

(Top 3 inches reserved for recording data)

QUIT CLAIM DEED
Business Entity to Individual(s)

Minnesota Uniform Conveyancing Blanks
Form 10.3.4 (2016)

eCRV number: _____

DEED TAX DUE: \$ _____

DATE: May, 2024
(month/day/year)

FOR VALUABLE CONSIDERATION, the City of Ramsey, Minnesota
(insert name of Grantor)

a Charter City under the laws of the State of Minnesota ("Grantor"),
hereby conveys and quitclaims to Barb Volner, a single person
(insert name of each Grantee)

_____ ("Grantee"), as

(Check only one box.) tenants in common, (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.)
 joint tenants,

real property in Anoka County, Minnesota, legally described as follows:

Outlot B, Northfold Meadows Meadow, as recorded in the offices of the Anoka County Recorder's Office
(PIN 20-32-25-42-0006)

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

City of Ramsey, Minnesota
(name of Grantor)

By: _____
(signature) Mark Kuzma

Its: _____
(type of authority) Mayor

By: _____
(signature) Brian Hagan

Its: _____
(type of authority) City Administrator

State of Minnesota, County of Anoka

This instrument was acknowledged before me on May, 2024, by Mark Kuzma
(month/day/year) (name of authorized signer)
as Mayor
(type of authority)

and by Brian Hagen
(name of authorized signer)
as City Administrator of the City of Ramsey, Minnesota.
(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)

Frederic W. Knaak, Esq. (Mn.Lic. 0056777)
413 Wacouta Street, Suite 550
St. Paul, MN 55101

TAX STATEMENTS FOR THE REAL PROPERTY DESCRIBED IN THIS INSTRUMENT SHOULD BE SENT TO:
(insert legal name and residential or business address of Grantee)