

*****Use BLACK ink or TYPE document.*****

Complete the following sections of the Quit Claim deed:

- Grantor(s) = Seller(s)*
- Grantee(s) = Buyer(s)*
- Name of county
- “Return to” address (where document should be sent back once it is processed)
- Full legal description (the legal from the tax bill is NOT acceptable for use with this form)
- Parcel ID number (aka Tax Key Number or PIN)
- Property address for informational purposes
- Check whether the property “is/is not” considered homestead
- “Drafted by” name (person completing form)
- Grantor(s) needs to have his/her/their signature acknowledged in the presence a Notary Public or authenticated by an attorney

NOTE: In situations where an individual is transferring the property “from and to” oneself, the Grantor and Grantee will typically be the same.

Some examples *may* include:

1. Adding a spouse (person currently owning parcel (Grantor) transferring it to both people (Grantees)
2. Removing a spouse (person giving up their right to the parcel (Grantor) and transferring it to the former spouse (Grantee)
3. Changing part of one’s name (person’s name currently on the deed (Grantor) transferring it to the person’s new name (Grantee)
4. Combining parcels (whomever is currently listed on the deed (Grantor) transferring it to same (Grantee)

Recording fees for the Quit Claim Deed form are \$11/first page; \$2/each additional page*

Please note that additional questions on completing this document may be directed to a title company or an attorney that specializes in real estate law.

QUIT CLAIM DEED

Grantor(s)

quit claims to

Grantee(s)

The following described real estate in _____ County,

State of Wisconsin:

Full Legal Description:

Name and Return Address below

Property Address (for informational purposes only):

Together with all appurtenant rights, title, and interest.

This is is not homestead property.

Parcel Identification Number (PIN)

Date signed: _____

Date signed: _____

(SEAL)

(SEAL)

*

Print or Type name

*

Print or Type name

(SEAL)

(SEAL)

*

Print or Type name

*

Print or Type name

AUTHENTICATION

ACKNOWLEDGEMENT

Signature(s) _____

STATE OF WISCONSIN, County of _____

authenticated this _____ day of _____, _____

Signed, sworn, and personally came before me on _____

by the above-named person persons to be known to be the person
 persons who executed the forgoing instrument and acknowledge the same.

*

TITLE: MEMBER STATE BAR OF WISCONSIN

Signature of Notary or other person authorized to administer an oath as per
Sec. 706.06, 706.07

STATE BAR NUMBER: _____

Print or type name: _____

This instrument drafted by:

Date Commission expires: _____ is permanent.