

Parcel Number: _____

Prepared By:

Name: _____

Address: _____

After Recording Return To:

Name: _____

Address: _____

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 quit claims unto the said party of the second part the following described real

estate, situated in _____ County, Delaware, to-wit:

[WRITE LEGAL DESCRIPTION HERE OR ATTACH AND INSERT]

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: _____

eSign