

Unique Document Number: _____	State of Wisconsin Quitclaim Deed	<i>(For Recorder's Use Only)</i>
Return Name: _____ Address: _____ _____ <i>Parcel Identification Number (PIN):</i> <div style="border: 1px solid black; width: 250px; height: 30px; margin-top: 5px;"></div>		

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."

2. This quitclaim deed made effective as of _____ is for the consideration of
 _____ or \$ _____.

3. 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:

4. Property Description

I. The **property** with the Parcel ID Number (PIN) _____ 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. 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.

Grantor's Signature

Grantor's Name

This instrument has been prepared by: _____

This quitclaim deed is duly acknowledged/authenticated by:

- Notary Public
- Authorized Officer

Acknowledgment

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: _____

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)