|  |  |
| --- | --- |
| **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*

**SOUTH DAKOTA QUITCLAIM DEED**

STATE OF SOUTH DAKOTA

[COUNTY NAME] COUNTY

[GRANTOR NAME(S)] grantor(s), of [GRANTOR(S) COUNTY] County, State of [GRANTOR(S) STATE], for and in consideration of [AMOUNT (IN WORDS)] ($[AMOUNT (AS A NUMBER)]), conveys and quitclaims to [GRANTEE NAME(S)], the grantee(s), of [GRANTEE(S) STREET ADDRESS], all interest in the following described real estate in the county of [PROPERTY COUNTY] in the state of South Dakota:

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

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

In Witness Whereof,

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

**Witness’s Signature**

[WITNESS NAME]

Witness’s Name

[WITNESS STREET ADDRESS]

Street Address

[WITNESS 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_