

(Top 3 inches reserved for recording data)

**QUIT CLAIM DEED**  
**Business Entity to Individual(s)**

**Minnesota Uniform Conveyancing Blanks**  
**Form 10.3.4 (2016)**

eCRV number: \_\_\_\_\_

DEED TAX DUE: \$ \_\_\_\_\_

DATE: \_\_\_\_\_  
*(month/day/year)*

FOR VALUABLE CONSIDERATION, \_\_\_\_\_  
*(insert name of Grantor)*

a \_\_\_\_\_ under the laws of \_\_\_\_\_ ("Grantor"),  
hereby conveys and quitclaims to \_\_\_\_\_  
*(insert name of each Grantee)*

\_\_\_\_\_ ("Grantee"), as

*(Check only one box.)*     tenants in common,    *(If more than one Grantee is named above and either no box is checked or both boxes are checked, this conveyance is made to the named Grantees as tenants in common.)*  
 joint tenants,

real property in \_\_\_\_\_ County, Minnesota, legally described as follows:

Check here if all or part of the described real property is Registered (Torrens)

together with all hereditaments and appurtenances belonging thereto.

Check applicable box:

- The Seller certifies that the Seller does not know of any wells on the described real property.
- A well disclosure certificate accompanies this document or has been electronically filed. (If electronically filed, insert WDC number: \_\_\_\_\_.)
- I am familiar with the property described in this instrument and I certify that the status and number of wells on the described real property have not changed since the last previously filed well disclosure certificate.

Grantor

\_\_\_\_\_  
(name of Grantor)

By: \_\_\_\_\_  
(signature)

Its: \_\_\_\_\_  
(type of authority)

By: \_\_\_\_\_  
(signature)

Its: \_\_\_\_\_  
(type of authority)

State of Minnesota, County of \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_, by \_\_\_\_\_  
(month/day/year) (name of authorized signer)

\_\_\_\_\_ as \_\_\_\_\_  
(type of authority)

and by \_\_\_\_\_  
(name of authorized signer)

as \_\_\_\_\_ of \_\_\_\_\_  
(type of authority) (name of Grantor)

(Stamp)

\_\_\_\_\_  
(signature of notarial officer)

Title (and Rank): \_\_\_\_\_

My commission expires: \_\_\_\_\_  
(month/day/year)

THIS INSTRUMENT WAS DRAFTED BY:  
(insert name and address)

TAX STATEMENTS FOR THE REAL PROPERTY DESCRIBED IN THIS INSTRUMENT SHOULD BE SENT TO:  
(insert legal name and residential or business address of Grantee)