



QUIT CLAIM DEED INFORMATION

Assigned Bidder Number: _____

QUIT CLAIM DEED INFORMATION FOR TAX FORECLOSURE AUCTION. Please complete this form with all pertinent information requested. This form will be used to execute the Quit Claim Deed and Property Transfer Affidavit for the property you have purchased. Make sure *all spelling and information is correct and clearly legible*. If a second person will be named on the Deed, please fill out the pertinent information on that person on the second line. (#2)

1. NAME: _____ MARRIED SINGLE
SPOUSE: _____
ADDRESS: _____
CITY: _____ STATE: _____
ZIP CODE: _____ HOME TELEPHONE: _____
CELL PHONE: _____

2. NAME: _____ MARRIED SINGLE
SPOUSE: _____
ADDRESS: _____
CITY: _____ STATE: _____
ZIP CODE: _____ HOME TELEPHONE: _____
CELL PHONE: _____

MAILING ADDRESS; if different than address above, please indicate address where the Recorded Deed should be mailed and attention to whom.

ADDRESS: _____
CITY: _____ STATE: _____
ATTENTION: _____

BIDDER IS: _____ THE PERSON NAMED BELOW
_____ ACTING AGENT (WITH A WRITTEN AUTHORIZATION ATTACHED)

DATE: _____ SIGNED: _____

BIDDER OR AUTHORIZED AGENT

PRINTED NAME: _____

MUST HAVE DRIVERS LICENSE OR STATE ID AVAILABLE WHEN SUBMITTING THIS FORM