Prepared By:

Name: ______ Address: _____

After Recording Return To:

Name: _______Address: ______

Space above this line for recorder's use only

NEW YORK DEED WITH FULL COVENANTS

STATE OF NEW YORK

_____ COUNTY

THIS INDENTURE, made the _____ day of _____, ___, between , a , residing at

party of the first part, and

_____, a _____, residing at

party of the second part.

WITNESSETH, that the party of the first part, in consideration of

______(\$_____), lawful money of the United States, paid by the party of the second part, does hereby grant and release unto the party of the second part, their heirs, successors and assigns forever, the following described real estate, situated in ______ County, New York, to-wit:

[WRITE LEGAL DESCRIPTION HERE OR ATTACH EXHIBIT A]

TOGETHER WITH the appurtenances and all the estate and rights of the party of the first part in and to said premises.

TO HAVE AND TO HOLD the premises herein granted unto the party of the second part, their heirs, successors and assigns forever.



AND said party of the first part covenants as follows:

FIRST, that said party of the first part is seized of said premises in fee simple, and has a good right to convey the same;

SECOND, that the party of the second part shall quietly enjoy the said premises;

THIRD, that the said premises are free from encumbrances, except as aforesaid;

FOURTH, that the party of the first part will execute or procure any further necessary assurance of the title to said premises;

FIFTH, that said party of the first part will forever warrant the title to said premises.

The word "party" shall be construed as if read "parties" whenever the sense of this indenture so requires.

This conveyance is subject to the trust fund provisions of Section Thirteen of the Lien Law.

IN WITNESS WHEREOF, the party of the first part has hereunto set their hand and seal the day and year first written above.

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	
	for said County, in said State, hereby certify that se 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 voluntarily on the day the same bears date.

Given under my hand this (mm/dd/yyyy).

Notary Public Signature

My Commission Expires: _____