the said party of t | he first part hath hereunto set his hand and seal. |
| Sealed and delivered in the presence | of: |
| Witness's Signature | Witness's Signature |
| Witness's Name | Witness's Name |
| Street Address | Street Address |
| City, State & ZIP | City, State & ZIP |
| STATE OF) | |
| COUNTY OF | _) |
| | and for said County, in said State, hereby certify that |
| who is known to me, acknowledged b | , whose name is signed to the foregoing instrument, and refore me on this day that, being informed of the contents came voluntarily on the day the same bears date. |
| Given under my hand this | (mm/dd/yyyy) |
| | Notary Public |
| . C! | My Commission Expires: |
| eSign | Page 2 of 2 |