

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

**Minnesota Uniform Conveyancing Blanks**  
**Form 10.3.1 (2013)**

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

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

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

FOR VALUABLE CONSIDERATION, \_\_\_\_\_  
(insert name and marital status of each Grantor)

\_\_\_\_\_ ("Grantor"),

hereby conveys and quitclaims to \_\_\_\_\_  
(insert name of each Grantee)

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

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(signature)

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

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

\_\_\_\_\_  
(insert name and marital status of each 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)