|  |  |
| --- | --- |
| **Prepared By:**Name: [PREPARER NAME]Capacity: [PREPARER CAPACITY]Address: [PREPARER ADDRESS][PREPARER CITY, STATE, ZIP]**After Recording Return To:**Name: [RECIPIENT NAME]Address: [RECIPIENT STREET ADDRESS][RECIPIENT CITY, STATE, ZIP]Title insurance underwriter: [UNDERWRITER NAME] |  |

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

**VIRGINIA QUIT CLAIM DEED**

COMMONWEALTH OF VIRGINIA

CITY/COUNTY OF [CITY/COUNTY NAME]

This deed, made on [MM/DD/YYYY], between [GRANTOR NAME(S)] (Grantor name(s)) and [GRANTEE NAME(S)] (Grantee name(s)), witnesseth: that in consideration of [AMOUNT (IN WORDS)] ($[AMOUNT (AS A NUMBER)]), the said Grantor(s) does (or do) hereby remise, release, and forever quitclaim unto the said Grantee(s), all rights, title, interest, and claim in or to the following described real estate, situated in [COUNTY NAME] County, Virginia, to-wit:

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

To have and to hold, the same together with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title, interest, lien, equity, and claim whatsoever for the said first party, either in law or equity, to the only proper use, benefit and behoof of the said second party forever.

Witness the following signature (or signatures).

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

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

**Witness’s Signature Witness’s Signature**

[WITNESS NAME] [WITNESS NAME]

Witness’s Name Witness’s Name

[WITNESS STREET ADDRESS] [WITNESS STREET ADDRESS]

Street Address Street Address

[WITNESS CITY, STATE, ZIP] [WITNESS CITY, STATE, ZIP]

City, State & ZIP City, State & ZIP

COMMONWEALTH OF VIRGINIA

CITY/COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to wit:

I hereby certify that on this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_, before me, the undersigned Notary Public in and for the Commonwealth of Virginia, at large, personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, known to me or satisfactorily proven to be the person whose name is subscribed to the foregoing instrument and acknowledged that they executed the foregoing instrument for the purposes set forth herein.

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

**Notary Public**

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

Registration Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_