

State Bar of Wisconsin Form 3-2003
QUIT CLAIM DEED

Document Number

Document Name

THIS DEED, made between PETER BRUCE CARDINAL, a single person
("Grantor," whether one or more),
and ECUMENICAL PARTNERSHIP FOR HOUSING, INC.

("Grantee," whether one or more).
Grantor quit claims to Grantee the following described real estate, together with the
rents, profits, fixtures and other appurtenant interests, in Brown
County, State of Wisconsin ("Property") (if more space is needed, please attach
addendum):

The South One-half (S1/2) of that part of Lot Sixty-five (65), according to the
recorded Plat of Dousman and Elmore's Second Addition, in the City of Green Bay,
West side of Fox River, Brown County, Wisconsin, described as follows:

Commencing at the intersection of the East line of Lot 65 with the North line of
Oregon Street; thence Westerly along the North line of Oregon Street 87.29 feet to
the Point of Beginning; thence continuing Westerly along the North line of Oregon
Street 48 feet; thence Northerly to a point on the South line of Dousman Street,
which lies 136.50 feet West of the intersection of the East line of Lot 65 and the
South line of Dousman Street; thence Easterly along the South line of Dousman
Street 48 feet; thence Southerly to the North line of Oregon Street and the Place of
Beginning.

Recording Area

Name and Return Address
MARTINSON LAW OFFICES
PO BOX 891
GREEN BAY WI 54305

5-704-A-1

Parcel Identification Number (PIN)

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

Dated

(SEAL) (SEAL)
\* Peter Bruce Cardinal \*

(SEAL) (SEAL)
\* \*

AUTHENTICATION

ACKNOWLEDGMENT

Signature(s)
authenticated on
\*
TITLE: MEMBER STATE BAR OF WISCONSIN
(If not,
authorized by Wis. Stat. § 706.06)

STATE OF WISCONSIN )
) ss.
BROWN COUNTY )

Personally came before me on
the above-named Peter Bruce Cardinal
to me known to be the person(s) who executed the foregoing
instrument and acknowledged the same.

THIS INSTRUMENT DRAFTED BY:
Attorney Jeffrey J. Martinson
PO Box 891, Green Bay, WI 54305

\*
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.

\* Type name below signatures.