|  |  |
| --- | --- |
| **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 SPECIAL WARRANTY DEED**

STATE OF VIRGINIA

COUNTY OF [PROPERTY COUNTY]

This deed, made the [DAY (E.G., 12TH] day of [MONTH], in the year [YEAR (E.G., 2022)], between [GRANTOR NAME(S)] (grantor(s)) and [GRANTEE NAME(S)] (grantee(s)), witnesseth: that in consideration of [AMOUNT (IN WORDS)] ($[AMOUNT (AS A NUMBER)]), the said grantor(s) does (or do) grant and convey with special warranty unto the said grantee(s), all:

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

[ENTER COVENANTS HERE]

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 Signature**

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

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