|  |  |
| --- | --- |
| **Prepared By:**Name: [PREPARER NAME]Address: [PREPARER ADDRESS][PREPARER CITY, STATE, ZIP]**After Recording Return To:**Name: [RECIPIENT NAME]Address: [RECIPIENT STREET ADDRESS][RECIPIENT CITY, STATE, ZIP] |  |

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

**MASSACHUSETTS LIFE ESTATE DEED**

STATE OF MASSACHUSETTS

[COUNTY] COUNTY

DATE: [DATE]

KNOW ALL MEN BY THESE PRESENTS, 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 grant(s) to [GRANTEE NAME(S)], a [GRANTEE(S) MARITAL STATUS], residing at [GRANTEE(S) STREET ADDRESS] (hereinafter known as the “Grantee(s)”) for and during the natural life of Grantee(s), and on Grantee's death then to [REMAINDER BENEFICIARY NAME(S)] (hereinafter known as the “Remainder Beneficiary”), in fee simple, with quitclaim covenants all the rights, title, interest, and claim in or to the following described real estate, situated in [COUNTY NAME] County, Massachusetts, to-wit:

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

To have and to hold the above-described premises, together with all rights and appurtenances belonging to them, to Grantee(s) and Grantee's assigns, for and during the natural life of Grantee(s) and on Grantee's death, the remainder over to Remainder Beneficiary and Remainder Beneficiary’s heirs and assigns forever.

Executed at [LOCATION OF EXECUTION] on the date first above written.

[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://esign.com/) [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://esign.com/)

**Grantor’s Signature Grantor’s Signature**

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

Grantor’s Name Grantor’s Name

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

Street Address Street Address

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

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