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| Unique Document Number: | State of Wisconsin  **Quitclaim Deed** | *(For Recorder’s Use Only)* |
| Return Name:  Address:    *Parcel Identification Number (PIN):*   |  | | --- | |  | | |

1. **THE PARTIES**

LET IT BE KNOWN TO ALL, this agreement is made between the following parties:

(Select One)

* an unmarried individual;
* and , a married pair;

residing at:                                                                        ,       ,            ,

                           who shall be identified as the “GRANTOR(s)”; and

a ☐ married /☐ unmarried individual,

residing at:                                                 ,       ,            ,                            , who shall be identified as the “GRANTEE.

1. This quitclaim deed made effective as of is for the consideration of

                            or $      .

1. The Grantor does hereby *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 Parcel ID Number (PIN) 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.

1. Homestead Status.

* The Property is NOT registered as the Homestead.
* The Property is registered as the Homestead.
* The Grantor is unmarried.
* A Spousal Waiver of Rights to the Property is included.

***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 |

This instrument has been prepared by:

This quitclaim deed is duly acknowledged/authenticated by:

▢ Notary Public

▢ Authorized Officer

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| **Acknowledgement**  State of Wisconsin  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 foregoing 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 (Seal)  Notary Public, Name:                                               My Commission Expires: |

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| **Authentication**  State of Wisconsin  County of  The signature of the person whose name is subscribed to the foregoing instrument has been verified and authenticated on                                             .  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature    Title and Name  MEMBER STATE BAR OF WISCONSIN  (Seal) (If not ,  authorized by Wis. Stat. § 706.06) |