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JOHN LA FAVE
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Document Number

State Bar of Wisconsin Form 1-2003
WARRANTY DEED

Document Name

THIS DEED, made between Betty Jean Schuett ("Grantor," whether one or more), and Michelle R. Millard ("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 Milwaukee County, State of Wisconsin ("Property") (if more space is needed, please attach addendum):

Lot Thirteen (13), in Fox Croft Highlands, being a Subdivision of the Southwest One-quarter (1/4) of the Northeast One-quarter (1/4) of Section Eight (8), in Township Eight (8) North, Range Twenty-two (22) East, in the Village of Fox Point, Milwaukee County, Wisconsin.

Name and Return Address
Michelle Millard
8580 N. Fox Croft Ln.
Fox Point, WI 53217

053 1015
Parcel Identification Number (PIN)

This **is not** homestead property.
(is) (is not)

Grantor warrants that the title to the Property is good, indefeasible in fee simple and free and clear of encumbrances except: Municipal and Zoning ordinances and agreements entered under them, recorded easements for the distribution of utility and Municipal services, recorded building and use restrictions and covenants, general taxes levied in the year of closing

Dated October 3, 2018.

* Betty Jean Schuett (SEAL)

* (SEAL)

* (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:
Betty Jean Schuett / mk

ACKNOWLEDGMENT

STATE OF WISCONSIN)
) ss.
Milwaukee COUNTY)

Personally came before me on 9/28/18
the above-named Betty Jean Schuett 2018
to me known to be the person(s) who executed the foregoing instrument and acknowledged the same.

* Michelle L. Kollath
Notary Public, State of Wisconsin
My Commission (is permanent) (expires: 3/18/21)

MICHELLE L. KOLLATH NOTARY PUBLIC STATE OF WISCONSIN

(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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