

SAMPLE

(Top 3 inches reserved for recording data)

QUIT CLAIM DEED
Business Entity to Business Entity

Minnesota Uniform Conveyancing Blanks
Form 10.3.5 (2006)

DEED TAX DUE: \$ _____

DATE: _____
(month/day/year)

FOR VALUABLE CONSIDERATION, ABC Co., Inc.

(insert name of Grantor)

a corporation _____ under the laws of Minnesota, ("Grantor"),
hereby conveys and quitclaims to the County of Dakota

(insert name of Grantee)

a political subdivision _____ under the laws of Minnesota, ("Grantee"),
real property in Dakota County, Minnesota, legally described as follows:

All right of access to CSAH ___ from Lots 1, 2, 3 and 4, Block 1, BLACKACRE ADDITION, Except reserving onto the Grantor, its successors and assigns the right to obtain a permit from Grantee to construct a vehicular access to CSAH ___ in an access opening ___ feet wide located at a point beginning

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

together with all hereditaments and appurtenances.

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.
- 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)

(Seal, if any)

(signature of notarial officer)

Title (and Rank): _____

My commission expires: _____
(month/day/year)

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

XXXX

TAX STATEMENTS FOR THE REAL PROPERTY DESCRIBED IN THIS INSTRUMENT SHOULD BE SENT TO:
(insert name and address of Grantee to whom tax statements should be sent)

Name of Grantee
County of Dakota
1890 Hwy 55
Hastings, MN 55033