*Space above this line for recorder’s use only*

|  |  |
| --- | --- |
| **Parcel No:** [PARCEL NUMBER]**Prepared By:**Name: [PREPARER NAME]Address: [PREPARER ADDRESS][PREPARER CITY, STATE, ZIP]I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security Number in this document, unless required by law. | **After Recording Return To:**Name: [RECIPIENT NAME]Address: [RECIPIENT STREET ADDRESS][RECIPIENT CITY, STATE, ZIP] |

**INDIANA QUIT CLAIM DEED**

STATE OF INDIANA

[COUNTY NAME] COUNTY

THIS INDENTURE WITNESSETH, that for and in consideration of the sum of

[AMOUNT (IN WORDS)] ($[AMOUNT (AS A NUMBER)]) in hand paid to

[GRANTOR NAME(S)], a [GRANTOR(S) MARITAL STATUS], residing at [GRANTOR(S) STREET ADDRESS] (hereinafter known as the “Grantor(s)”) hereby remise, release, and forever quitclaim to [GRANTEE NAME(S)], a [GRANTEE(S) MARITAL STATUS], whose mailing address is [GRANTEE(S) MAILING ADDRESS] (hereinafter known as the “Grantee(s)”) all the rights, title, interest, and claim in or to the following described real estate, situated in [COUNTY NAME] County, Indiana, to-wit:

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

To have and to hold, the same together with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title, interest, lien, equity, and claim whatsoever for the said first party, either in law or equity, to the only proper use, benefit and behoof of the said second party forever.

[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](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/)

**Preparer’s Signature**

[PREPARER NAME]

Preparer’s Name

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security Number in this document, unless required by law.

Grantee’s address/mailing address to which tax statements should be mailed is: [GRANTOR(S) MAILING ADDRESS FOR TAX STATEMENTS]

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

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

I, the undersigned, a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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)

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

**Officer Signature**

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