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# STATE OF LOUISIANA

# DEED OF DONATION

## [Two Individual to One Individual]

## Control Number – LA - SDEED – 8-2

# NOTE ABOUT COMPLETING THE FORMS

The forms in this packet contain "form fields" created using Microsoft Word. "Form fields" facilitate completion of the forms using your computer. They do not limit you ability to print the form "in blank" and complete with a typewriter or by hand.

If you do not see the gray shaded form fields, go the View menu, click on Toolbars, and then select Forms. This will open the forms toolbar. Look for the button on the forms toolbar that resembles a shaded letter "a". Click in this button and the form fields will be visible.

The forms are locked which means that the content of the forms cannot be changed. You can only fill in the information in the fields.

If you need to make any changes in the body of the form, it is necessary first to "unlock" or "unprotect" the form. IF YOU INTEND TO MAKE CHANGES TO THE CONTENT, DO BEFORE YOU BEGIN TO FILL IN THE FIELDS. IF YOU UNLOCK THE FORM AFTER YOU HAVE BEGUN TO COMPLETE THE FIELDS, WHEN YOU RELOCK ALL INFORMATION YOU ENTERED WILL BE LOST. To unlock click on "Tools" on the Menu bar and then selecting "unprotect document". You may be prompted to enter a password. If so, the password is "uslf". That is uslf in lower case letters without the quotation marks. If you make the changes relock the document before you begin completing the fields. After required changes and re-protecting the document, click first on a field to enter the required information. You will be able to navigate the document from field to form field using your tab key. The forms will allow insertion of your data. If problems please let us know.

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| | |
|---|---|
| **This document prepared by (and after recording return to):**<br>Name:<br>Firm/Company:<br>Address:<br>Address 2:<br>City, State, Zip:<br>Phone: | **)**<br>**)**<br>**)**<br>**)**<br>**)**<br>**)**<br>**)**<br>**)**<br>**)**<br>**)**<br>**--------Above This Line Reserved For Office Use--------** |

# DEED OF DONATION

**KNOW ALL MEN BY THESE PRESENTS THAT:**

This **DEED OF DONATION**, made and executed, on the _____ day of _____, 20_____, by _____ residing _____ County/Parish, State of _____ A[illegible]t of _____ County/Parish, State of _____, hereinafter called the Donors and _____ resident of _____ County/Parish, State of _____ hereinafter called the Donee, witnesseth:

That the DONORS are the owner of that certain real property, with the buildings and improvements thereon, situated in the Parish of _____, in the State of Louisiana, more particularly described as follows, to wit:

(Legal Description or State "See attached Exhibit _____")

Prior instrument reference: Book _____, Page _____, Document No. _____, of the Recorder of _____ Parish, Louisiana.

That for and in consideration of the love and affection which the DONORS have for the DONEE, the said DONORS by these presents does hereby grant, bargain, sell, convey, deliver and warrant with full guarantee of actions of warranty against all former proprietors of the

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property herein conveyed, together with all rights of prescription, whether acquisitive or liberative, to which Donors may be entitled, and the entire owner interest of Donors unto _____, Donee.

SUBJECT to all easements, rights-of-way, protective covenants and mineral reservations of record, if any.

The certificate of mortgage is hereby waived by the parties, and evidence of [illegible]ment of taxes produced.

The property herein conveyed ☐ is not a part of the hom[illegible]d of Donors, [illegible] of the homestead of Donor.

WITNESS _____ [illegible]nd _____'s ha[illegible] _____ Louis[illegible] the p[illegible] _____ and _____ law[illegible]ses [illegible] of _____, 20[illegible]

_____

[illegible]nor
{[illegible]ype Name}

_____

Donor
{Type Name}

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Signed, Sealed and Delivered
in the presence of:

_____
Witness

_____
Witness

STATE OF _____

PARISH OF _____

On this _____ day of _____, before me personally appeared _____ and _____ to me known to be the person (or persons) described herein and who executed the foregoing instrument and acknowledged that (he/she/they) executed the same as (his/her/their) free act and deed.

_____
Notary Public

Print Name: _____

My commission expires: _____

**Donor(s) Name, Address, phone:**

**Donee(s) Name, Address, phone:**

**SEND TAX STATEMENTS TO DONEE**

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**NOTE: Deed must be witnessed by two witnesses and notarized.**

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