

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

**Minnesota Uniform Conveyancing Blanks  
Form 10.3.1 (2016)**

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"), as

*(Check only one box.)*

- tenants in common,  
 joint tenants,

*(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.)*

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)