**MINNESOTA QUIT CLAIM DEED**

The Minnesota Quit Claim Deed transfers your interest in a property to a buyer. This type of deed offers no protections to the buyer.

The quit claim deed MUST BE NOTARIZED. Both you and the buyer will be required to show a valid form of identification to the notary.

Most deed disputes involve a quit claim deed. Unless you’re willing to spend hours in a courtroom, do not execute this type of deed unless you’re absolutely positive you have all legal rights to sell the property and that there are no issues with ownership or property boundaries and that there are no liens on the property.

**QUIT CLAIM DEED Minnesota Uniform Conveyancing Blanks**

**Individual(s) to Individual(s) Form 10.3.1 (2018)**

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

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.

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Page 2 of 2 Minnesota Uniform Conveyancing Blanks Form **10.3.1**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Check applicable box:* | | Grantor      *(signature)*      *(signature)*      *(signature)* |  |  |
| * 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. |  |
|  |  | *(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)*