**QUITCLAIM DEED**  
(Individual)

COMMONWEALTH OF VIRGINIA

COUNTY

1. **THE PARTIES**

LET IT BE KNOWN TO ALL, this agreement is made between the following parties:   
 *(USE CAPS)*  ; residing at: , ,

, , who shall be identified as the “GRANTOR”; and

*(USE CAPS)* ; residing at: , ,

,                , who shall be identified as the “GRANTEE.”

1. In this quitclaim deed made effective as of ; For the property which is currently valued at $                                                                        ; And for the consideration of or $ .

* This transaction is tax exempt; Basis claimed:                                               .

1. The GRANTOR does hereby *remise, release* *and* *forever quitclaim all their interest* in the **property** described below, located at the following address:                                         ,                      ,             ,               ; situated in the county of .
2. **PROPERTY DESCRIPTION**

The **property** with the Parcel ID                                                  , begins at                                                                                               ; and is within the landmark                                                                                              , and has the boundary line                                                                           .

1. This quitclaim deed has been duly executed by the GRANTOR and GRANTEE in the presence of *(Select One)*:

* Two witnesses
* Notary Public.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| |  | | --- | |  | | (Grantor's Signature) | |  | | (Grantor's Printed Name) |     Street Address    City, State, Zip |

*In Witness Whereof*, on                              , we, the undersigned witnesses, do hereby attest that we were present and witnessed the GRANTOR and GRANTEE sign and execute the deed.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | |  | | (Witness’s Signature) | |  | | (Witness’s Printed Name) |     Street Address    City, State, Zip | |  | | --- | |  | | (Witness’s Signature) | |  | | (Witness’s Printed Name) |     Street Address    City, State, Zip |

**NOTARY ACKNOWLEDGMENT**

Commonwealth of Virginia

County of \_\_\_\_\_\_\_\_\_\_\_

On this                       day of            , year           , before me personally appeared                                , to me known to be the person (or persons) described in and who executed the foregoing instrument, and acknowledged that such person executed the same as such person’s (or persons’) free act and deed.

Notary’s Signature

Notary Name:

Date:

My Commission Expires:

|  |
| --- |
| *(Recorder’s Use Only)* |