Space above this line for recorder's use only			
Prepared By:	After Recording Return To:		
Name:	Name:		
Address:	Address:		
ОН	IO SURVIVORSHIP DEED		
	[O.R.C. Section 5302 17]		

[O.R.C. Section 5302.17]

STATE OF OHIO

	_ COUNTY		
		, a	, residing at
			(hereinafter known as the
"Grantor(s)"), for valua	ble consideration paid, gra	nt(s), with g	eneral warranty covenants, to
	and		(hereinafter
known as the "Grantee	es"), for their joint lives, rem	ainder to th	e survivor of them, whose tax
mailing addresses are			and
		, the follo	wing described real estate, situated
in	County, Ohio, to-wit:		-

[WRITE LEGAL DESCRIPTION AND ENCUMBRANCES, RESERVATIONS, AND EXCEPTIONS, IF ANY (OR ATTACH AND INSERT)]

## eSign

Prior Instrument Reference: Volume	Page
Tax Parcel No.:	
Property Address:	
	_, $\Box$ wife $\Box$ husband of the Grantor, releases all rights of
dower therein.	
Spouse's Signature	
Spouse's Signature	
Executed this day of	,
Grantor's Signature	Grantor's Signature
	-
Grantor's Name	Grantor's Name
STATE OF	_
COUNTY OF	
	and for said County, in said State, hereby certify that
	whose names are signed to the foregoing instrument, and
	before me on this day that, being informed of the contents same voluntarily on the day the same bears date.
Given under my hand this	(mm/dd/yyyy).

Notary Public Signature

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