



DOCUMENT PREPARATION INFORMATION SHEET

When a quit claim deed is needed, please complete this form and fax to (262) 361-4462
or email to receptionist@frontiertitlellc.com

Title Co. File No.:

1. Person/Party making request: _____

2. Reason for Quit Claim (e. g. marriage, divorce, buyout, gift, add/remove party, lender request):

3. Name, Address, Social Security No., and Phone No.(s) for each party (please attach an additional sheet if more space is

Name:

Name:

Address:

Address:

SSN:

SSN:

Phone No.:

Phone No.:

Marital Status:

Marital Status:

Homestead Property: Yes / No

Homestead Property: Yes / No

4. Transferred property address (if non-homestead):

5. Tax Key No.(s): _____

6. Quit Claim is: From: (Grantor(s)): _____
To: (Grantee(s)): _____

7. Grantor/Grantee related? No Yes, explain:

8. Total value of real estate transferred (round up to nearest \$100):

\$ _____ .00 (or we will use assessed value to calculate transfer tax)

9. Full interest transferred or partial: Full Partial, _____ %

10. Type of property: Vacant land Single family
 Multi-family Condominium
 _____(No. units) Commercial - specify _____
 Other - specify _____

Property size/water frontage: _____ No. acres _____ Ft. water frontage

Remarks/Additional Information:

Frontier Title & Closing Services, LLC will have the deed and transfer return documents prepared and calculate the transfer fee, recording fees, and Stipulation fees required using the information provided by the Grantor and Grantee. Grantor and Grantee agree to hold Frontier Title & Closing Services, LLC harmless for any additional fees due if the Register of Deeds determines the transaction is not exempt from transfer fees or calculates a higher transfer fee due, is subject to Wisconsin Rental Weatherization Standards which was not previously determined OR if the documents are determined to be unrecordable for reasons beyond Frontier Title & Closing Services, LLC control. Frontier Title & Closing Services, LLC cannot provide legal advice or services, and reserves the right to not honor this request and advise Grantor and Grantee to obtain legal advice or other professional services in relation to this request.

Date Signed: _____

X _____
Print Name

X _____
Signature

X _____
Print Name

X _____
Signature

****\$100.00 will be added to your title invoice for doc prep (fee includes QCD and Transfer Tax Form)****