Quit Claim Deed

	This template is provided by the Legal Self-Help Center of Ottawa County. The Register of Deeds office is not able to provide information on completion of this document. Please reach out to the LSHC with questions at 616-846-8141.
Instructions:	• The document must be legibly typed or printed in black ink. All documents must be printed on white paper with a minimum 10-point font size. • The document must have a blank margin of not less than 2 ½ inches at the top of the first page. All other margins can be no less than ½ inch, including any pages that are included as attachments. Paper size must be at least 8 ½ x 11 inches and not larger than 8 ½ by 14 inches. • Signatures must be original with the names typed or printed beneath all signatures. • The name and address of the person preparing the document must be shown on the document. • Documents conveying property require a Notary Public Acknowledgment with signature, county of certification, name of party(ies) being acknowledged and the expiration date of the notary's commission. • Recording fees and any applicable transfer taxes are due at the time of recording. The recording fee is $30 per document. Payment can be made by Cash, Check, or Credit/Debit (additional 3% fee) • Any attachments should be labeled as an attachment and indicated in the document.
Filing of the Document	Register of Deeds: 12220 Fillmore St, West Olive, MI 49460

Quit Claim Deed

Grantor(s): _____

Whose address is/are: _____
convey(s) and quit claim to Grantee(s): _____

Whose address is/are: _____

The following described premises: _____

_____

situated in the _____ (city/village/township) of _____.

County of Ottawa, and State of Michigan:

See attached for property description:

For the sum of _____ dollars ($_____)

The above-described premises may be located within the vicinity of farmland or a farm operation. Generally accepted agricultural and management practices which may generate noise, dust, odors, and other associated conditions may be used and are protected under Rights to Farm Act.

Dated this ____ day of _____, 20___

Signed by:

_____

_____
Printed Name

STATE OF MICHIGAN
COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____20__

By _____
(printed name(s) of individual(s) being acknowledged)

Drafted by: _____

Address: _____

_____

Notary Signature: _____

Notary Public Name: _____

Commissioned in _____ County

Acting in _____ County

Commission Expires _____