Document Number QUIT CLAIN			
THIS DEED, made between Sauk County	and the		
and Sauk County Historical Soceity ("Granter," who	ether one or more),	-	
("Grantee," wh	nether one or more).	-	
Granter, quit claims to Grantee the following described with the rents, profits, fixtures and other appurter Sauk County, State of Wisconsin ("Proper (if more space is needed, please attach addendum):	nant interests, in		
Tax parcel 018-0630-00000 located within part of the NE ¼ of the SW ¼ of Section 28, Town 12 North, Range 7 East, Town of Sumpter, Sauk County, WI.		Recording Area Name and Return Address Land Resources and Environment	
This Quit Claim Deed may be executed ir parts.	n counter	Department 505 Broadway Baraboo, WI 53913	
		018-0630-00000 Parcel Identification Number (PIN) This <u>is not</u> homestead property. (is) (is not)	
		Parcel Identification Number (PIN) This <u>is not</u> homestead property.	
Dated	(SEAL)	Parcel Identification Number (PIN) This <u>is not</u> homestead property.	
	(SEAL)*	Parcel Identification Number (PIN) This <u>is not</u> homestead property. (is) (is not)	_(SEAL)
	`*	Parcel Identification Number (PIN) This <u>is not</u> homestead property.	_(SEAL)
Dated	`*	Parcel Identification Number (PIN) This <u>is not</u> homestead property. (is) (is not)	_(SEAL)
Dated*	(SEAL)	Parcel Identification Number (PIN) This <u>is not</u> homestead property. (is) (is not) ACKNOWLEDGMENT E OF WISCONSIN) ss.	_(SEAL)
Dated* * * AUTHENTICATION	(SEAL)* (SEAL)* * STAT	Parcel Identification Number (PIN) This <u>is not</u> homestead property. (is) (is not) ACKNOWLEDGMENT E OF WISCONSIN)	_(SEAL) _(SEAL
Dated	(SEAL)* (SEAL)* * 	Parcel Identification Number (PIN) This <u>is not</u> homestead property. (is) (is not) ACKNOWLEDGMENT E OF WISCONSIN)) ss. COUNTY) mally came before me on	_(SEAL) (SEAL
Dated	(SEAL)* (SEAL)* * 	Parcel Identification Number (PIN) This <u>is not</u> homestead property. (is) (is not) ACKNOWLEDGMENT E OF WISCONSIN) ss.	_(SEAL) (SEAL

Dated this _	day o	f	, 2020.
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executed the foregoing instrument and acknowledged the same.

	Name:
	Name:
	ACKNOWLEDGMENT
STATE OF WISCONSIN)) ss
COUNTY OF SAUK)
Personally came before me on _	, the above
named	, to me known to be the person who

PRINT NAME OF NOTARY-USEBLACK INK Notary Public, State of Wisconsin My Commission (is permanent) (expires: _____)

THIS INSTRUMENT IS DRAFTED BY::