

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.)

NOTE: THIS IS A STANDARD FORM. ANY MODIFICATIONS TO THIS FORM SHOULD BE CLEARLY IDENTIFIED.  
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\* Type name below signatures.