

State Bar of Wisconsin Form 8-2003
CONDOMINIUM DEED

Document Number

Document Name

THIS DEED, made between _____

_____ ("Grantor," whether one or more), and

_____ ("Grantee," whether one or more).

Grantor for a valuable consideration, conveys to Grantee the following described real estate, together with the rents, profits, fixtures and other appurtenant interests, in _____ County, State of Wisconsin ("Property") (if more space is needed, please attach addendum):

Unit _____ in _____ Condominium, created by a "Declaration of Condominium" recorded on _____, in the Office of the Register of Deeds for _____ County, Wisconsin, in (Reel) (Vol.) _____ of Records, at (Images) (Pages) _____, as Document No. _____, and by its Condominium Plat.

Grantor warrants that the title is good, indefeasible in fee simple and free and clear of encumbrances, except terms, provisions, conditions and restrictions contained in the Condominium Ownership Act for the State of Wisconsin, as well as in any of the "Condominium Documents" (consisting of the Declaration and Condominium Plat, the Bylaws, and Articles of Incorporation of the Condominium Association, any Rules or Regulations adopted pursuant to the Declaration or Bylaws), and all amendments to any of those Condominium Documents and:

Recording Area

Name and Return Address

Parcel Identification Number (PIN)

This _____ homestead property.
(is) (is not)

Grantee, by acceptance of this Deed, agrees and binds Grantee and Grantee's heirs, representatives, successors and assigns to all the terms, provisions and conditions of the Condominium Documents and all amendments thereto.

Dated _____.

_____(SEAL) _____(SEAL)
* _____ *

AUTHENTICATION

Signature(s) _____

authenticated on _____.

* _____
TITLE: MEMBER STATE BAR OF WISCONSIN
(If not, _____
authorized by Wis. Stat. § 706.06)

THIS INSTRUMENT DRAFTED BY:

ACKNOWLEDGMENT

STATE OF WISCONSIN)
) ss.
_____ COUNTY)

Personally came before me on _____,
the above-named _____
to me known to be the person(s) who executed the foregoing
instrument and acknowledged the same.

* _____
Notary Public, State of Wisconsin
My Commission (is permanent) (expires: _____)

(Signatures may be authenticated or acknowledged. Both are not necessary.)

* Type name below signatures.