

QUIT CLAIM DEED

LIBERTY TITLE COMPANY

File No.

The Grantors:

whose address is:

Quit Claims to:

whose address is:

the following described premises situated in the _____ of _____,
County, State of Michigan, to-wit:

for the full consideration of:

Dated this _____ day of _____, 2000.

Signed in the presence of:

Signed by:

STATE OF MICHIGAN)
) SS
COUNTY OF)

The foregoing instrument was acknowledged before me this _____ day of _____, 2000
by

My commission expires:

Notary Public, _____ County, Michigan

Drafted by:

When recorded return to: Grantee

Tax Code: