Document Number	STATE BAR OF WISCONSIN FOR CONDOMINIUM DE			
This Deed, made between				
Grantor,				
and		/		
Grantee. Grantee. Grantee the following described real estate in County, State of Wisconsin:				
Unit in Condominium, being a condominium create State of Wisconsin by a "Declaration of Cor and reco the Office of the Register of Deeds for	ndominium for Condominium", dated the orded the day of County, W	day of _, in isconsin, in	Recording Area	
(Reel)(Vol.) of Records, at (Images) (Pages) through, as Document No and by a Condominium Plat therefor;			Name and Return Addre	SS
<ul> <li>Together with all appurtenant rights, title and interests, including (without limitation):</li> <li>a) the undivided percentage interest in all Common Elements as specified for such Unit in the aforementioned Declaration;</li> <li>b) the right to use of the areas and /or facilities, if any, specified in the aforementioned Declaration, as Limited Common Elements for such Unit; and</li> <li>c) membership in the, (hereafter the "Owner's Association"), a</li> </ul>				
Owner's Association,,	(hereafter the "Owner's Association	n"), a		
, as provided for in the aforementioned Declaration and in and Articles of Incorporation and/or Bylaws for such Owner's Association.			Parcel Identification Number (PIN) Thishomestead property. (is) (is not)	
Grantor warrants that the title is go restrictions contained in the Condominium (Consisting of the aforementioned Declarat or Regulations adopted pursuant to the Decl	ion and Condominium Plat, the Byla	consin and/or c aws, and Article	ontained in any of the "C es of Incorporation of suc	Condominium Documents" ch Owner's Association, any Rules
Grantee, by acceptance of this Dee provisions and conditions of the Condomini	ed, agrees and binds Grantee and all ium Documents and all amendment		epresentatives, successo	rs and assigns to all the terms,
Dated thisday of _	,	·		
 ب		*		
*AUTHENTICATION Signature(s)		ACKNOWLEDGMENT		
		21112 01 1		) ss.
authenticated this day of,,		Pers	onally came before m	) e this day of the above named
*				
TITLE: MEMBER STATE BAR OF WISCONSIN (If not, to me known			to be the person	who executed the foregoing
		d acknowledged the s	• •	
THIS INSTRUMENT WAS DRAFTED BY				
Notary Publi My Commiss		c, State of Wisconsin sion is permanent. (If not, state expiration date:		
(Signatures may be authenticated or acknowledge	ed. Both are not necessary.)		r (11 1	.)
*Names of persons signing in any capacity must	be typed or printed below their signature	2.		