(Top 3 inches reserved for recording data)

LIMITED WARRANTY DEED Except Assessments
Business Entity to Individual(s)

Minnesota Uniform Conveyancing Blanks
Form 10.2.8 (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,
☐ 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, subject to the lien of all unpaid special assessments and interest thereon.

This Deed conveys after-acquired title. Grantor warrants that Grantor has not done or suffered anything to encumber the property, EXCEPT:

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)