(Top 3 inches reserved for recording data)

ASSIGNMENT OF CONTRACT FOR DEED AND QUIT CLAIM DEE by Individual(s)	D Minnesota U	Jniform Conveyancing Blanks Form 30.3.3 (2015)
eCRV number:		
DEED TAX DUE: \$	DATE:	(month/day/year)
FOR VALUARI E CONCIDERATION		(montn/day/year)
FOR VALUABLE CONSIDERATION,	(insert name and marital status of each Grantor)	
		("Grantor"),
hereby sells, assigns, and transfers to		· · ·
		/// A
		("Grantee"),
the Grantor's interest in that Contract for Deed ("Contract") dated	(month/day/year)	, made by
	(,
•	name of Seller)	
as Seller, and	(insert name of Purchaser)	,
as Purchaser, and recorded on		(or in Book
as Purchaser, and recorded on		
of	nty Recorder Registrar of Titles of (check the applicable boxes)	
County, Minnesota, for the sale and conveyance of real property in sa		
	,	
Check here if all or part of the described real property is Registered (Torrens) □	
together with all hereditaments and appurtenances belonging thereto.		
By acceptance hereof, Grantee assumes and agrees to keep and per Grantor covenants that there remains unpaid under the Contract the		•
Dollars (\$) with interest thereon from	,
and that Grantor has good right to sell, transfer, and assign the Contra		(month/day/year)
In addition, Grantor hereby conveys and quit claims the real property	to Grantee, including after acquired title.	

 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:	Grantor (signature) (signature)	
real property have not changed since the last previously filed well disclosure certificate.		
State of Minnesota, County of	-	
This instrument was acknowledged before me on	, by	
(insert insert name and marital status of each Grantor)		
(Stamp)		
	(signature of notarial officer)	
	Title (and Rank):	
	My commission expires:	
THIS INSTRUMENT WAS DRAFTED BY:	TAX STATEMENTS FOR THE REAL PROPERTY DESCRIBED IN THIS	

INSTRUMENT SHOULD BE SENT TO: (insert legal name and residential or business address of Grantee)