

Return Once Recorded:

Name _____
Address _____

Tax Parcel ID No: _____
Mail Tax Statements to:
Name _____
Address _____

Quitclaim Deed (Individual)

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".

2. In this quitclaim deed made effective as of _____ for the consideration of _____ or \$ _____.

There is no monetary exchange for the transfer.

3. 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:

4. Property Description

I. The **property** with the Tax Parcel ID Number _____ is located at the address: _____, _____, _____; _____ County.

II. The legal description of the **property** is as follows:

III. 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.

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: _____
My Commission Expires: _____

(Seal)

CERTIFICATION OF PREPARATION

<p>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.</p> <p style="text-align: center;">_____ Signature</p> <p style="text-align: center;">_____ Name</p>	<p>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.</p> <p style="text-align: center;">_____ Signature</p> <p style="text-align: center;">_____ Name</p> <p style="text-align: center;">_____ Supervising Attorney (Name)</p>	<p>I hereby certify that this instrument was prepared by _____ Grantee/Grantor/party associated with the aforementioned transfer.</p> <p style="text-align: center;">_____ Signature</p> <p style="text-align: center;">_____ Name</p>
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