Prepared By:	Individual Responsible For Property Taxes and Assessments:
Name:	und Assessments.
Name:Address:	Name:Address:
LOUISIANA (	QUIT CLAIM DEED
"ACT OF SALE"	
STATE OF LOUISIANA	
PARISH	
KNOW ALL MEN BY THESE PRESENTS,	that for and in consideration of the sum of
(	\$) in hand paid to
	al security or tax identification number ends with the
last four digits of , residing at	
and with a mailing address of	
•	eby remise, release, and forever quitclaim to

\_\_\_\_\_ a \_\_\_\_ (married to

\_\_), whose social security or tax identification number ends with the

Space above this line for recorder's use only

[WRITE LEGAL DESCRIPTION HERE OR ATTACH AND INSERT]

(hereinafter known as the "Vendee(s)") all the rights, title, interest, and claim in or to the following

last four digits of \_\_\_\_\_, residing at \_\_\_\_\_

described real estate, situated in \_\_\_\_\_ Parish, Louisiana, to-wit:

and with a mailing address of \_\_\_\_

eSign Page 1 of 2

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.

Vendor's Signature	Vendor's Signature
Vendor's Name	Vendor's Name
Street Address	Street Address
City, State & ZIP	City, State & ZIP
Witness's Signature	Witness's Signature
Witness's Name	Witness's Name
Street Address	Street Address
City, State & ZIP	City, State & ZIP
STATE OF)	
PARISH OF)	
•	d for said Parish, in said State, hereby certify that whose name is signed to the foregoing instrument, and
_	ore me on this day that, being informed of the contents ne voluntarily on the day the same bears date.
Given under my hand this	(mm/dd/yyyy)
	Notary Public
	Identification Number:
eSign	My Commission Expires: Page 2 of 2
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