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Space above this line for recorder's use only

**Parcel No:** \_\_\_\_\_

**Prepared By:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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## INDIANA QUIT CLAIM DEED

STATE OF INDIANA

\_\_\_\_\_ COUNTY

THIS INDENTURE WITNESSETH, that for and in consideration of the sum of \_\_\_\_\_ (\$ \_\_\_\_\_) in hand paid to \_\_\_\_\_, a \_\_\_\_\_, residing at \_\_\_\_\_

\_\_\_\_\_ (hereinafter known as the "Grantor(s)") hereby remise, release, and forever quitclaim to \_\_\_\_\_, a \_\_\_\_\_, whose mailing address is \_\_\_\_\_

\_\_\_\_\_ (hereinafter known as the "Grantee(s)") all the rights, title, interest, and claim in or to the following described real estate, situated in \_\_\_\_\_ County, INDIANA, to-wit:

**eSign**

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.

\_\_\_\_\_  
**Grantor's Signature**

\_\_\_\_\_  
Grantor's Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State & ZIP

\_\_\_\_\_  
**Grantor's Signature**

\_\_\_\_\_  
Grantor's Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State & ZIP

\_\_\_\_\_  
**Witness's Signature**

\_\_\_\_\_  
Witness's Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State & ZIP

\_\_\_\_\_  
**Preparer's Signature**

\_\_\_\_\_  
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:

\_\_\_\_\_.

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

I, the undersigned, a \_\_\_\_\_ in and for said County, in said State, hereby certify that \_\_\_\_\_ whose names are 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**

\_\_\_\_\_  
**Officer Printed Name**

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