|  |  |
| --- | --- |
| **Prepared By:**  Name: [PREPARER NAME]  Address: [PREPARER STREET 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*

**NEW YORK QUIT CLAIM DEED**

STATE OF NEW YORK

[COUNTY NAME] COUNTY

This indenture, made the [DAY (E.G., 15TH] day of [MONTH], [YEAR], between

[GRANTOR NAME(S)], a [GRANTOR(S) MARITAL STATUS], residing at [GRANTOR(S) STREET ADDRESS], party of the first part, and [GRANTEE NAME(S)], a [GRANTEE(S) MARITAL STATUS], residing at [GRANTEE(S) STREET ADDRESS], party of the second part:

Witnesseth, that the party of the first part, in consideration of [AMOUNT (IN WORDS)] ($[AMOUNT (AS A NUMBER)]), lawful money of the United States, paid by the party of the second part, does hereby remise, release, and quitclaim unto the party of the second part, heirs, successors and assigns forever, all the rights, title, interest, and claim in or to the following described real estate, situated in [COUNTY NAME] County, New York, to-wit:

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

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, heirs, successors and assigns forever.

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.

[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](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

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_