**Quitclaim Deed**

(Individual)

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| STATE OF MARYLAND                                  COUNTY |

1. **THE PARTIES**LET IT BE KNOWN TO ALL, this quitclaim deed made this day in the   
    year, by and between the following parties:

                                                       an individual residing at:                                          ,

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

                                                                      an individual residing at:                   ,

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

1. In this quitclaim deed made effective as of for the consideration of

                                                                           or $                                                      .

* There is no monetary exchange for the transfer.

1. The Grantor does hereby *release and forever quitclaim* unto the Grantee all the right, title, and interest the Grantor may have in and to the property described below:

1. **Property Description**
2. The ***property*** with the Tax Parcel ID Number is located at the address:                                                              ,                             ,          ,                ;                        County.
3. The legal description of the ***property*** is as follows:

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1. This deed contains the following attached documents (*Select one)*:

* Property description (supplemental sheet)
* Map or plan
* Not Applicable.

**5. PROPERTY TAX STATUS**

* The transfer of this property qualifies to pay the following taxes:
  + - Recordation Tax: $
    - State Transfer Tax: $
    - County Transfer Tax: $
    - Nonresident Withholding Tax
    - Agricultural Tax: $
* The transfer of this property is exempt from real estate transfer tax on the following basis:                                                                                              .

***In confirmation hereof, the Grantor has executed and attested this document on the date first mentioned above.***

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| Grantor’s Signature |
| Grantor’s Name |

**Notary Acknowledgement**

State of Maryland

County of

On this day                                        , before me,                                                    , the under-signed Notary Public,                                                            , personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same for the purposes therein stated.

WITNESS my hand and official seal.

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

Notary Public Signature

Notary Public, Name:                                            (Seal)  
My Commission Expires:

**CERTIFICATION OF PREPARATION**

|  |  |  |
| --- | --- | --- |
| I hereby certify that this instrument was prepared by:                                                    , an attorney at law, duly admitted to practice before the Court of Appeals of the State of Maryland.    Signature    Name | I hereby certify that this instrument was prepared by                                                    , under the supervision of an attorney at law, duly admitted to practice before the Court of Appeals of the State of Maryland.    Signature    Name    Supervising Attorney (Name) | I hereby certify that this instrument was prepared by    Grantee/Grantor/party associated with the aforementioned transfer.        Signature    Name |