

(Top 3 inches reserved for recording data)

**QUIT CLAIM DEED  
Business Entity to Business Entity**

**Minnesota Uniform Conveyancing Blanks  
Form 10.3.5 (2013)**

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 Grantee)*

a \_\_\_\_\_ under the laws of \_\_\_\_\_ ("Grantee"),  
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

\_\_\_\_\_  
*(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)*