

Tax Map and Parcel No.: _____

Prepared By:

Name: _____

Address: _____

After Recording Return To:

Name: _____

Address: _____

Space above this line for recorder's use only

DELAWARE QUIT CLAIM DEED

STATE OF DELAWARE

_____ COUNTY

This Quit Claim Deed made this ____ day of _____, _____ between

_____ of

_____, party of

the first part and _____

of _____, party of

the second part.

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

_____ (\$ _____), 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, Delaware, to-wit:

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

Grantor's Signature

Grantor's Name

Street Address

City, State & ZIP

Grantor's Signature

Grantor's Name

Street Address

City, State & ZIP

Sealed and delivered in the presence of:

Witness's Signature

Witness's Name

Street Address

City, State & ZIP

Witness's Signature

Witness's Name

Street Address

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: _____